

Affected Programs: BadgerCare Plus, Medicaid

To: Ambulatory Surgery Centers, Audiologists, Chiropractors, Federally Qualified Health Centers, HealthCheck “Other Services” Providers, HealthCheck Providers, Hearing Instrument Specialists, Home Health Agencies, Hospital Providers, Individual Medical Supply Providers, Medical Equipment Vendors, Nurses in Independent Practice, Nurse Midwives, Nurse Practitioners, Nursing Homes, Occupational Therapists, Pharmacies, Physical Therapists, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Rehabilitation Agencies, Rural Health Clinics, Speech and Hearing Clinics, Speech-Language Pathologists, Therapy Groups, HMOs and Other Managed Care Programs

Date of Service Defined and Documentation Requirements Clarified for Durable Medical Equipment and Disposable Medical Supplies

This *ForwardHealth Update* provides a new definition for date of service as it applies to the dispensing and shipping or mailing of durable medical equipment (DME) and disposable medical supplies (DMS). This *Update* also clarifies documentation requirements for date of delivery of DME and DMS, with the exception of DMS billed with a National Drug Code on a pharmacy claim.

Date of Service

Effective for dates of service (DOS) on and after July 1, 2016, when dispensing and shipping or mailing durable medical equipment (DME) or disposable medical supplies (DMS) — with the exception of DMS billed with a National Drug Code (NDC) on a pharmacy claim — ForwardHealth defines the DOS as follows:

- The date on which the DME or DMS was dispensed to the member or the member’s caregiver by the provider.
- The date on which the DME or DMS was shipped or mailed to the member or the member’s caregiver if the provider used a shipping service or mail order.

Documentation Requirements for Date of Delivery

ForwardHealth is clarifying documentation requirements for the date of delivery of DME and DMS. The billing

provider’s record must adhere to all of the documentation requirements listed in this *ForwardHealth Update*.

When Dispensed Directly to the Member or the Member’s Caregiver

The billing provider’s record must include all of the following documentation related to the date of delivery when the provider dispenses DME or DMS to the member or the member’s caregiver.

Written confirmation of delivery of the product/service to the member includes the following:

- Date of delivery
- Member’s printed name
- Member’s acknowledgment of receipt with member’s signature and date signed
- If member is not able to sign, the printed name of the person accepting delivery, that person’s signature, date signed, and relationship to the member
- Brand, model, and sizes issued to the member
- Quantity dispensed

When Mailed or Shipped to the Member or the Member's Caregiver

The billing provider's record must include all of the following documentation related to the date of delivery when the provider mails or ships DME or DMS to the member or the member's caregiver.

Written confirmation of delivery of the product/service to the member includes the following:

- Member's printed name
- Delivery address
- Delivery service's package identification number, supplier invoice number, or alternative method that links the supplier's delivery documents with the delivery service's records (This information should be printed out and kept on file or in the member's medical record.)
- Brand, model, and sizes issued to the member
- Quantity delivered
- Date delivered

Any claim for DME or DMS that does not include complete proof of delivery from the provider may be subject to recoupment during a provider audit. For record retention information, refer to the Record Retention topic (topic #204) of the Documentation chapter of the Provider Enrollment and Ongoing Responsibilities section of the Online Handbook.

Prior Authorization Requests for Additional Quantities

ForwardHealth acknowledges that many members receive routine shipments of products and encourages providers to review the new DME and DMS definition of DOS for potential impacts to future services provided to members. If a member will exceed his or her quantity limit before the next scheduled delivery or shipment, the provider should communicate any changes to the member and request prior authorization.

Disposable Medical Supplies Billed with a National Drug Code

The policy in this *Update* excludes DMS billed with an NDC on a pharmacy claim. Refer to the Pharmacy service area of the Online Handbook for guidance.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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