FEBRUARY 18, 1997

UPDATE 97-08

WISCONSIN MEDICAID UPDATE

TO:
HealthCheck Providers
Nurse Midwives
Nurse Practitioners
Physicians
Physician Assistants

New Diagnosis Code for Mother/Baby Claims

Use "M11" for mother/baby claims

To identify a "mother/baby" claim from other claims, Wisconsin Medicaid has implemented a new diagnosis code that may only be used on mother/baby claims. The new diagnosis code "M11" (mother/baby diagnosis) indicates that the provider is using the mother's Medicaid ID number to bill for services to the baby during the first 10 days of life.

What is a "mother/baby" claim?

A "mother/baby" claim is a claim that a provider submits for services to the baby under the mother's Medicaid ID number. (Providers must submit a separate claim for the baby's services.) Providers may use a mother/baby claim only for services provided during the baby's first 10 days of life.

When a recipient obtains a temporary ID number for the baby, Wisconsin Medicaid encourages providers to bill using the temporary ID number instead of submitting a mother/baby claim.

When *not* to use "M11"

Do *not* use "M11" to bill for services for the mother.

Do *not* use "M11" when you bill for the baby's services under the baby's temporary ID number.

Do *not* use the "M11" diagnosis code on the UB-92 hospital claim form. Wisconsin Medicaid will deny the "M11" code on a hospital claim form since Wisconsin Medicaid's DRG grouper is unable to process the "M11" diagnosis.

Use "M11" as secondary or lesser diagnosis only

Continue to use the baby's actual diagnosis as the primary diagnosis on the HCFA 1500 claim form. Use the "M11" code as a secondary or lesser diagnosis only.

Use this information with your handbook instructions

Use this information with the claim submission instructions included in your provider-specific handbook. For physicians and nurse practitioners, refer to Appendix 2 in your provider-specific handbook (Part K for physicians and Part T, Division II for nurse practitioners). For HealthCheck providers, refer to Appendix 3 in your provider-specific (Part D) handbook. Continue to follow these appendix instructions for mother/baby claims.

Do you prescribe disposable medical supplies?

See the next page . . . for the latest about the Medicaid policy on quantity limits for disposable medical supplies.

Issued by Bureau of Health Care Financing, Division of Health, Wisconsin Department of Health and Family Services
If you have any questions, call EDS - Medicaid Fiscal Agent at (800) 947-9627 or (608) 221-9883

Quantity Limits for Disposable Medical Supplies Obtained by Medicaid Recipients

You may receive requests from some of your Medicaid patients for new prescriptions for disposable medical supplies (DMS). Wisconsin Medicaid has now set limits on the amounts of disposable medical supplies that may be reimbursed without prior authorization (PA). Wisconsin Medicaid has taken this action to prevent overutilization and reduce billing errors.

Here are details about the quantity limit policy for disposable medical supplies:

- Quantities allowed for an individual recipient are for a given time period, usually a month. For example, the limit on A4253, blood glucose test strips, is 3 bottles (of 50 strips each) per person per month.

- Wisconsin Medicaid lists the quantity limits by procedure code in the DMS Index which is available from EDS.

- For recipients with a medical need for additional supplies, Wisconsin Medicaid may allow quantities in excess of the limit with PA.

- In order for the supplier to receive PA approval, Wisconsin Medicaid requires a PA request form and a prescription dated within six months of receipt by EDS. The prescription must include specific information on the frequency of use and expected duration of use. Some of your Medicaid patients may request a new prescription containing this information.

- These rules do not apply to supplies provided directly by physicians to their patients. Physicians must continue to bill supplies using 99070.

- If you have questions, call EDS, Medicaid Fiscal Agent, at (800) 947-9627 or (608) 221-9883.

POH 1549