
WISCONSIN MEDICAID UPDATE

AUGUST 14, 1997

UPDATE 97-23

TO:
Blood Banks
DME Vendors
HMOs and other Managed Care
Programs
Home Health Agencies
Nursing Homes
Personal Care-Only Agencies
Pharmacies

Revised DMS Index

Changes to the DMS Index effective September 1, 1997

Changes to the DMS (Disposable Medical Supplies) Index are effective for dates of service on and after September 1, 1997. Refer to this update as well as to the attached DMS Index for changes.

- ◆ A4250, urine test or reagent strips or tablets. These are not separately reimbursable for nursing home residents.
- ◆ A4254, replacement battery any type, for use with medically necessary home blood glucose monitor owned by patient. These batteries are included in the nursing home rate and are not separately reimbursable for nursing home residents.
- ◆ A4323, sterile saline irrigation solution, and A4323-20, acetic acid irrigation solution. The maximum allowable fee changed.
- ◆ A4344-30, catheter urethra, is deleted. Use the code which describes the product dispensed: A4351, A4352, or A4353.
- ◆ A4351 - A4353, intermittent urinary catheters. A combined total of 150 per calendar month is allowed for these codes.
- ◆ A4554-50, underpads, 28 x 36. The maximum allowable fee changed.
- ◆ A4622-50, trach artificial nose. Changes are in the description, maximum allowable fee, and quantity allowed. (This code replaces local code W6411-10, trach portex humid filter.)
- ◆ A4860-10, catheter plug, is deleted. Use A4860-20, catheter plug/cap.
- ◆ A5051 - A5054, including all modifiers, for pouches. A combined total of 35 per calendar month is allowed for these codes.
- ◆ A5061 through A5065, including all modifiers, for drainable pouches. A combined total of 20 per calendar month is allowed for these codes.
- ◆ A5071 through A5075, urinary pouches. A combined total of 20 per calendar month is allowed for these codes.
- ◆ A6257, transparent film, 16 sq. in. or less. The maximum allowable fee changed.
- ◆ K0168 through K0182, nebulizers and nebulizer supplies. These are included in the nursing home rate and are not separately reimbursable for nursing home residents.
- ◆ K0173, large volume nebulizer, disposable, prefilled, used with aerosol compressor. The maximum allowable fee changed.

- ◆ K0277 and K0278, skin barriers. The description is clarified to specify ostomy use only.
- ◆ K0409, sterile water irrigation solution, 1000ml. The maximum allowable fee changed.
- ◆ W6402-20, battery NiCd 7.4 volt (for artificial larynx). The description is clarified to specify that this battery is for an artificial larynx.
- ◆ W6410, disposable diaper liners. Changes are in maximum allowable fee and quantity allowed.
- ◆ W6411-05, trach, humid prefill 500ml. The maximum allowable fee changed.
- ◆ W6411-10, trach portex humid filter, is deleted. Use A4622-50.
- ◆ 97007-0200-02, IV infuser device 0-60 min. The description changed.
- ◆ 97007-0200-03, IV needleless cannula. The maximum quantity allowed changed.
- ◆ 90000-5050-01, IV vial adapter. The maximum quantity allowed changed.

Remember to use PA/DMEA when requesting prior authorization

Always use the PA/DMEA to avoid delays in processing your request. Do *not* use the PA/DGA form to request prior authorization for DMS. Refer to Update 96-21 for more information on filling out prior authorization forms.

Wisconsin Medicaid may recoup payments made as a result of errors in quantities billed

Wisconsin Medicaid may recoup Medicaid payments from providers who billed incorrect quantities. When billing for DMS items, be sure to *check* the full description of the item before entering the quantity dispensed. Following is a partial list of items that have been billed incorrectly:

- A4253 Blood glucose test or reagent strips, per 50 strips.

When billing this code, bill a *quantity of one* for each bottle of 50 strips dispensed. When providers incorrectly bill this as a quantity of 50, Wisconsin Medicaid views this as 50 bottles of 50 strips (2,500 strips).

- A4323 Sterile saline irrigation solution, per 1000 ml.

When billing this code, bill a *quantity of one* for each bottle of 1000 ml dispensed. When providers incorrectly bill this as a quantity of 1000, Wisconsin Medicaid views this as 1000 bottles of 1000 ml.

- A4402 Lubricant, per ounce.

When billing this code, bill a *quantity of one* for each ounce dispensed. When providers incorrectly bill this as a quantity of thirty, Wisconsin Medicaid views this as thirty ounces. Do not bill this code in metric units.