

To:

Blood Banks

DME Vendors

HMOs and Other  
Managed Care  
ProgramsHome Health  
Agencies

Nursing Homes

Personal Care-  
Only Agencies

Pharmacies

## DMS codes change to HCPCS codes

Effective December 16, 1998, state-assigned local HCFA Common Procedure Coding System (HCPCS) codes will replace the current 11-digit drug codes for all disposable medical supplies (DMS). All DMS, including IV supplies, will be billed with local HCPCS codes. Providers will be required to use the codes listed on Attachment 1 of this Update for DMS currently billed on the drug claim form. Policy regarding coverage of DMS has not changed.

All claims must be submitted on the HCFA 1500 form using HCPCS codes and the type of service (TOS) "9." DMS claims submitted with NDC codes on the drug claim form will be denied.

These changes are in response to the implementation of the pharmacy Point of Sale (POS) electronic claims management system. For additional information about POS, pharmacists may refer to the initial notification, "Pharmacy Point of Sale (POS) Electronic Claims Management," dated September 1998.

### Submitting Claims Using the HCPCS Codes

When submitting claims to Wisconsin Medicaid for dates of service on and after December 16, 1998, follow these steps:

- Submit claims using the HCFA 1500 claim form. For questions about completing this form, contact the fiscal agent Correspondence Unit at (608) 221-9883 or (800) 947-9627.
- Use the replacement HCPCS codes listed on Attachment 1.
- Submit claims using the TOS of "9."

If providers do not follow these steps, claims will be denied.

### Maximum Fees

The maximum fees listed in Attachment 1 reflect the 2% rate increase that took effect July 1, 1998. For services provided before July 1, 1998, providers will be paid the rate effective for that date.

### Medicaid Managed Care Programs

HMOs and managed care organizations (MCO) may have other billing requirements for DMS. Please contact the appropriate HMO or MCO for complete billing instructions.

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

Wisconsin Medicaid is administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For provider questions, call the Medicaid fiscal agent, EDS, at (800) 947-9627 or (608) 221-9883.

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) PART I

CODES BILLABLE ON THE HCFA 1500 CLAIM FORM (TOS 9)

12/16/98

19-Oct-98

REPLACE CODE	NDC CODE	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE EFF. 7/1/98	MAX QTY ALLOWED	NEW
W1226	98000-0000-01	YES	NO	Container Dispose 1gal	\$5.17	2	
W1227	98000-0000-00	YES	NO	Container Dispose 1qt	\$4.11	2	
W1229	98000-0000-02	YES	NO	Container Dispose 2gal	\$6.29	1	
W1230	98000-0000-03	YES	NO	Container Dispose 8gal	\$20.00	1	
W1231	55948-0374-01	YES	NO	Insulin Disp Adaptors	\$3.84	1	
W1232	97001-0803-14	NO	NO	IV Adapter w/inj sites	\$7.63	35	
W1233	97001-0801-00	NO	NO	IV Adm Drug Reservoir Bag	\$9.44	35	
W1234	97001-0801-12	NO	NO	IV Adm Res Cassette 100ML	\$32.22	35	
W1235	97001-0801-11	NO	NO	IV Adm Res Cassette 50ML	\$22.40	35	
W1236	97001-0801-13	NO	NO	IV Adm Res Remote Adapt	\$30.49	35	
W1237	97001-0801-10	NO	NO	IV Adm Reservoir Bag W/Tube	\$14.22	35	
W1238	97001-0801-06	NO	NO	IV Adm Set (PCA)	\$26.50	35	
W1239	97001-0802-00	NO	NO	IV Adm Set (Pump Set)	\$12.05	35	
W1240	97001-0801-05	NO	NO	IV Adm Set (Secondary)	\$3.63	35	
W1241	97001-0803-00	NO	NO	IV Adm Set connector loop	\$1.32	12	
W1242	97001-0800-14	NO	NO	IV Adm Set ext w/inj site	\$5.22	35	
W1243	97001-0800-12	NO	NO	IV Adm Set Extension	\$3.26	35	
W1244	97001-0800-02	NO	NO	IV Adm Set LVP W/Filter	\$26.56	35	
W1245	97001-0800-01	NO	NO	IV Adm Set LVP-Ambulatory	\$17.35	35	
W1246	97001-0801-04	NO	NO	IV Adm Set W/Filter	\$16.54	35	
W1247	97001-0801-03	NO	NO	IV Adm Set Y-Type	\$9.44	35	
W1248	97001-0800-03	NO	NO	IV Adm Subq 42" Softset	\$11.03	35	
W1249	97001-0801-02	NO	NO	IV Adm Y-Connector	\$7.41	35	
W1250	97001-0801-21	NO	NO	IV Adm Y-Type Access Pin/Valve	\$2.75	12	
W1251	91000-1112-74	NO	NO	IV Adm. Set Hypodermoclysis	\$6.46	35	
W1252	97001-0800-00	NO	NO	IV Adm. Set Microdrip	\$4.36	35	
W1253	97001-4968-02	NO	NO	IV Admin. Piggyback w/bkck	\$16.09	35	
W1254	97001-4968-01	NO	NO	IV Admin. Set-Piggyback	\$7.98	35	
W1255	97001-0800-10	NO	NO	IV Administration Kit/W Tube	\$4.36	35	
W1256	91000-0001-35	NO	NO	IV Butterfly Intermittent	\$2.67	10	

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**CODES BILLABLE ON THE HCFA 1500 CLAIM FORM (TOS 9)**

**12/16/98**

19-Oct-98

REPLACE CODE	NDC CODE	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE EFF. 7/1/98	MAX QTY ALLOWED	NEW
W1257	97007-0001-01	NO	NO	IV Button Infuser	\$2.47	12	
W1258	90000-2032-11	NO	NO	IV Cannula Blunt	\$0.44	100	
W1259	97001-0804-04	NO	NO	IV Cath Placement Unit	\$33.64	12	
W1260	97001-0804-03	NO	NO	IV Cath Plug	\$1.46	35	
W1261	97001-0804-05	NO	NO	IV Catheter	\$4.36	35	
W1262	97001-0804-06	NO	NO	IV Catheter Clamp	\$1.09	4	
W1263	97002-1000-14	NO	NO	IV Catheter Intro Needle	\$22.77	2	
W1264	97002-1000-15	NO	NO	IV Catheter Midline	\$56.61	2	
W1265	97002-1000-13	NO	NO	IV Catheter P-Q Set-Up Tray PICC	\$86.01	2	
W1266	97002-1000-11	NO	NO	IV Catheter PICC Line	\$72.43	2	
W1267	91000-0002-50	NO	NO	IV Catheter White Replacement Conn	\$10.17	1	
W1268	91000-0003-00	NO	NO	IV Connector female/female	\$0.94	35	
W1269	97001-0803-05	NO	NO	IV Dispensing Pin	\$2.03	35	
W1270	97001-0803-13	NO	NO	IV Ext Set T-Conn/inj site	\$6.17	35	
W1271	97001-0803-11	NO	NO	IV Ext Set w/adaptor & clamp	\$3.77	35	
W1272	97001-0803-12	NO	NO	IV Ext Set w/adaptor & inj site	\$5.66	35	
W1273	95000-0000-01	NO	NO	IV Filter	\$0.63	12	
W1274	95000-0000-03	NO	NO	IV Filter Inline	\$1.73	12	
W1275	95000-0000-02	NO	NO	IV Filter Mico	\$2.25	12	
W1276	97001-0803-03	NO	NO	IV Fluid Dispense Connector	\$0.92	35	
W1277	96000-1199-02	NO	NO	IV Inf St W/Huber Needle *B	\$5.08	12	
W1278	97007-0200-02	NO	NO	IV Infuser Device 0-60 min	\$10.88	35	
W1279	97007-0200-00	NO	NO	IV Infuser Device 1hr < 24hr	\$22.49	35	
W1280	97007-0200-10	NO	NO	IV Infuser Device 24hr	\$37.74	12	
W1281	97007-0200-11	NO	NO	IV Infuser Device 24hr - 48hr	\$65.32	12	
W1282	97007-0200-09	NO	NO	IV Infuser Device more than 48hr	\$93.87	4	
W1283	97007-0200-01	NO	NO	IV Infuser-Pt Control Module	\$20.05	12	
W1284	97001-0804-02	NO	NO	IV Inj Cap	\$1.83	35	
W1285	96000-1199-01	NO	NO	IV Injection Site (Vicra)	\$2.55	12	
W1286	90000-2032-09	NO	NO	IV Lifeshield Connector	\$2.91	35	

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19-Oct-98

REPLACE CODE	NDC CODE	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE EFF. 7/1/98	MAX QTY ALLOWED	NEW
W1287	97007-0100-00	NO	NO	IV Luer Adapter	\$0.35	70	
W1288	97007-0200-03	NO	NO	IV Needleless Cannula	\$0.47	300	
W1289	97007-0200-06	NO	NO	IV Needleless Inject Site	\$1.80	70	
W1290	97007-0200-04	NO	NO	IV Needleless Leuer Lok	\$0.84	70	
W1291	97007-0200-44	NO	NO	IV Needleless system	\$6.54	35	
W1292	97007-0200-05	NO	NO	IV Needleless Threaded Lok	\$0.92	70	
W1293	97001-0803-10	NO	NO	IV Set w.conn loop & inj site	\$4.72	35	
W1294	97007-0200-07	NO	NO	IV Site Cap Male Non-vent	\$0.29	70	
W1295	97007-0200-08	NO	NO	IV Site Cap Male/Female Conn.	\$0.43	70	
W1296	97001-0804-01	NO	NO	IV Start Kit (No Cath)	\$4.36	12	
W1297	97001-0803-01	NO	NO	IV Transfer Set	\$6.68	35	
W1298	97001-0803-02	NO	NO	IV Transfer Set W/Needle	\$9.58	12	
W1299	91100-9779-01	NO	NO	IV Universal Cath Accs Prt	\$9.77	8	
W1300	97001-0804-07	NO	NO	IV Value Luer Tapered	\$2.03	12	
W1301	90000-5050-01	NO	NO	IV Vial Adapter	\$2.11	90	
W1302	96000-9000-01	YES#	NO	Male/female Luerlock Cap	\$0.36	100	
W1303	96000-9503-02	NO	NO	Needle (Huber)	\$2.91	12	
W1304	96000-9503-04	NO	NO	Needle (Huber) 6"	\$5.08	12	
W1305	96000-9503-03	NO	NO	Needle (Huber) 7"	\$3.95	12	
W1306	96000-9503-05	NO	NO	Needle Filter 1 1/2"	\$0.51	12	
W1307	96000-9000-20	NO	NO	Needle, Cath Strgt Metal Hub	\$4.36	4	
W1308	97007-0400-21	YES#	NO	Needles Disp/All Sizes	\$0.13	200	
W1309	96000-9000-19	YES#	NO	Needles Reusable	\$1.37	12	
W6499	88888-8888-88	NO	NO	NOC -Disp Supplies-Requires PA	\$0.00		N
W1310	00169-1852-50	YES	NO	Novofine 30 needle disp.	\$21.41	100	
W1311	00003-1875-35	YES	NO	Novolinpen (enddated 4-1-98)	\$0.00		D
W1312	00169-1852-60	YES	NO	Novopen 1.5 Insulin Device	\$39.90	1Q3MO	
W1313	97007-0120-20	NO	NO	Pen Pump Infuser Catheter Set	\$2.55	12	
W1314	97007-0050-10	NO	NO	Pen Pump Infuser Comb. Unit	\$5.08	12	
W1316	97007-0100-10	YES#	NO	Syringe 10CC Disp	\$0.24	60	

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W1317	97007-0100-01	YES#	NO	Syringe 1CC Disp	\$0.24	60	
W1318	97007-0100-20	YES#	NO	Syringe 20CC Disp	\$0.69	60	
W1319	96000-8486-30	YES#	NO	Syringe 2CC Disp	\$0.19	60	
W1320	97007-0100-30	YES#	NO	Syringe 30CC Disp	\$0.74	60	
W1321	97007-0100-03	YES#	NO	Syringe 3CC Disp	\$0.18	60	
W1322	91000-0003-48	YES	NO	Syringe 50 CC -60CC Disp	\$1.28	35	
W1323	97007-0100-50	YES#	NO	Syringe 50CC - Disp (Enddated 4-1-98)			D
W1324	97007-0100-05	YES#	NO	Syringe 5CC Disp	\$0.20	60	
W1325	96000-5603-51	YES#	NO	Syringe 6CC Disp	\$0.20	60	
W1326	91000-0003-43	YES#	NO	Syringe Cath Tip 60CC	\$2.17	35	
W1327	97007-0300-00	YES	NO	Syringe Insulin All sizes	\$0.20	100	
W1328	97007-8471-30	YES	NO	Syringe Insulin Lo Dose (enddated 4-1-98)	\$0.00		D
W1329	96000-9503-01	YES	NO	Syringe Luer Tip (enddated 4-1-98)	\$0.00		D
W1330	96000-9500-10	YES#	NO	Syringe Multifit 10 ML	\$15.39	2	
W1331	96000-9500-02	YES#	NO	Syringe Multifit 2 ML	\$9.29	2	
W1332	96000-9500-05	YES#	NO	Syringe Multifit 5 ML	\$11.82	2	
W1333	91000-0003-60	YES#	NO	Syringe/Reservoir 3ml	\$3.19	35	
W1334	91000-0003-57	YES#	NO	Syringe/Reservoir Insulin	\$2.17	70	

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