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Wisconsin Medicaid adopts Medicare's diabetic equipment and supplies policy

Effective for dates of service on and after February 1, 1999, Wisconsin Medicaid is adopting most of Medicare's recent changes in coverage and limitations for diabetic home glucose monitors and supplies. The changes include:

- Wisconsin Medicaid has adopted the same quantity limitations as Medicare for diabetic supplies. Refer to Attachment 1 of this Update for more information.
- For recipients eligible for both Medicare and Medicaid (dually eligible), Wisconsin Medicaid providers must bill Medicare first for diabetic home glucose monitors and supplies for recipients with both Type I and Type II diabetes (see definitions below).

The federal Balanced Budget Act of 1997 expanded Medicare coverage of diabetic equipment and supplies to include Medicare beneficiaries with Type II diabetes effective July 1, 1998. Prior to this date, Medicare coverage was limited to beneficiaries with Type I diabetes.

This Update is for fee-for-service providers. Managed care providers must contact their managed care organization (MCO) to determine their MCO's policies and coverage for diabetic equipment and supplies.

Wisconsin Medicaid coverage of diabetic equipment and supplies

Wisconsin Medicaid covers blood glucose monitoring equipment and supplies that meet the medically necessary requirements according to HFS 101.03 (96m), Wis. Admin. Code:

- The recipient is under the care of a physician or nurse practitioner.
- The frequency of testing is determined by the physician or nurse practitioner treating the recipient's diabetes.
- The appropriate documentation is maintained in the recipient's medical record, and is available to the Division of Health Care Financing (DHCF) on request, per HFS 106.02(9), Wis. Admin. Code. For more information on Wisconsin Medicaid's documentation requirements, refer to Wisconsin Medicaid Part A, the all-provider handbook.

A summary of other coverage requirements follows.

For recipients eligible for both Medicare and Medicaid (dually eligible), Wisconsin Medicaid providers must bill Medicare first for diabetic home glucose monitors and supplies for recipients with both Type I and Type II diabetes (see definitions).

Definitions for Purposes of Medicaid Coverage of Diabetic Monitors and Supplies

Home blood glucose monitors: Devices for monitoring blood sugar values.

Type I diabetes: Insulin-treated diabetes. The recipient is receiving insulin injections.

Type II diabetes: Non-insulin treated diabetes. The recipient must be taking oral medication.

Specific coverage requirements for standard blood glucose monitors for recipients with Type I and Type II diabetes

Wisconsin Medicaid covers blood glucose monitors when *all* the following conditions are met:

- The recipient is being treated by a physician or nurse practitioner for diabetes [International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes 250.00-250.9, 648.0 and 648.8].
- The recipient's diabetic equipment and supplies have been ordered by the treating physician or nurse practitioner.
- The recipient, or the recipient's caregiver, has completed or is scheduled to begin training on how to use the equipment.
- The recipient, or the recipient's caregiver, is capable of using the test results to verify the recipient's glycemic control.

Additional coverage requirements for the special features home blood glucose monitors

Blood glucose monitors with additional features (i.e. voice synthesizers and specially designed arrangements of supplies and materials for the visually impaired) are covered when *all* the following conditions are met:

- All coverage requirements listed above for the standard home blood glucose monitors are met.
- The recipient's impairment is severe enough to require use of this special monitoring system.
- The recipient must be able to use the blood glucose monitor with special features.

Procedure codes and limitations for diabetic equipment and supplies

Refer to Attachment 1 of this Update for Wisconsin Medicaid changed procedure codes, coverage requirements, and quantity limitations for diabetic equipment and supplies.

Prior authorization requirements

Wisconsin Medicaid's prior authorization (PA) requirements for diabetic equipment and supplies are unchanged. Wisconsin Medicaid PA requirements are:

- PA is required for blood glucose monitors with special features (procedure code E0609).
- PA is not required for standard home blood glucose monitors (procedure code E0607), as of August 1, 1998.
- PA is always required to exceed life expectancy limitations for equipment and quantity limits for supplies.

Providers with currently approved PAs are not required to initiate new PA requests reflecting the changed quantity limits. Providers may continue to bill under the quantity limits on the approved PA.

Prescriber's orders

The physician or nurse practitioner treating the recipient's diabetes must include the following information on an order:

- The items, supplies, and accessories needed.
- The quantities to be dispensed.
- The frequency of use.

In addition, the provider is responsible for documenting the diagnosis (ICD-9-CM or

Wisconsin Medicaid's prior authorization (PA) requirements for diabetic equipment and supplies are unchanged.

narrative) of diabetes (250.00-250.9, 648.0 and 648.8). The provider is also responsible for documenting the source of this information, e.g. the prescriber or the patient.

Other requirements and limitations for the prescriber's orders for diabetic equipment and supplies include:

- The order is valid for up to 12 months (compared to 6 months for Medicare) and must be renewed with new written orders by the treating physician or nurse practitioner.
- For continued coverage of test strips and lancets, the treating physician or nurse practitioner, the recipient, or the recipient's caregiver must initiate the renewal order. A supplier may not initiate the renewal order for these items.
- The renewal order must contain the same information as described above for prescriber's orders.
- An initial or renewal order for supplies and equipment "as needed" is not valid for Wisconsin Medicaid.

Billing diabetic equipment and supplies for dates of service on and after February 1, 1999

For dates of service on and after February 1, 1999, when billing all diabetic monitors, accessories, and supplies to Wisconsin Medicaid, follow these procedures:

- Bill other health insurance and Medicare before billing Wisconsin Medicaid for equipment and supplies for recipients with Type I and Type II diabetes.
- Providers may adjust claims already submitted and paid to reflect Medicare's changed coverage and limitations.

- Enter one of the following modifiers in element 24D of the HCFA 1500 claim form for *each* procedure code billed:
 - “KS”: Non-insulin treated diabetes recipient.
 - “ZX”: Insulin-treated diabetes recipient.
- Include the ICD-9-CM diagnosis code (250.00-250.9, 648.0 and 648.8) describing the condition that necessitates glucose testing in element 24E of the HCFA 1500 claim form for *each* procedure code billed.

Diabetic equipment and supplies for nursing home residents or inpatient hospital patients are not to be billed separately to Wisconsin Medicaid. Wisconsin Medicaid continues to include reimbursement for diabetic equipment and supplies in the nursing home daily rate and in the inpatient hospital diagnosis-related group (DRG) payment.

For more information about equipment and supplies, PA forms and procedures, refer to the Wisconsin Medicaid Part A, the all-provider handbook, the durable medical equipment and disposable medical supply handbook, Updates, and indices.

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.

Diabetic equipment and supplies for nursing home residents or inpatient hospital patients are not to be billed separately to Wisconsin Medicaid.

Attachment 1

Diabetic equipment and supplies procedure code description and quantity limitations

Changes in italics

TYPE I DIABETES - INSULIN TREATED				
Procedure Code	TOS	Description of Code	Quantity Limitations	Requires PA?
E0607	P	Home blood glucose monitor	One per 3 years	If limit exceeded
E0609	P	Home blood glucose monitors with special features*	One per 3 years	Yes
A4253	9	Blood glucose test or reagent strips for home monitor	<i>100 test strips per month, per recipient</i>	If limit exceeded
A4254	9	Replacement battery, any type, for use with monitor	4 total per month	If limit exceeded
A4256	9	Normal, low and high calibrator solution/chips, pkg.	2 packages per month	If limit exceeded
<i>A4258</i>	9	<i>Sprint-powered device for lancet, each</i>	<i>1 per 6 months</i>	<i>If limit exceeded</i>
A4259	9	Lancets, per box	<i>100 lancets per month, per recipient</i>	If limit exceeded

*Special features include voice synthesizers, automatic timers, etc.

TYPE II DIABETES - NON-INSULIN TREATED - ORAL MEDICATIONS				
Procedure Code	TOS	Description of Code	Quantity Limitations	Requires PA?
E0607	P	Home blood glucose monitor	One per 3 years	If limit exceeded
E0609	P	Home blood glucose monitors with special features*	One per 3 years	Yes
A4253	9	Blood glucose test or reagent strips for home monitor	<i>50 test strips per 2 months, per recipient</i>	If limit exceeded
A4254	9	Replacement battery, any type, for use with monitor	4 total per month	If limit exceeded
A4256	9	Normal, low and high calibrator solution/chips, pkg.	2 packages per month	If limit exceeded
<i>A4258</i>	9	<i>Sprint-powered device for lancet, each</i>	<i>1 per 6 months</i>	<i>If limit exceeded</i>
A4259	9	Lancets, per box	<i>100 lancets per 4 months, per recipient</i>	If limit exceeded

*Special features include voice synthesizers, automatic timers, etc.

Non-covered supplies: (Do not bill these codes to Wisconsin Medicaid)

Non-covered supplies for use with blood glucose monitors

- A4244 - Alcohol or peroxide, per pint
- A4250 - Urine test or reagent strips or tablets (100 tablets or strips)

Non-covered supplies

- A4245 - Alcohol wipes per box
- A4246 - Betadine or pHisoHex solution, per pint
- A4247 - Betadine or iodine swabs/wipes per box
- A4255 - Platforms for home glucose monitor, 50 per box

For additional limitations and requirements, refer to the narrative in this Update and the DME and DMS indices.