

Wisconsin Medicaid update

department of health and family services

January 1999 • No. 99-01

POH 1634

To:

DME Vendors

HMOs and Other
Managed Care
Programs

Home Health
Agencies

Nursing Facilities

Occupational
Therapists

Orthotists

Personal Care-
Only Agencies

Pharmacies

Physical
Therapists

Prosthetists

Rehabilitation
Agencies

Speech-Language
Pathologists

Therapy Groups

DME Index/Maximum Allowable Fee Schedule changes

Effective for dates of service on and after February 1, 1999, Wisconsin Medicaid is adding new HCFA Common Procedure Coding System (HCPCS) procedure codes that will change coverage, policies, and limitations for durable medical equipment (DME). This Update is for Medicaid fee-for-service providers. Medicaid managed care providers need to contact their managed care organization (MCO) to determine their MCO policies and coverage for DME.

Attachment 1

Attachment 1 of this Update lists the changes to the DME Index/Maximum Allowable Fee (MAF) Schedule. All abbreviations and column headings correspond to those listed in the current Medicaid DME Index (pages 2-4).

How to obtain the DME Index

The revised DME Index is available on the Medicaid fiscal agent, EDS, bulletin board, EDS-EPIX. You may access EDS-EPIX using an IBM-compatible personal computer, modem, and a communications software package. Refer to Appendix 11 of Part A, the all-provider handbook, for downloading instructions.

You may purchase copies of the updated DME Index from the fiscal agent. Copies are available on paper, tape cartridge, magnetic tape, microfiche, or diskette. Refer to Appendix 38 of Part A, the all-provider handbook, for ordering instructions.

Additions to DME HCPCS code list

- A4614—peak expiratory flow rate meter, hand-held.
- E0372—powered air overlay for mattress, standard mattress length and width.
- K0456—hospital bed, heavy-duty, extra-wide, with any type side rails, with mattress (for recipients over 500 lbs.).
- K0457—extra-wide/heavy-duty commode chair, each (for recipients over 400 lbs.).
- K0458—heavy-duty walker without wheels, each (for recipients over 300 lbs.).
- K0459—heavy-duty wheeled walker, each (for recipients over 300 lbs.).
- K0460—power add-on, to convert manual wheelchair to motorized wheelchair, joystick control.
- K0461—power add-on, to convert manual wheelchair to power-operated vehicle, tiller control.
- L0999—addition to spinal orthosis, not otherwise specified.
- L1843—KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fitted.
- L2035—KAFO, full plastic, static, prefabricated (pediatric size).
- L5826—addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high-activity frame.
- L8039—breast prosthesis, not otherwise specified.

- W6866—nebulizer AC/DC and/or battery power source with case.

Deletion of HCPCS code from the DME Index

The following code has been deleted from the DME Index:

- E1065—power attachment to convert any wheelchair to a motorized wheelchair.

Life expectancy changes

The life expectancy for the following codes has been increased:

- E1375—nebulizer, portable with small compressor, with limited flow.
- W6835—adaptive eating utensils.

MAF changes

The MAF for the following codes has been decreased:

- E0193—powered air flotation bed low air loss therapy.
- E0194—air fluidized bed.
- E0570—nebulizer with compressor, e.g., devilbiss pulmo-aid.
- E0575—nebulizer, ultrasonic.
- E0580—nebulizer, portable, with small compressor, with limited flow.
- E0776—IV pole.
- E1375—nebulizer, portable with small compressor, with limited flow.

The MAF for the following code has been increased:

- W6807—commode, rehabilitative shower commode chair.

Reimbursement for E0192

Wisconsin Medicaid's reimbursement for the purchase of E0192, a low-pressure and positioning equalization pad for a wheelchair, includes reimbursement for a cover. Covers for these pads are not separately reimbursable or authorized.

Prior Authorization

The following code no longer requires prior authorization (PA):

- E0570—nebulizer with compressor, e.g., devilbiss pulmo-aid.

PA documentation is required for some of the codes in this Update. All PA requests for DME must include the brand and model number of the equipment requested. PA requests for the following codes must also include the recipient's height and weight, the brand and model of alternatives, and specific information about equipment being requested (e.g., weight limitations, specific size, and warranties):

- K0456—hospital bed, heavy-duty, extra-wide, with any type side rails, with mattress (for recipients over 500 lbs.).
- K0457—extra-wide/heavy-duty commode chair, each (for recipients over 400 lbs.).
- K0458—heavy-duty walker without wheels, each (for recipients over 300 lbs.).
- K0459—heavy-duty wheeled walker, each (for recipients over 300 lbs.).

All PA requests are reviewed by Medicaid consultants for medical necessity and consistency with diagnosis and clinical conditions of the recipient. PA is always required when exceeding life expectancy limitations and quantity limits for equipment. Refer to Part A, the all-provider handbook, Part N, the DME and disposable medical supplies (DMS) handbook, Medicaid Updates, indices, and PA forms and procedures for more information about PA.

Complete PA guidelines are available upon written request to the following address:
Division of Health Care Financing
P.O. Box 309
Madison, WI 53701-0309

Correction

In previous DME Indices, the following code mistakenly included the nursing facility reimbursement indicator. This code is not separately reimbursable for recipients in nursing facilities:

- E0277—powered pressure-reducing air mattress.

Attachment 2—Wheelchair Options and Accessories

Attachment 2 of this Update, The Wheelchair Options and Accessories Chart, replaces Attachment 4 from Medicaid Update 96-24, dated July 9, 1996. Codes K0083, K0085, and K0087 have been added to Column II. Items listed in Column II are either included in the reimbursement for the corresponding item(s) in Column I or duplicate the corresponding item(s) in Column I.

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.

Attachment I DME HCPCS Changes

Action	Procedure Code	TOS	Description	Allowed Provider Types	POS	PAC	Max Fee	PA Req.	Bilateral	Life Expectancy	NH Reimb	Copy	Comments/ Policy	Replacement Codes
Add	A4614	P	Peak expiratory flow rate meter, hand-held	24 26 44 54 58	3 4	170	\$21.96	N	N	1 year		\$2.00		
Add	E0372	P	Powered air overlay for mattress, standard mattress length and width	24 26 44 54 58	3 4	11J		Y	N	5 years		\$3.00		K0414 Deleted
Add	E0372	R	Powered air overlay for mattress, standard mattress length and width	24 26 44 54 58	3 4	11J		Y	N					K0414 Deleted
Add	K0456	P	Hospital bed, heavy duty, extra wide, with any type side rails, with mattress (for recipients over 500 lbs.)	24 26 44 54 58	3 4	11J		Y	N	8 years		\$3.00		
Add	K0457	P	Extra-wide/heavy duty commode chair, each (for recipients over 400 lbs.)	24 26 44 54 58	3 4	11J		Y	N	5 years		\$3.00		
Add	K0458	P	Heavy-duty walker without wheels, each (for recipients over 300 lbs.)	24 26 34 38 44 54 58 65	0 3 4 7 0 8	170	\$121.19	Y	N	4 years		\$3.00		
Add	K0458	R	Heavy-duty walker without wheels, each (for recipients over 300 lbs.)	24 26 34 38 44 54 58 65	0 3 4 7 0 8	170	\$12.13	60 days	N					
Add	K0459	P	Heavy-duty wheeled walker, each (for recipients over 300 lbs.)	24 26 34 38 44 54 58 65	0 3 4 7 8	170	\$306.00	Y	N	4 years		\$3.00		
Add	K0459	R	Heavy-duty wheeled walker, each (for recipients over 300 lbs.)	24 26 34 38 44 54 58 65	0 3 4 7 8	170	\$30.59	60 days	N					
Add	K0460	P	Power add-on, to convert manual wheelchair to motorized wheelchair joystick control	24 26 44 54 58	3 4 7 8	170	\$1,741.81	Y	N	4 years		\$3.00		E1065 Deleted
Add	K0460	R	Power add-on, to convert manual wheelchair to motorized wheelchair joystick control	24 26 44 54 58	3 4 7 8	170	\$2.91	60 days	N					E1065 Deleted
Add	K0461	P	Power add-on, to convert manual wheelchair to power-operated vehicle, tiller control	24 26 44 54 58	3 4 7 8	170	\$1,741.81	Y	N	4 years		\$3.00		E1065 Deleted
Add	K0461	R	Power add-on, to convert manual wheelchair to power-operated vehicle, tiller control	24 26 44 54 58	3 4 7 8	170	\$2.91	60 days	N	N				E1065 Deleted
Add	L0999	P	Addition to spinal orthosis, not otherwise specified	24 26 34 35 38 44 54 58 65	0 3 4 7 8	11J		Y	Y	2 years	R	NONE		
Add	L1843	P	KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fitted	24 26 34 35 38 44 54 58 65	0 3 4 7 8	170	\$402.46	N	Y	2 years	R	\$3.00		
Add	L2035	P	KAFO, full plastic, static, prefabricated (pediatric size)	24 26 34 35 38 44 54 58 65	0 3 4 7 8	170	\$129.11	N	Y	2 years		\$3.00		

Note: Changes to the DME Index are in italics

Action	Procedure Code	TOS	Description	Allowed Provider Types	POS	PAC	Max Fee	PA Req.	Bilateral	Life Expectancy	NH Reimb	Copay	Comments/Policy	Replacement Codes
Add	L5826	P	<i>Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame</i>	24 26 44 54 58	0 3 4 7 8	170	\$23,12.05	N	Y	2 years	R			
Add	L8039	P	<i>Breast prosthesis, not otherwise specified</i>	24 26 44 54 58	3 4 7 8	111		\$150	Y	3 years	R	\$3.00		
Add	W6866	P	<i>Nebulizer AC/DC and/or battery power source with case</i>	24 26 44 54 58	3 4	170	\$318.75	Y	N	3 years		\$3.00		
Add	W6866	R	<i>Nebulizer AC/DC and/or battery power source with case</i>	24 26 44 54 58	3 4	170	\$1.60	60 days	N					
Change	E0192	P	Low pressure and positioning equalization pad, for wheelchair										Includes a cover	
Change	E0193	R	Powered air flotation bed (low air loss therapy)				\$19.01						Decrease max fee	
Change	E0194	R	Air fluidized bed				\$30.16						Decrease max fee	
Change	E0277	P	Powered pressure-reducing air mattress								Remove R		Service included in nursing home rate	
Change	E0277	R	Powered pressure-reducing air mattress								Remove R		Service included in nursing home rate	
Change	E0570	P	Nebulizer, with compressor, e.g. devilbiss pulmo-aid				\$99.10	N					Remove PA Decrease max fee	
Change	E0575	P	Nebulizer, ultrasonic				\$487.50						Decrease max fee	
Change	E0575	R	Nebulizer, ultrasonic				\$2.50						Decrease max fee	
Change	E0580	P	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flow meter (not separately billable with rented oxygen equipment)				\$87.48						Decrease max fee	
Change	E0776	P	IV Pole				\$176.46						Decrease max fee	
Change	E0776	R	IV Pole				\$0.90						Decrease max fee	
Change	E1375	P	Nebulizer portable, with small compressor, with limited flow				\$92.20			3 years			Decrease max fee; increase life expectancy	

Note: Changes to the DME Index are in *italics*

Action	Procedure Code	TOS	Description	Allowed Provider Types	POS	PAC	Max Fee	PA Req.	Bilateral	Life Expectancy	NH Reimb	Copay	Comments/ Policy	Replacement Codes
Change	W6807	P	Commode, rehabilitation shower commode chair				\$800.00						Increase max fee	
Change	W6835	P	Adaptive eating utensils							3 per year			Increase life expectancy	
Delete	E1065	P R	Power attachment (to convert any wheelchair to motorized wheelchair)											K0460 K0461

Note: Changes to the DME Index are in italics

Attachment 2

Wheelchair Options and Accessories

The wheelchair options and accessories listed in Column II are either included in the reimbursement for the corresponding item(s) in Column I or duplicate the corresponding item(s) in Column I.

Column I	Column II Not reimbursable when provided on the same date of service as the corresponding item(s) in Column I.
E1230	K0082, <i>K0083</i> , K0084, <i>K0085</i> , K0086, <i>K0087</i> , K0088
E1230-30	K0082, <i>K0083</i> , K0084, <i>K0085</i> , K0086, <i>K0087</i> , K0088
K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009	K0015, K0017, K0018, K0019, K0020, K0022, K0026, K0027, K0029, K0032, K0033, K0042, K0043, K0044, K0045, K0046, K0047, K0049, K0050, K0051, K0052, K0060, K0061, K0066, K0067, K0068, K0069, K0070, K0071, K0072, K0073, K0075, K0076, K0077, K0078, K0081
K0010, K0011, K0012, K0013, K0014	K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0049, K0050, K0051, K0052, K0066, K0067, K0068, K0069, K0070, K0071, K0072, K0073, K0075, K0076, K0077, K0078, K0081, K0088, K0090, K0091, K0092, K0093, K0094, K0095, K0096, K0097, K0098, K0099
K0016	K0015, K0017, K0018, K0019, K0020
K0035	K0034
K0039	K0038
K0045	K0042, K0043, K0044
K0046	K0043
K0047	K0044
K0048	K0042, K0043, K0044, K0045, K0046, K0047, K0049
K0053	K0045, K0048
K0069	K0066
K0070	K0067, K0068
K0071	K0074, K0078
K0072	K0075
K0077	K0076
K0092	K0090, K0091
K0096	K0094, K0095

Note: Additions to this table are in italics.