Pharmacy Society of Wisconsin

COACHING-DRIVEN PRACTICE TRANSFORMATION
Scaling for Sustainable Success

BILLING FOR PEAK FLOW METERS AND SPACERS

A quick-reference guide to ForwardHealth billing requirements

BILLING FOR PEAK FLOW METER:

Peak expiratory flow rate meter, handheld

FREQUENCY LIMIT	**1 device every 3 months**
HCPCS CODE	**A4614**
MEDICAID MAX FEE	**$17.79**

BILLING FOR SPACER:

OPTION 1

Spacer, bag, or reservoir, **with or without mask**, for use with **MDI**

FREQUENCY LIMIT	**1 device every 2 months**
HCPCS CODE	**A4627**
MEDICAID MAX FEE	**$15.75/each**

OPTION 2

Holding chamber or spacer for use with an **inhaler or nebulizer; with mask**

FREQUENCY LIMIT	**1 device every 6 months**
HCPCS CODE	**S8101**
MEDICAID MAX FEE	**$47.93/each**

*Pharmacies may need to complete a prior authorization to exceed the quantity limit set by ForwardHealth

GENERAL REMINDERS:

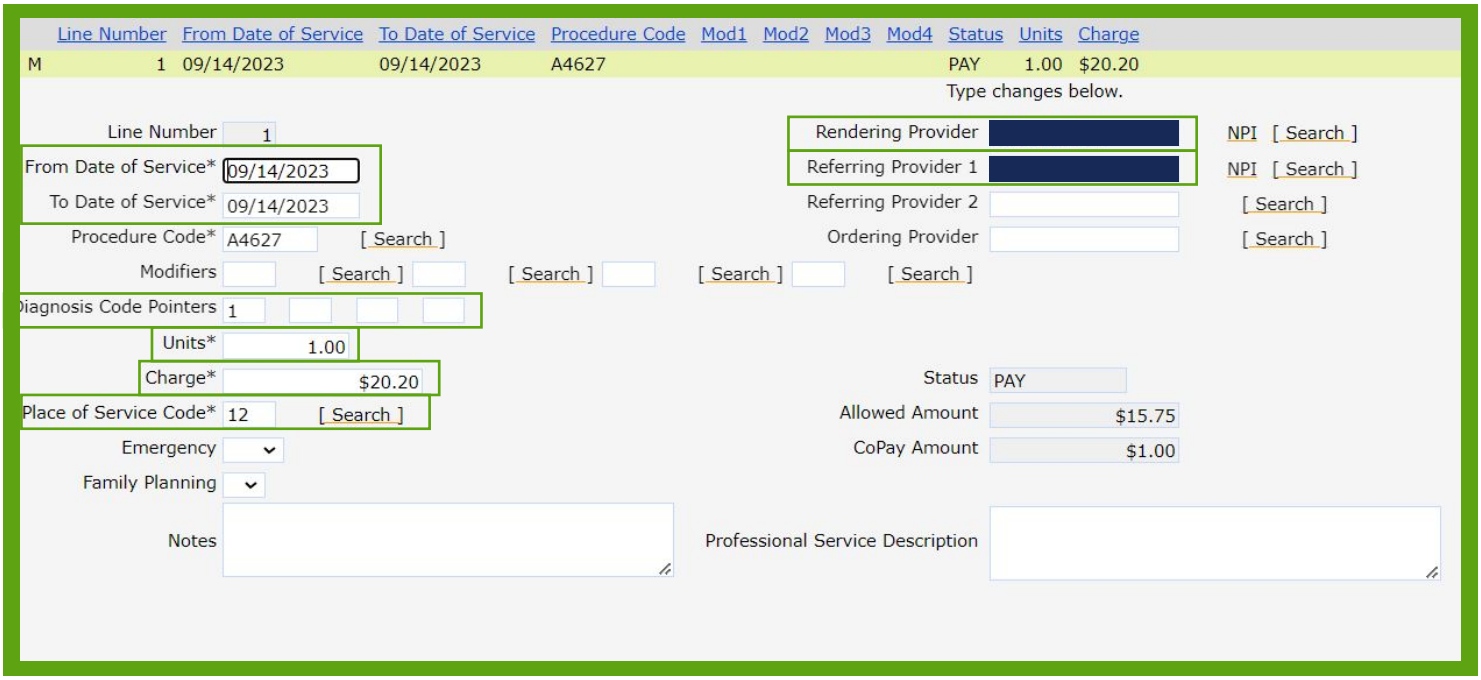
- Pharmacies are required to have a valid prescription for the product being billed
  - » A valid CPA with the appropriate criteria would also be appropriate
- These products should be covered for patients with FFS Medicaid, though HMO coverage and rates may vary.
- If your pharmacy is not able to purchase peak flow meters for less than the reimbursement fee listed, email DHSDMSBRS@dhs.wisconsin.gov with your lowest cost for procuring the item, listing the HCPCS code and the max reimbursement from above. Reference that this is a disposable medical supply max fee inquiry related to a professional claim (non-DME) for peak flow meters (A4614).

ForwardHealth Information

See the ForwardHealth Handbook for specific billing criteria:

- Topic #520 – Disposable Medical Supplies and Durable Medical Equipment
- Topic #1723 – Medical Records
- Topic #1766 - Prescriptions
- ForwardHealth Update regarding asthma supply coverage

These claims classify as medical claims, and should be billed on the ForwardHealth portal or via certified third-party vendor. See below for information related to claim submission on the ForwardHealth portal:



Durable Medical Supplies (DMS) Claim

The following fields are required to submit a Durable Medical Supplies (DMS) claim for a peak flow meter or spacer:

- Date of service
- Procedure code
- Diagnosis code pointer referencing the line the appropriate diagnosis code is entered in
  - » Ensure you are submitting the most specific diagnosis code on the prescription. Note: ICD-10 codes ending in 00 may not be specific enough and may be denied by ForwardHealth.
- Units (in most cases, a unit of 1.00 is billed)
- Charge
  - » This is your pharmacy's Usual and Customary (U&C) price for the device. Ensure your pharmacy's U&C price is adequate for the max fee set by Medicaid for the procedure code being billed.
- Place of Service Code
  - » Codes of 01 (pharmacy) or 12 (patient home) may be appropriate
- Rendering Provider (this is the NPI of the submitting pharmacy)
- Referring Provider 1 (this is the NPI of the ordering prescriber)