

Wisconsin Medicaid and BadgerCare update

March 2002 • No. 2002-05
PHC 1849

Wisconsin Medicaid and BadgerCare Information for Providers

1.065% reimbursement rate increase for non-institutional services

To:	HealthCheck Providers	Personal Care Agencies
Ambulatory Surgery Centers	Home Health Agencies	Physical Therapists
Anesthesiologist Assistants and Certified Registered Nurse Anesthetists	Independent Laboratories	Portable X-Ray Providers
AODA Counselors	Individual Medical Supply Providers	Prenatal Care Coordination Providers
Audiologists	Master's Level Psychotherapists	Psychiatrists
Child Adolescent Day Treatment Providers	Medical Equipment Vendors	Psychologists
County Mental Health Coordinators	Mental Health Day Treatment Providers	Rehabilitation Agencies
County Substance Abuse Coordinators	Mental Health/Substance Abuse Clinics	Respiratory Therapists
Dentists	Nurses in Independent Practice	Rural Health Clinics
Family Planning Clinics	Occupational Therapists	Specialized Medical Vehicle Providers
Federally Qualified Health Centers	Opticians	Substance Abuse Day Treatment Providers
HealthCheck "Other Service" Providers	Optometrists	Therapy Groups
		HMOs and Other Managed Care Programs

Non-institutional services rate increase

Effective for dates of service on and after July 1, 2001, maximum allowable fees for the services listed in the Attachment of this *Wisconsin Medicaid and BadgerCare Update* will increase 1.065%, as authorized by the state legislature in 2001 Wisconsin Act 16, the biennial budget.

Providers may obtain updated maximum allowable fee schedules from Wisconsin Medicaid. Refer to the All-Provider Handbook for ordering instructions. Fee schedules, provider handbooks, and *Updates* are also located on the Medicaid Web site at www.dhfs.state.wi.us/medicaid/.

Automatic claim adjustments

Wisconsin Medicaid will automatically adjust claims if the amount billed exceeded the previous maximum allowable fee. Wisconsin Medicaid will not automatically adjust paid claims on which the billed amount was equal to or less than the previous maximum allowable fee.

Providers are reminded that:

- They are required to bill Wisconsin Medicaid their usual and customary charges.
- Wisconsin Medicaid will reimburse providers the lesser of either the billed amount or the maximum allowable fee.

Recipient copayments

For those services that require recipient copayment, the copayment amount for a particular service may change if the Medicaid maximum allowable fee for that service increases to the next highest copayment level. Providers should verify that they are charging the correct copayment amount for each service. For most services, the following copayment chart applies:

Medicaid maximum allowable fee	Copayment
Up to \$10.00	\$0.50
From \$10.01 to \$25.00	\$1.00
From \$25.01 to \$50.00	\$2.00
Over \$50.00	\$3.00

For more detailed information about copayments (including copayment guidelines and exemptions) refer to the All-Provider Handbook and to the appropriate service-specific handbook.

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

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

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT

Services receiving 1.065% reimbursement rate increase Effective July 1, 2001

Physician and related services

Ambulatory surgery center services.
Anesthesiology.
Family planning services.
Laboratory services (not to exceed Medicare Part B rates).
X-ray services.

Home health and related services

Home health services.
Personal care services.
Private-duty nursing services.
Respiratory care services.

Medical equipment, supplies, and related services

Disposable medical supplies (selected supplies did not receive rate increases).
Durable medical equipment.
Hearing aids.

Mental health, substance abuse (alcohol and other drug abuse), and related services.

Adult mental health day treatment.
Child/Adolescent day treatment.
Clozapine management services.
In-home psychotherapy for children.
In-home psychotherapy for children with severe emotional disturbance.
Substance abuse day treatment.

Therapy and related services

Audiology services.
Occupational therapy.
Physical therapy.
Rehabilitation agency occupational and physical therapy services.

Other services

Dental services.
HealthCheck services.
HealthCheck "other services."
Prenatal care coordination (including Milwaukee Child Care Coordination).
Specialized medical vehicle transportation services.
Tuberculosis-related services.
Vision services.