

Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Chiropractors
Federally Qualified
Health Centers
Rural Health
Clinics
HMOs and Other
Managed Care
Programs

Maximum allowable fees increase for chiropractic services

Effective for dates of service on and after July 1, 2001, Wisconsin Medicaid is increasing its maximum allowable fees for chiropractic services.

Chiropractic services rate increase

Wisconsin Act 16, the 2001-2003 biennial budget, authorized a 1.065% rate increase in maximum allowable fees for Wisconsin Medicaid non-institutional providers.

In addition to this increase, Wisconsin Act 16 authorized additional rate increases for selected providers. Therefore, chiropractors will receive an additional increase for the office visit code. The rate changes are effective for dates of service on and after July 1, 2001.

The table below reflects the office visit procedure code that will be affected by the new maximum allowable fee. Refer to *Current Procedural Terminology* for a full description of this procedure code.

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 *Wisconsin Medicaid and BadgerCare 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.

Procedure code and description	Type of service code	Maximum allowable fee	Copayment
99201 — Office or other outpatient visit for the evaluation and management of a new patient.	9 (Chiropractor)	\$19.39	\$1.00

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 Chiropractic Services Handbook.

Managed care disclaimer

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/.