wisconsin Medicaid update and BadgerCare

June 2002 ● No. 2002-28
PHC 1875

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, 2002, Wisconsin Medicaid is increasing maximum allowable fees for chiropractic service providers.

Chiropractic services rate increase

Wisconsin Act 16, the 2001-2003 biennial budget, authorized a 1.095% rate increase in maximum allowable fees for most Wisconsin Medicaid non-institutional providers effective July 1, 2002.

In addition to this increase, Wisconsin Act 16 authorized additional rate increases for selected providers. Therefore, chiropractors will receive an additional increase for spinal manipulation procedure codes. This policy is effective for dates of service on and after July 1, 2002. The Attachment of this *Wisconsin Medicaid and BadgerCare Update* contains the complete list of procedure codes for chiropractors.

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/*.

New spinal manipulation codes have been added

Three new *Current Procedure Terminology* (CPT) codes for spinal manipulation have been added to replace local code W9010. Beginning July 1, 2002, providers should submit claims and prior authorization (PA) requests using these new codes. If a provider has a current approved PA request that was submitted with local code W9010, the provider must submit a request to amend the PA using the appropriate new CPT code. (Refer to the Prior Authorization section of the All-Provider Handbook for more information on amending PAs.) The new codes are:

- 98940 — Chiropractic manipulative treatment; spinal, one to two regions.
- 98941 — Spinal, three to four regions.
- 98942 — Spinal, five or more regions.

These procedure codes are reimbursed by Medicare. Refer to the Coordination of Benefits section of the All-Provider Handbook for the appropriate Medicare billing instructions.

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.

Information regarding Medicaid HMOs

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
Maximum allowable fees for chiropractic services effective July 1, 2002

The following table shows the new maximum allowable fees for chiropractic services, effective for dates of service on and after July 1, 2002. The type of service (TOS) code "9" (other) is used for all procedure codes except W6898, which uses TOS "P" (purchase) or "R" (rental).

Procedure code	Description	New 2002 rate
W6898	Chiropractic spinal support, purchase or rental	$80.52
72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral	$56.85
72020	Radiologic examination, spine, single view, specify level	$24.06
72040	Radiologic examination, spine, cervical; two or three views	$29.71
72050	Minimum of four views	$33.05
72052	Complete, including oblique and flexion and/or extension studies	$47.36
72070	Radiologic examination, spine; thoracic, two views	$29.71
72100	Radiologic examination, spine, lumbosacral; two or three views	$29.71
72110	Minimum of four views	$47.36
72120	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views	$33.05
72200	Radiologic examination, sacroiliac joints; less than three views	$26.25
72202	Three or more views	$31.57
72220	Radiologic examination, sacrum and coccyx, minimum of two views	$29.71
73000	Radiologic examination; clavicle, complete	$20.36
73010	Scapula, complete	$29.71
73020	Radiologic examination, shoulder; one view	$15.77
73030	Complete, minimum of two views	$29.71
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	$27.64
73060	Humerus, minimum of two views	$20.36
73070	Radiologic examination, elbow; two views	$20.36
73080	Complete, minimum of three views	$26.25
73500	Radiologic examination, hip, unilateral; one view	$26.25
73510	Complete, minimum of two views	$33.05
73520	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelivs	$39.47
73540	Radiologic examination, pelvis and hips, infant or child, minimum of two views	$29.71
73550	Radiologic examination, femur, two views	$29.71
73560	Radiologic examination, knee; one or two views	$20.36
73562	Three views	$26.25
73564	Complete, four or more views	$24.49
81000	Urinalysis, by dip stick or tablet reagent for bilirubin...(more)	$4.37
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions	$17.31
98941	Spinal, three to four regions	$23.90
98942	Spinal, five regions	$30.97
99201	Office or other outpatient visit for the evaluation and management of a new patient	$19.60