Wisconsin Medicaid and BadgerCare Information for Providers

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PHC 1878

1.095% reimbursement rate increase for noninstitutional services

To:

Ambulatory Surgery Centers
Anesthesiologist Assistants
and Certified Registered
Nurse Anesthetists
AODA Counselors
Audiologists
Child Adolescent Day
Treatment Providers
County Mental Health
Coordinators
County Substance Abuse
Coordinators
Dentists
Family Planning Clinics
Federally Qualified Health

HealthCheck "Other Service"

Centers

Providers

HealthCheck Providers Home Health Agencies Independent Laboratories **Individual Medical Supply Providers** Master's Level **Psychotherapists** Medical Equipment Vendors Mental Health Day Treatment Providers Mental Health/Substance Abuse Clinics Nurses in Independent Practice Occupational Therapists **Opticians** Optometrists

Personal Care Agencies Physical Therapists Portable X-Ray Providers Prenatal Care Coordination **Providers Psychiatrists Psychologists** Rehabilitation Agencies Respiratory Therapists Rural Health Clinics Specialized Medical Vehicle **Providers** Substance Abuse Day Treatment Providers Therapy Groups HMOs and Other Managed Care Programs

Non-institutional services rate increase

Effective for dates of service on and after July 1, 2002, maximum allowable fees **for the services listed in the Attachment** of this *Wisconsin Medicaid and BadgerCare Update* will increase 1.095%, 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/.

Providers are reminded:

- They are required to submit claims to Wisconsin Medicaid for their usual and customary charges.
- That 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.

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

Services receiving 1.095% reimbursement rate increase

Effective for dates of services on and after July 1, 2002

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.

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.