

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

Maximum allowable fee increase for podiatry services

Effective for dates of service (DOS) on and after July 1, 2002, the following changes were made to reimbursement rates for podiatry services:

- An across-the-board 1.095% rate increase in maximum allowable fees for all podiatry services, except laboratory services and injections.
- Primary care reimbursement rates apply to podiatrists.

Across-the-board 1.095% reimbursement 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. This applied to all podiatry services except for laboratory services, which may be increased to no more than the current Medicare allowable fee, and injections, which are reimbursed at cost.

Wisconsin Medicaid automatically paid claims for dates of service (DOS) on and after July 1, 2002, with either the lesser of the billed amount or the new reimbursement rates. Providers will not be required to submit adjustment requests to receive the new rate.

Primary care reimbursement rates

In addition to the 1.095% across-the-board increase, Wisconsin Act 16 authorized a targeted rate increase. This increase establishes a uniform reimbursement rate so that podiatrists are paid the same rate as primary care providers (i.e., physicians with certain specialties and nurse practitioners) for the services both can provide. For podiatrists, this increases the reimbursement rates paid for some surgeries. This increase is effective for DOS on and after July 1, 2002.

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. Refer to the copayment chart on the following page for podiatry services and their corresponding copayments.

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

Maximum daily reimbursement rate

Effective for DOS on and after July 1, 2002, the maximum allowable amount a podiatrist may be reimbursed for all services performed per recipient on the same DOS may not exceed \$2,308.43.

Updated maximum allowable fee schedules

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 located on the Medicaid Web site at www.dhfs.state.wi.us/medicaid/.

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.

Podiatry Services Copayments	
Medicaid maximum allowable fee	Copayment
Office visits. Each service costing:*	
• 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
Each surgery	\$3.00
Each laboratory service	\$1.00
Each X-ray service	\$3.00
Routine foot care	\$1.00
*Copayment amounts are based on the maximum allowable fee for each procedure code.	

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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/.