

Wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Chiropractors
HMOs and Other
Managed Care
Programs

Copayments for chiropractic services for HMO enrollees

This Wisconsin Medicaid and BadgerCare Update reiterates current Wisconsin Medicaid policy regarding copayments for chiropractic services for recipients enrolled in Wisconsin Medicaid and BadgerCare HMOs.

Chiropractic services coverage and HMOs

Chiropractic services are a Medicaid benefit; however, Wisconsin Medicaid and BadgerCare HMOs are not required to cover chiropractic services. If an HMO does *not* elect to cover chiropractic services, the services will be covered under fee-for-service.

Medicaid HMOs that *do not* cover chiropractic services

If an HMO elects not to cover chiropractic services, enrollees of that HMO receive chiropractic services on a fee-for-service basis. Providers should bill Wisconsin Medicaid their usual and customary charges. Chiropractic providers treating HMO enrollees as fee-for-service recipients are required to follow all Medicaid copayment guidelines, in addition to fee-for-service policies, billing procedures, and prior authorization (PA) procedures. (Refer to the All-Provider Handbook for general policies and copayment guidelines.) Wisconsin Medicaid will automatically deduct the appropriate copayment amount from the reimbursed amount for the covered chiropractic service.

Medicaid HMOs that *do* cover chiropractic services

If a Medicaid and BadgerCare HMO covers chiropractic services, the enrollee is required to see an HMO network provider unless the HMO authorizes a non-network provider to provide the service. All non-network chiropractic providers must receive PA from the HMO to treat the Medicaid HMO enrollee. If the service is covered by the HMO, Medicaid providers are prohibited from requesting copayments.

Checking eligibility, HMO enrollment, and HMO chiropractic coverage

Providers should always verify eligibility of any recipient they are serving. The Wisconsin Medicaid Eligibility Verification System (EVS) will also indicate if the recipient is enrolled in an HMO and if the HMO covers chiropractic services. For more information on the EVS, refer to the Provider Resources section of the All-Provider Handbook.

Summary of copayment requirements

Medicaid's current copayment requirements, including the requirements discussed in this *Wisconsin Medicaid and BadgerCare Update*, are outlined in the Recipient Rights and Responsibilities section of the All-Provider Handbook.

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/.