wisconsin Medicaid update
and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:

Family Planning Clinics

HMOs and Other Managed Care Programs

Maximum allowable fees increase for family planning clinics

Effective for dates of service (DOS) on and after February 1, 2003, the following changes have been made to reimbursement rates for family planning clinics:

- Family planning clinic office visit maximum allowable fees have been increased.
- Maximum allowable fees for Depo Provera®, intrauterine devices (IUDs), and oral contraceptives have increased.

Family planning clinic maximum allowable fees increased

Effective for dates of service on and after February 1, 2003, family planning clinic office visit maximum allowable fees have been increased. This was reflected in the public notice for this rate increase published in the January 2003, Wis. Admin. Register. In addition, family planning clinic maximum allowable fees for Depo Provera®, intrauterine devices (IUDs), and oral contraceptives have increased. All other procedure and supply reimbursement rates remain the same. Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for the new family planning clinic maximum allowable fees.

Automatic claim adjustments

Wisconsin Medicaid will automatically adjust affected 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 (refer to the section below on usual and customary charges for family planning clinics).
- Wisconsin Medicaid will reimburse providers the lesser of either the billed amount or the maximum allowable fee.

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

Usual and customary charges for family planning clinics

Wisconsin Medicaid requires that all providers establish usual and customary charges for claims submitted to Wisconsin Medicaid for services or supplies. Family planning clinics must establish usual and customary charges for family planning clinic services. The usual and customary charge is the amount charged by the provider for the same service when provided to private pay patients. Providers may not discriminate against Wisconsin Medicaid recipients by charging a higher fee for services than that which is charged to a private pay patient.

Providers who charge a sliding fee scale

For providers using a sliding fee scale for specific services, "usual and customary" means the median of the individual provider's charge for the service when provided to non-Medicaid patients.

Providers who receive discounts

Special discounts provided by drug manufacturers for contraceptive supplies and devices must be reflected in the calculation of usual and customary charges. Family planning clinics that receive federal Title X funds and participate in the Section 340B Drug Pricing Program may only submit claims to Wisconsin Medicaid for the acquisition price of a drug plus a reasonable dispensing fee established by the state Medicaid agency. The usual and customary charge rule for a private pay patient does not apply to drug pricing in these situations.

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/*.

Family planning clinics that receive federal Title X funds and participate in the Section 340B Drug Pricing Program may only submit claims to Wisconsin Medicaid for the acquisition price of a drug plus a reasonable dispensing fee established by the state Medicaid agency.

ATTACHMENT
Family planning clinic maximum allowable fees, effective for dates of service on and after February 1, 2003

Refer to the following table for increased family planning clinic maximum allowable fees, effective for dates of service on and after February 1, 2003.

Procedure code	Description	Maximum allowable fee
Current Procedural Terminology **(CPT) codes**		
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • A problem focused history; • A problem focused examination; and • Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	$19.60
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • An expanded problem focused history; • An expanded problem focused examination; and • Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	$32.98
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • A detailed history; • A detailed examination; and • Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	$49.30
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • A comprehensive history; • A comprehensive examination; and • Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	$70.54

Procedure code	Description	Maximum allowable fee
***CPT* codes (continued)**		
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • A comprehensive history; • A comprehensive examination; and • Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	$89.74
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	$10.87
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: • A problem focused history; • A problem focused examination; • Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	$19.56
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: • An expanded problem focused history; • An expanded problem focused examination; • Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	$27.00
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: • A detailed history; • A detailed examination; • Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	$42.46

Procedure code	Description	Maximum allowable fee
***CPT* codes (continued)**		
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: • A comprehensive history; • A comprehensive examination; • Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	$62.22
***Healthcare Common Procedure Coding System* code**		
J7300	Intrauterine copper contraceptive	$137.70
Local codes		
W6117	Depo-medroxyprogesterone, 150 mg	$35.10
W6207	Oral contraceptives	$14.20