Wisconsin Medicaid and BadgerCare Information for Providers

To:

County Health
Departments

Federally Qualified Health Centers

Independent Laboratories

Inpatient Hospital Providers

Nurse Midwives

Nurse

Practitioners

Outpatient Hospital Providers

Physician Assistants

Physician Clinics

Physicians

Rural Health Clinics

HMOs and Other Managed Care Programs

Wisconsin Medicaid Now Reimburses for Laboratory Procedure Code 0010T for Tuberculosis Blood Test

Effective for dates of service on and after November 1, 2004, Wisconsin Medicaid now reimburses for procedure code 0010T (Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response). This procedure is a more accurate test than the standard skin test for latent tuberculosis infection. Providers should use their best medical judgment to determine when to administer this test.

This procedure is allowable for full-benefit Medicaid recipients and for recipients receiving the Tuberculosis-Related Services Only benefit.

Modifiers "26" (professional component) and "TC" (technical component) may not be used with this procedure code.

Wisconsin Medicaid reimburses physicians, physician assistants, nurse practitioners, and independent laboratories for a maximum allowable fee of \$35 for this procedure.

Providers submitting blood specimens to a laboratory for testing will be reimbursed a handling fee under one of the following procedure codes, as appropriate:

- 99000 (handling and/or conveyance of specimen for transfer from the physician's office to a laboratory).
- 99001 (handling and/or conveyance of specimen for transfer from the patient in

other than a physician's office to a laboratory [distance may be indicated]).

Routine venipuncture (procedure code 36415 [collection of venous blood by venipuncture]) is not a Wisconsin Medicaid-covered service.

Information Regarding Medicaid HMOs

This Wisconsin Medicaid and BadgerCare 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 *dhfs.wisconsin.gov/medicaid/*.

PHC 1250