

Wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:

Rural Health
Clinics

HMOs and Other
Managed Care
Programs

Copayment Limit for Rural Health Clinics

Rural health clinic providers are reminded that a recipient's copayment for physician services is limited to \$30.00 cumulative, per physician or clinic (using a group billing number), per calendar year. This limit applies to *selected* revenue and procedure codes. Refer to service-specific publications for other services' copayment limits.

Refer to Attachments 1 and 2 of this *Wisconsin Medicaid and BadgerCare Update* for a list of applicable revenue codes and *Current Procedural Terminology* procedure codes.

Refer to the All-Provider Handbook for more information about copayment requirements and exemptions.

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 dhfs.wisconsin.gov/medicaid/.

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ATTACHMENT 1

Revenue Codes with Copayment Limits for Rural Health Clinics

For rural health clinic providers, a recipient's copayment is limited to \$30.00 cumulative, per physician or clinic (using a group billing number), per calendar year for the following revenue codes.

Revenue Code Range	Revenue Code Category	Revenue Code Subcategory
0420-0429	Physical Therapy	All
0430-0439	Occupational Therapy	All
0440-0449	Speech-Language Pathology	All
0470-0479	Audiology	All
0900	Psychiatric/Psychological Treatments	General Classification
0902	Psychiatric/Psychological Treatments	Milieu Therapy
0903	Psychiatric/Psychological Treatments	Play Therapy
0904	Psychiatric/Psychological Treatments	Activity Therapy
0909	Psychiatric/Psychological Treatments	Other Psychiatric/Psychological Treatment
0910	Psychiatric/Psychological Services	General Classification
0911	Psychiatric/Psychological Services	Rehabilitation
0914	Psychiatric/Psychological Services	Individual Therapy
0915	Psychiatric/Psychological Services	Group Therapy
0916	Psychiatric/Psychological Services	Family Therapy
0917	Psychiatric/Psychological Services	Bio Feedback
0919	Psychiatric/Psychological Services	Other Psychiatric/Psychological Services
0944	Other Therapeutic Services	Drug Rehabilitation
0945	Other Therapeutic Services	Alcohol Rehabilitation

ATTACHMENT 2

CPT Procedure Codes with Copayment Limits for Rural Health Clinics

For rural health clinic providers, a recipient's copayment is limited to \$30.00 cumulative, per physician or clinic, per calendar year for the following *Current Procedural Terminology* (CPT) procedure codes. Some CPT procedure codes displayed within the ranges below may not be covered by Wisconsin Medicaid. Consult the physician services maximum allowable fee schedule at dhfs.wisconsin.gov/medicaid/ or call Provider Services at (800) 947-9627 or (608) 221-9883 about coverage of specific CPT procedure codes.

Surgery Services	
CPT Procedure Code Ranges	Service
10021-10022	General
10049-19499	Integumentary System
20000-29999	Musculoskeletal System
30000-32999	Respiratory System
33010-37799	Cardiovascular System
38100-38999	Hemic and Lymphatic Systems
39000-39599	Mediastinum and Diaphragm
40490-49999	Digestive System
50010-53899	Urinary System
54000-55899	Male Genital System
55970-55980	Intersex Surgery
56400-57159	Female Genital Surgery
57161-57169	
57171-57290	
57293-57399	
57401-57699	
57701-58099	
58104-58299	
58302-58319	
58351-58599	
58616-58749	
58761-58899	
58921-58981	
58996-58999	
59900	
60000-60699	Endocrine System
61000-64999	Nervous System
65091-68899	Eye and Ocular Adnexa
69000-69979	Auditory System
69990-69999	Operating Microscope

Radiology Services	
CPT Procedure Code Range	Service
70000-74709	Diagnostic Radiology (Diagnostic Imaging)
74776-76499	
76506-76804	Diagnostic Ultrasound
76826-76999	
78000-78999	Diagnostic Nuclear Medicine

Pathology/Laboratory Services	
CPT Procedure Code Range	Service
80000-80054	Organ or Disease Oriented Panels
80056-80076	
80100-80103	Drug Testing
80150-80299	Therapeutic Drug Assays
80400-80440	Evocative/Suppression Testing
80500-80502	Consultation (Clinical Pathology)
81000-81099	Urinalysis
82000-84701	Chemistry
84704-84999	
85002-85999	Hematology and Coagulation
86000-86005	Immunology
86010-86849	
86850-86999	Transfusion Medicine
87001-87999	Microbiology
88000-88099	Anatomic Pathology
88104-88199	Cytopathology
88230-88299	Cytogenetic Studies
88300-88399	Surgical Pathology
88400	Transcutaneous Procedures
89050-89240	Other Procedures
89250-89999	Reproductive Medicine Procedures

Medicine Services	
CPT Procedure Code Range	Service
90000-90080	Undefined
90100-90170	
90200-90220	
90240-90280	
90500-90580	Vaccines, Toxoids
90600-90654	
91000-91299	Gastroenterology
92002-92014	Ophthalmology
92081-92083	
92225-92287	
92512-92588	Special Otorhinolaryngologic Services
93000-93320	Cardiovascular
93600-93618	
93720-93799	
93875-93960	Non-Invasive Vascular Diagnostic Studies
94010-94620	Pulmonary
94680-94799	
95819-95999	Neurology and Neuromuscular Procedures

Evaluation and Management Services	
CPT Procedure Code Range	Service
99201-99215	Office or Other Outpatient Services
99221-99223	Hospital Inpatient Services
99231-99233	
99241-99263	Consultations
99271-99275	
99281-99285	Emergency Department Services
99341-99353	Home Services