To:
Ambulance
  Providers
HMOs and Other
  Managed Care
  Programs

New Procedure Code for Ambulance Providers

Effective for dates of service (DOS) on and after January 1, 2006, Wisconsin Medicaid will adopt 2006 *Current Procedural Terminology* and Healthcare Common Procedure Coding System (HCPCS) codes changes. This includes adopting HCPCS procedure code A0998 (Ambulance response and treatment, no transport) that replaces HCPCS procedure code T2006. The maximum allowable fee for A0998 is $68.32. This procedure code is exempt from recipient copayment.

Claims with T2006 submitted for DOS on and after January 1, 2006, will be denied.

The revised Ambulance Maximum Allowable Fee Schedule will be published in early 2006. Fee schedules are updated on a quarterly basis and posted on the Wisconsin Medicaid Web site at *dhfs.wisconsin.gov/medicaid/*.

For More Information

Providers with questions regarding the procedure codes in this *Wisconsin Medicaid and BadgerCare Update* may call Provider Services at (800) 947-9627 or (608) 221-9883.

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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