

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Anesthesiologist Assistants, Ambulatory Surgery Centers, Certified Registered Nurse Anesthetists, Federally Qualified Health Centers, Independent Labs, Nurse Midwives, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Portable X-Ray Providers, Rural Health Clinics, HMOs and Other Managed Care Organizations

## Coverage of Certain Medical Services Under the BadgerCare Plus Core Plan for Childless Adults

The BadgerCare Plus Core Plan for Childless Adults will be implemented on January 1, 2009, as part of Wisconsin's comprehensive health care reform. This *ForwardHealth Update* describes the coverage and policies for ambulatory surgery centers, anesthesiologist assistants, certified registered nurse anesthetists, federally qualified health centers, independent labs, nurse midwives, nurse practitioners, physician assistants, physician clinics, physicians, portable X-ray providers, and rural health clinics under the Core Plan.

As a result of the recent downturn in the national economy, the expansion of the Core Plan will be implemented in phases. Phase 1, which includes individuals already enrolled in Milwaukee County's General Assistance Medical Program (GAMP) and other counties' general assistance medical programs, will begin on January 1, 2009. The timeframe for adding new phases will be determined as the Department of Health Services moves forward.

Refer to the December 2008 *Update* (2008-199), titled "Introducing the BadgerCare Plus Core Plan for Childless Adults," for general information about covered and noncovered services, reimbursement, copayment, and enrollment.

### BadgerCare Plus Core Plan Overview

The BadgerCare Plus Core Plan for Childless Adults covers basic health care services including primary care, preventive care, generic drugs, and a limited number of brand name prescription drugs.

In Milwaukee County, members will receive benefits under the BadgerCare Plus Core Plan on a fee-for-service basis from January 1, 2009, through March 31, 2009. Effective April 1, 2009, Core Plan members in Milwaukee County will be enrolled in the state-contracted HMOs that serve Wisconsin's Medicaid and BadgerCare Plus population. Members will be sent enrollment choice materials beginning in January 2009 and will enroll through Automated Health Systems, Inc. (AHSI), the State's enrollment broker, as they currently do with the BadgerCare Plus population.

Individuals who are converting to the BadgerCare Plus Core Plan from non-Milwaukee County general assistance programs will receive their Core Plan benefits on a fee-for-service basis.

All members enrolled in the Core Plan will receive a ForwardHealth identification card.

### Covered and Noncovered Services

Physician services covered under the Core Plan are the same as those covered under the BadgerCare Plus Standard Plan and BadgerCare Plus Benchmark Plan, including laboratory and radiology services. Refer to the Online Handbook on the ForwardHealth Portal for covered services, policies, and procedures.

## ***Mental Health/Substance Abuse Services***

Only mental health services provided by psychiatrists are covered under the Core Plan. For substance abuse services, only physician services are covered. Clozapine management is a covered service under the Core Plan; watch for a future *Update* with more information on clozapine management services under the Core Plan.

## **Comprehensive Examination Requirement for Members**

In order to remain enrolled in the Core Plan, members must have a comprehensive exam conducted by a provider within the first year of enrollment. See Attachment 1 of this *Update* for a list of *Current Procedural Terminology* codes that satisfy this requirement. Providers should work with their state-contracted health plan to meet state reporting requirements for this service. If the provider does not report the exam or if the member does not have an exam, the member may not re-enroll for the Core Plan after the first year.

## **Prior Authorization**

Prior authorization (PA) policy and procedures are the same under the Core Plan as they are under the BadgerCare Plus Standard Plan.

Providers are required to obtain PA separately for the Core Plan, the Standard Plan, and the Benchmark Plan for the same or similar services. If a member's enrollment status changes, PA granted under one plan will not be valid for the other plans. Providers are required to submit new PA requests in these cases to obtain a valid PA for the member. Separate PAs are required due to differences in coverage between the Core Plan, the Standard Plan, and the Benchmark Plan.

## **Reimbursement**

Providers will be reimbursed for services provided to members enrolled in the Core Plan at the current Wisconsin Medicaid rate of reimbursement for covered services.

## **Copayments**

For services with copayments, nominal copayments will range from \$0.50 to \$3.00, with a limit of \$30.00 per provider, per calendar year. Copayments are applied the same way they are applied under the Standard Plan; there is no copayment for emergency services, anesthesia, or clozapine management.

Under the Core Plan, a provider has the right to deny services if the member fails to make his or her copayment.

## **Enrollment Verification**

It is imperative that providers verify a member's enrollment to determine if they are covered and in which plan the member is enrolled. Providers are reminded to *always* verify a member's enrollment *before* providing services, both to determine that the individual is enrolled for the current date and to discover any limitations to the member's coverage. Providers have several options to obtain enrollment information through Wisconsin's Enrollment Verification System and should refer to the Online Handbook for more information. Refer to the December 2008 *Update* (2008-200), titled "Member Enrollment Verification for BadgerCare Plus Core Plan for Childless Adults," for more information.

## **For More Information**

For more information or questions regarding the Core Plan, providers may call Provider Services at (800) 947-9627.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

P-1250

# ATTACHMENT

## Comprehensive Examination Requirement Procedure Codes for BadgerCare Plus Core Plan for Childless Adults

The following table lists *Current Procedural Terminology* (CPT) procedure codes that satisfy the requirement for comprehensive examination requirement under the BadgerCare Plus Core Plan for Childless Adults for dates of service on and after January 1, 2009.

Procedure Code	Description
99203	Office or other outpatient visit: evaluation and management of new patient: Detailed history/examination and medical decision making of low complexity (30 min)
99204	Office or other outpatient visit for the evaluation and management of a new patient: Comprehensive history/examination and medical decision making of moderate complexity (45 min)
99205	Office or other outpatient visit for the evaluation and management of a new patient: Comprehensive history/examination and medical decision making of high complexity (60 min)
99214	Office or other outpatient visit for the evaluation and management of an established patient: Requires two of the following three: Detailed history, detailed examination, and medical decision making of moderate complexity (25 min)
99215	Office or other outpatient visit for the evaluation and management of an established patient: Requires two of the following three: Comprehensive history, comprehensive examination, and medical decision making of high complexity (40 min)
99221	Initial hospital care, per day, for the evaluation and management of a patient: Detailed or comprehensive history/examination and medical decision making that is straightforward or of low complexity (30 min)
99222	Initial hospital care, per day, for the evaluation and management of a patient: Comprehensive history/examination and medical decision making of moderate complexity (50 min)
99223	Initial hospital care, per day, for the evaluation and management of a patient: Comprehensive history/examination and medical decision making of a high complexity (70 min)
99234	Observation or inpatient hospital care for the evaluation and management of a patient: Detailed or comprehensive history/examination and medical decision making that is straightforward or of low complexity
99235	Observation or inpatient hospital care for the evaluation and management of a patient: Comprehensive history/examination and medical decision making of a moderate complexity
99236	Observation or inpatient hospital care for the evaluation and management of a patient: Comprehensive history/examination and medical decision making of a high complexity.
99243	Office consultation for a new or established patient: Detailed history/examination, medical decision making of low complexity (40 min)

<b>Procedure Code</b>	<b>Description</b>
99244	Office consultation for a new or established patient: Comprehensive history/examination, medical decision making of moderate complexity (60 min)
99245	Office consultation for a new or established patient: Comprehensive history/examination, medical decision making of high complexity (80 min)
99253	Inpatient consultation for a new or established patient: Detailed history/examination, medical decision making of low complexity (55 min)
99254	Inpatient consultation for a new or established patient: Comprehensive history/examination, medical decision making of moderate complexity (80 min)
99255	Inpatient consultation for a new or established patient: Comprehensive history/examination, medical decision making of high complexity (110 min)
99337	Domiciliary or rest home visit for the evaluation and management of an established patient: Requires two of the following three: comprehensive interval history, comprehensive examination, and medical decision making of moderate to high complexity (60 min)
99343	Home visit for the evaluation and management of a new patient: Detailed history/examination, medical decision making of moderate complexity (45 min)
99344	Home visit for the evaluation and management of a new patient: Comprehensive history/examination, medical decision making of moderate complexity (60 min)
99345	Home visit for the evaluation and management of a new patient: Comprehensive history/examination, medical decision making of high complexity (75 min)
99349	Home visit for the evaluation and management of an established patient: Requires two of the following three: Detailed interval history, detailed examination, and medical decision making of moderate complexity (40 min)
99350	Home visit for the evaluation and management of an established patient: Requires two of the following three: Comprehensive interval history, comprehensive examination, and medical decision making of moderate to high complexity (60 min)
99385	Initial comprehensive preventive medicine: evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions , and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18-39 years
99386	40-64 years
99395	Periodic comprehensive preventive medicine: reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions , and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18-39 years
99396	40-64 years