ForwardHealth
Wisconsin serving you

Update
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**Affected Programs:** BadgerCare Plus, Medicaid
**To:** Anesthesiologists, Anesthesiology Assistants, Ambulatory Surgery Centers, Certified Registered Nurse Anesthetists, Chiropractors, Federally Qualified Health Centers, Independent Labs, Nurse Midwives, Nurse Practitioners, Ophthalmologists, Optometrists, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Portable X-ray Providers, Psychiatrists, Rural Health Clinics, HMOs and Other Managed Care Programs

# Coverage of Certain Medical Services Under the BadgerCare Plus Basic Plan

The Department of Health Services will begin accepting applications for enrollment in the BadgerCare Plus Basic Plan on June 1, 2010, with benefits starting on July 1, 2010. This *ForwardHealth Update* describes the coverage and policies for medical services under the Basic Plan.

Refer to the June 2010 *Update* (2010-42), titled "Introducing the BadgerCare Plus Basic Plan," for general information about covered and noncovered services, reimbursement, copayment, and enrollment.

## Overview of BadgerCare Plus Basic Plan Implementation

In October 2009, enrollment in the BadgerCare Plus Core Plan was closed. Enrollment applications submitted to the Core Plan after the cutoff date are not processed, but the individuals are put on a waitlist.

Individuals on the waitlist for the Core Plan can begin enrolling in the BadgerCare Plus Basic Plan on June 1, 2010, with benefits starting on July 1, 2010. The Basic Plan is a self-funded plan that focuses on providing the Core Plan waitlist members with access to vital, cost-effective primary and preventive care. This option will allow members to have some minimal form of coverage until space becomes available in the Core Plan and will help prevent bankruptcy due to excessive medical debt.

Member participation or non-participation in the Basic Plan does not affect an individual's status on the Core Plan waitlist.

Services for the Basic Plan will be covered under fee-for-service. Basic Plan members will not be enrolled in state-contracted HMOs.

## Covered Services

Following is an overview of the covered medical services under the Basic Plan. Refer to the Online Handbook on the ForwardHealth Portal at *www.forwardhealth.wi.gov/* for more information on covered services, policies, and procedures.

### *Medical Services*

The following medical services are covered under the Basic Plan:

- Primary and preventive care.
- Diagnostic, surgical, and medicine services.
- Laboratory and radiology services.

### *Chiropractic Services*

Chiropractic services are covered under the Basic Plan the same as under the Core Plan.

### *Podiatry Services*

Podiatry services are covered under the Basic Plan the same as under the Core Plan.

### *Screening, Brief Intervention, and Referral to Treatment Services*

Screening, Brief Intervention, and Referral to Treatment (SBIRT) services are covered under the Basic Plan the same as under the Core Plan.

## Service Limitations

### *Certain Visits*

Certain visits are subject to a combined limit of 10 visits per enrollment year. The combined 10-visit limit applies to certain visits provided by the following providers:

- Chiropractors.
- Nurse practitioners.
- Optometrists.
- Physicians (including psychiatrists and ophthalmologists).
- Physician assistants.
- Podiatrists.

Refer to the Attachment of this *ForwardHealth Update* for the list of procedure codes that count toward the 10-visit limit. Visits will **not** count toward the 10-visit limit when provided in the following places of service (POS):

- Inpatient hospital (POS 21).
- Outpatient hospital (POS 22).
- Emergency room — hospital (POS 23).
- Ambulatory surgery center (POS 24).

## Enrollment Year Under the Basic Plan

The Basic Plan enrollment year is the time period used to determine service limitations for members in the Basic Plan.

The Basic Plan enrollment year is defined as the continuous 12-month period beginning on the first day of enrollment (the first day of the month) in the Basic Plan and ending on the last day of the 12th full calendar month.

When a member exceeds his or her service limitations, the service is considered noncovered, and the member is responsible for payment of the service.

## Noncovered Services

The following services are not covered under the Basic Plan:

- Certain visits over the 10-visit limit.
- Health education services.
- Obstetrical services and delivery services.
- Provider-administered drugs.
- Transplant and transplant-related services.

*Note:* Members do not have appeal rights for noncovered services.

## Copayments

Following are the copayments for medical services covered under the Basic Plan. Under the Basic Plan, a provider has the right to deny services if the member fails to make his or her copayment.

- Chiropractic services: $10.00 per visit copayment.
- Physician office visits: $10.00 per visit copayment.
- Podiatry services: $10.00 per visit copayment.

*Note:* There is no copayment for SBIRT, laboratory, and radiology services.

## Prior Authorization

Prior authorization (PA) policy and procedures are the same under the Basic Plan as they are under the BadgerCare Plus Standard Plan. If a member's enrollment status changes, PA granted under one plan will not be valid for other plans. Providers are required to submit new PA requests in these cases to obtain a valid PA for the member. Separate PA requests are required due to differences in coverage between the

Standard Plan, the BadgerCare Plus Benchmark Plan, the Core Plan, and the Basic Plan.

### Reimbursement

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

### Enrollment Verification

The Basic Plan offers different covered services, noncovered services, and copayments than the Standard Plan, the Benchmark Plan, or the Core Plan. It is imperative that providers verify a member's enrollment and determine the plan under which he or she is covered. Providers are reminded to always verify a member's enrollment *before* providing services to determine enrollment at the current date (since a member's enrollment status may change) and discover any limitations to the member's coverage.

### For More Information

For more information or questions regarding the Basic Plan, providers may call Provider Services at (800) 947-9627. Basic Plan members should contact Member Services at (800) 362-3002.

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/*.

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# ATTACHMENT
# Procedure Codes That Count Toward the BadgerCare Plus Basic Plan 10-Visit Limit

The following list of procedure codes count toward the BadgerCare Plus Basic Plan limit of 10 visits per enrollment year. Visits will **not** count toward the 10-visit limit when provided in the following places of service (POS):

- Inpatient hospital (POS 21).
- Outpatient hospital (POS 22).
- Emergency room — hospital (POS 23).
- Ambulatory surgery center (POS 24).

| **Evaluation & Management (E&M) Codes** |
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| 99201-99215 |
| 99241-99245 |
| 99304-99350 |
| 99385-99499 |
| **Chiropractic Codes** |
| 98940-98942 |
| **Health and Behavior Assessment/Intervention Codes** |
| 96150-96154 |
| **Psychiatric Codes** |
| 90801-90845 |
| 90847 |
| 90853-90862 |
| 90875-90880 |