ForwardHealth
Wisconsin serving you

Update
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Affected Programs: BadgerCare Plus, Medicaid
To: Ambulatory Surgery Centers, Anesthesiologist Assistants, Certified Registered Nurse Anesthetists, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

Ambulatory Surgery Center Services Covered 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 ambulatory surgery center 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 and Noncovered Services

The Basic Plan covers ambulatory surgery center (ASC) services.

Note: Surgeries and laboratory services that are covered under the Basic Plan are subject to the same policies regarding prior authorization and medical necessity as services provided under the Core Plan.

Service Limitations for the Basic Plan

The Basic Plan covers up to five ASC visits per member per enrollment year. A visit is defined as all ASC services delivered on the same date of service (DOS).

Visits that exceed the Basic Plan service limitations are considered noncovered. Surgeries for services not covered under the Basic Plan (e.g., transplant surgeries) are not covered.

Physician Services Associated with a Noncovered Ambulatory Surgery Center Visit Are Reimbursable

ForwardHealth will cover the physician services associated with an ASC visit even if the member has exceeded the five-visit ASC limit as long as the physician services are covered by the Basic Plan and are billed separately on a professional claim form. Physician services associated with an ASC visit will not count towards the 10-visit limit on physician visits when billed with place of service code "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.

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 excluding ASC access payments.

Copayments

Copayment for ASC services provided under the Basic Plan is $60.00 per visit regardless of the number of services provided during that visit. Physician services related to an ASC visit do not have a copayment.

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

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 for 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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