



**Affected Programs:** BadgerCare Plus, Medicaid  
**To:** All Providers, HMOs and Other Managed Care Programs

## Copayment No Longer Required for Specified Preventive Services and Adult Vaccines

Effective for dates of service on and after January 1, 2014, Wisconsin Medicaid and BadgerCare Plus will no longer require copayments for certain preventive services and adult vaccines for members who are now required to make such payments. These new copayment requirements are part of ForwardHealth's ongoing implementation of the Affordable Care Act.

### No Copayment for Certain Preventive Services and Adult Vaccines

To align its copayment requirements with those of the Affordable Care Act, ForwardHealth will no longer require copayments for certain preventive services and adult vaccines for members who are required to make copayments. This policy applies to members enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan, and Wisconsin Medicaid.

Effective for dates of service (DOS) on and after January 1, 2014, providers should no longer request copayment for the following:

- Preventive services that have a rating of A or B from the U.S. Preventive Services Task Force (USPSTF).
- Approved vaccines recommended for adults by the Advisory Committee on Immunization Practices (ACIP).

The USPSTF recommendations include screening tests, counseling, immunizations, and preventive medications for targeted populations. These services must be provided or

recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice. The list of USPSTF recommendations includes, but is not limited to, the following:

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked.
- Aspirin use to prevent cardiovascular disease for men and women of certain ages.
- Folic acid supplementation for pregnant women.
- Bone density screening for osteoporosis in women with certain risk factors.
- Cervical cancer screening.
- Colorectal cancer screening for adults over 50.
- Diabetes screening in certain asymptomatic adults.
- Depression screening.
- High blood pressure screening for adults.
- Iron supplementation for certain children.
- Screening mammography for women.
- Cholesterol screening for adults of certain ages or who are at higher risk.
- Sexually transmitted disease screening and counseling.

BadgerCare Plus and Wisconsin Medicaid are not publishing the specific preventive services since the services change periodically. To view the current listing of USPSTF and ACIP recommendations, refer to the USPSTF Web site at [www.uspreventiveservicestaskforce.org/uspstf/uspabrecs.htm](http://www.uspreventiveservicestaskforce.org/uspstf/uspabrecs.htm) and the ACIP Web site at [www.cdc.gov/vaccines/acip/index.html](http://www.cdc.gov/vaccines/acip/index.html).

## Modifier Required for Certain Preventive Services

Effective for DOS on and after January 1, 2014, Wisconsin Medicaid and BadgerCare Plus will stop deducting copayment for services that are identified as USPSTF and ACIP requirements. Since many of the USPSTF recommendations are provided as part of the regular preventive medicine visit, ForwardHealth will no longer deduct a copayment for these services (CPT procedure codes 99385-99387 and 99395-99397). ForwardHealth will also not deduct copayment for the ACIP recommended vaccines. Preventive medicine services for children under 18 years old are already exempt from copayment. For USPSTF services that are not specifically identified as preventive, providers will need to add *Current Procedural Terminology* (CPT) modifier 33 on claims. In many cases, modifier 33 will be needed to indicate that the service provided was preventive in nature. The definition for modifier 33 reads as follows:

When the primary purpose of the service is the delivery of an evidence based service in accordance with a US Preventive Services Task Force A or B rating in effect and other preventive services identified in preventive services mandates (legislative or regulatory), the service may be identified by adding 33 to the procedure. For separately reported services specifically identified as preventive, the modifier should not be used.

## Copayment for Other Services Unchanged

Copayment for other services requiring copayment will remain unchanged. Providers shall collect the allowable copayment, unless the provider determines that the cost of collecting the copayment exceeds the amount to be collected. Providers may not deny services to a Standard Plan or Medicaid member who fails to make a copayment.

## Copayment Exemptions for Medicaid and BadgerCare Plus Standard Plan

As a reminder, following current policy, providers are prohibited from collecting any copayments from the following Standard Plan and Medicaid members:

- Children in a mandatory coverage category. In Wisconsin, this includes:
  - ✓ Children in foster care, regardless of age.
  - ✓ Children in adoption assistance, regardless of age.
  - ✓ Children under age 1 year with household income up to 150 percent of the Federal Poverty Level (FPL).
  - ✓ Children ages 1 through 5 years with household income up to 185 percent of the FPL.
  - ✓ Children ages 6 through 18 years with household incomes at or below 133 percent of the FPL.
- Children in the Katie Beckett program, regardless of age.
- Children who are American Indian or Alaskan Natives who are enrolled in the state's Child Health Insurance Programs (CHIP).
- American Indians or Alaskan Natives, regardless of age or income level, when they receive items and services either directly from an Indian health care provider or through referral under contract health services.
- Terminally ill individuals receiving hospice care.
- Nursing home residents.
- Members enrolled in Wisconsin Well Woman Medicaid.
- Children under age 19 eligible through Express Enrollment.

As a reminder, the following services do not require copayments from any member enrolled in BadgerCare Plus or Wisconsin Medicaid:

- Care coordination services (prenatal and child care coordination).
- Community recovery services.
- Community support program services.
- Comprehensive community services.
- Crisis intervention services.
- Emergency services.

- Family planning services and supplies, including sterilizations.
- HealthCheck.
- Home care services (home health, personal care, and private duty nursing services).
- Hospice care services.
- Immunizations.
- Independent laboratory services.
- Injections.
- Pregnancy-related services.
- Preventive services with an A or B rating from the USPSTF.
- School-Based Services.
- Substance abuse day treatment services.
- Surgical assistance.
- Targeted case management services.

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 AIDS Drug Assistance Program and the Wisconsin Well Woman Program are 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/).

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## Further Information

Refer to service-specific areas of the ForwardHealth Online Handbook on the Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/) for information on copayment amounts, limitations, and other requirements.

## Information Regarding Managed Care Organizations

This *ForwardHealth Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.