

To:
All Providers

New fee schedules and order form

Wisconsin Medicaid's fee schedules have been revised due to the July 1, 1998, maximum allowable fee increases. In addition, Wisconsin Medicaid has added several new service-specific fee schedules. Providers and others may use the enclosed order form to purchase fee schedules or may download fee schedules from the Medicaid fiscal agent's, EDS, EDS-EPIX bulletin board at no cost. The new fee schedules are:

- Case management.
- Crisis intervention.
- Home care (home health, private-duty nursing, personal care, and respiratory care services).
- Prenatal care coordination.
- School-based services.
- Tuberculosis-related services.

Providers are required to bill the same rate when rendering an identical service to Medicaid recipients and to private pay patients.

Wisconsin Medicaid requires providers to bill their usual and customary charge for services provided to Medicaid recipients, with certain exceptions, such as school-based services. This means providers are required to bill the same rate when rendering an identical service to Medicaid recipients and to private pay patients. For most services, Wisconsin Medicaid reimburses providers the lesser of the billed amount or the maximum allowable fee established by the Department of Health and Family Services (DHFS). See the provider's terms of reimbursement for specific reimbursement information.

For certain services, including school-based services, case management, and crisis intervention, local units of government provide state matching funds. Wisconsin Medicaid reimburses these providers at a contracted rate, regardless of the billed amount.

Purchase fee schedules and other information

Providers and others may obtain fee schedules by using the new order form, which is revised Appendix 38 from Part A, the all-provider handbook. Remove the current Appendix 38 (pages A11-093/094) from Part A, the all-provider handbook, and replace it with the attached revised Appendix 38.

Indicate which schedules you want, and in what quantity, on the order form. Calculate the subtotal of your order, then add state sales tax and, if applicable, a county sales tax.

Make the check or money order payable to EDS. Send the order form and a check or money order to:

Provider Maintenance
EDS
6406 Bridge Road
Madison, WI 53784-0006

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Obtain fee schedules and other information at no cost

Providers and others also may download fee schedules and the Durable Medical Equipment (DME) Index at no cost through the EDS-EPIX bulletin board. The EDS-EPIX bulletin board is a computer system accessible by modem that allows providers to receive software, manuals, and formats directly from their PCs.

For downloading instructions, see Appendix 11 of Part A, the all-provider handbook. Appendix 11 is a quick guide to retrieving Wisconsin Medicaid fee schedules using EDS-EPIX. To receive personal assistance or the complete EDS-EPIX User Manual, call EDS at (608) 221-4746, and ask for the EMC Department.

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

Wisconsin Medicaid is administered by the Bureau of Health Care Financing, Division of Health, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For provider questions, call the Medicaid fiscal agent, EDS, at (800) 947-9627 or (608) 221-9883.

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**Appendix 38
Wisconsin Medicaid Fee Schedule and Related Information Order Form**

Fee schedules and related information are available on the Electronic Bulletin Board and can be acquired (free of charge) by following the downloading instructions in Appendix 11 of Part A, the all-provider handbook.

If writing a check or money order, make payable to EDS. Send check or money order (including State and County Sales Tax) to:

Provider Maintenance
EDS
6406 Bridge Road
Madison, WI 53784-0006

FEE SCHEDULES AND RELATED INFORMATION	QTY	RATE	TOTAL
All Fee Schedules: (magnetic tape): 1600 BPI___ 6250 BPI___ (includes DME Index) (microfiche) (3480 tape cartridge)		32.00 19.00 32.00	
Ambulatory Surgical Centers		14.00	
Case Management		2.00	
Chiropractor		2.00	
Community Support Program		2.00	
Crisis Intervention		2.00	
Dental		2.00	
Disposable Medical Supplies (DMS)		2.00	
Durable Medical Equipment (DME): Please refer to the other side of this form for DME Index / Fee Schedules.			
Family Planning		2.00	
HealthCheck		2.00	
Hearing Aid/Audiology		2.00	
Home Care (Home Health, Private-Duty Nursing, Personal Care, and Respiratory Care Services)		2.00	
Lab, X-ray		11.00	
Mental Health/AODA (non 51.42 board operated clinics)		2.00	
Physician services: (paper report - 483 pages) (microfiche) (magnetic tape): 1600 BPI___ 6250 BPI___ (3480 tape cartridge)		55.00 4.00 27.00 27.00	
Podiatry		3.00	
Prenatal Care Coordination		2.00	
School-based Services		2.00	
Therapy		6.00	
Transportation		2.00	
Tuberculosis-related services		2.00	
Vision		2.00	
DRG Weight Index		2.00	
Second Opinion Consultant Registry		No Charge	

NOTE: Tapes and cartridges will be non-labeled.

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FEE SCHEDULES AND RELATED INFORMATION		QTY	RATE	TOTAL
DME for DME Vendors, Pharmacy, Home Health Agencies	(paper report)		16.00	
	(microfiche)		2.00	
	(3480 tape cartridge)		27.00	
	(magnetic tape) 1600 BPI ____ 6250 BPI ____		27.00	
DME for Nursing Homes, Rehab Agencies, Therapy Groups (includes OT, PT, Speech)	(paper report)		7.00	
	(microfiche)		2.00	
	(3480 tape cartridge)		27.00	
	(magnetic tape) 1600 BPI ____ 6250 BPI ____		27.00	
DME for Physical Therapy	(paper report)		6.00	
	(microfiche)		2.00	
	(3480 tape cartridge)		27.00	
	(magnetic tape) 1600 BPI ____ 6250 BPI ____		27.00	
DME for Occupational Therapy (OT) Providers	(paper report)		6.00	
	(microfiche)		2.00	
	(3480 tape cartridge)		27.00	
	(magnetic tape) 1600 BPI ____ 6250 BPI ____		27.00	
DME for Speech Therapy Providers	(paper report)		2.00	
	(microfiche)		2.00	
	(3480 tape cartridge)		27.00	
	(magnetic tape) 1600 BPI ____ 6250 BPI ____		27.00	

NOTE: Tapes and cartridges will be non-labeled.

TOTAL PURCHASES
Tax Exempt Number _____
(where appropriate)

SUBTOTAL \$ _____
5% State Sales Tax \$ _____
1/2 % County Sales Tax \$ _____
TOTAL ENCLOSED \$ _____

*NOTE: Some counties have imposed a county sales tax of 1/2%. Please indicate the name of your county in the space provided.

County: _____

Company or Organization: _____

Mailing Address: _____

Contact Person: _____

Telephone Number: _____