

Nurse Practitioner Services

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Nurse practitioners use this
handbook in conjunction with the
Physician Services Handbook.

Important Telephone Numbers

Wisconsin Medicaid's Eligibility Verification System (EVS) is available through the following resources to verify checkwrite information, claim status, prior authorization status, provider certification, and/or recipient eligibility.

Service	Information Available	Telephone Number	Hours
Automated Voice Response (AVR) System (Computerized voice response to provider inquiries.)	Checkwrite Information Claim Status Prior Authorization Status Recipient Eligibility*	(800) 947-3544 (608) 221-4247 (Madison area)	24 hours a day/ 7 days a week
Personal Computer Software and Magnetic Stripe Card Readers	Recipient Eligibility*	Refer to Provider Resources section of the All-Provider Handbook for a list of commercial eligibility verification vendors.	24 hours a day/ 7 days a week
Provider Services (Correspondents assist with questions.)	Checkwrite Information Claim Status Prior Authorization Status Provider Certification Recipient Eligibility*	(800) 947-9627 (608) 221-9883	Policy/Billing and Eligibility: 8:30 a.m. - 4:30 p.m. (M, W-F) 9:30 a.m. - 4:30 p.m. (T) Pharmacy: 8:30 a.m. - 6:00 p.m. (M, W-F) 9:30 a.m. - 6:00 p.m. (T)
Direct Information Access Line with Updates for Providers (Dial-Up) (Software communications package and modem.)	Checkwrite Information Claim Status Prior Authorization Status Recipient Eligibility*	Call (608) 221-4746 for more information.	7:00 a.m. - 6:00 p.m. (M-F)
Recipient Services (Recipients or persons calling on behalf of recipients only.)	Recipient Eligibility Medicaid-Certified Providers General Medicaid Information	(800) 362-3002 (608) 221-5720	7:30 a.m. - 5:00 p.m. (M-F)

* Please use the information exactly as it appears on the recipient's identification card or EVS to complete the patient information section on claims and other documentation. Recipient eligibility information available through EVS includes:

- Dates of eligibility.
- Medicaid managed care program name and telephone number.
- Privately purchased managed care or other commercial health insurance coverage.
- Medicare coverage.
- Lock-In Program status.
- Limited benefit information.

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Preface

The Wisconsin Medicaid and BadgerCare Nurse Practitioner Services Handbook is issued to nurse practitioners, federally qualified health centers, and rural health clinics who are Wisconsin Medicaid certified. It contains information that applies to *fee-for-service* Medicaid providers. The Medicaid information in the handbook applies to both Medicaid and BadgerCare.

Nurse practitioners are issued the Nurse Practitioner Services Handbook and the Physician Services Handbook.

Wisconsin Medicaid and BadgerCare are administered by the Department of Health and Family Services (DHFS). Within the DHFS, the Division of Health Care Financing (DHCF) is directly responsible for managing Wisconsin Medicaid and BadgerCare. As of January 2003, BadgerCare extends Medicaid coverage to uninsured children and parents with incomes at or below 185% of the federal poverty level and who meet other program requirements. BadgerCare recipients receive the same health benefits as Wisconsin Medicaid recipients and their health care is administered through the same delivery system.

Medicaid and BadgerCare recipients enrolled in state-contracted HMOs are entitled to at least the same benefits as fee-for-service recipients; however, HMOs may establish their own requirements regarding prior authorization, billing, etc. If you are an HMO network provider, contact your managed care organization regarding its requirements. Information contained in this and other Medicaid and BadgerCare publications is used by the DHCF to resolve disputes regarding covered benefits that cannot be handled internally by HMOs under managed care arrangements.

Verifying Recipient Eligibility

Wisconsin Medicaid providers should always verify a recipient's eligibility before providing services, both to determine eligibility for the current date and to discover any limitations to the recipient's coverage. Wisconsin Medicaid's Eligibility Verification System (EVS) provides eligibility information that providers can access a number of ways.

Refer to the Important Telephone Numbers page at the beginning of this section for detailed information on the methods of verifying eligibility.

Handbook Organization

Nurse practitioners use this handbook in conjunction with the Physician Services Handbook. The Physician Services Handbook consists of the following sections:

- Medicine and Surgery.
- Laboratory and Radiology.
- Anesthesia.

Each Medicaid-certified provider is issued a copy of the All-Provider Handbook. The All-Provider Handbook includes the following sections:

- Claims Submission.
- Coordination of Benefits.
- Covered and Noncovered Services.
- Prior Authorization.
- Provider Certification.
- Provider Resources.
- Provider Rights and Responsibilities.
- Recipient Rights and Responsibilities.

Legal Framework of Wisconsin Medicaid and BadgerCare

The following laws and regulations provide the legal framework for Wisconsin Medicaid and BadgerCare:

Federal Law and Regulation

- Law: United States Social Security Act; Title XIX (42 US Code ss. 1396 and following) and Title XXI.
- Regulation: Title 42 CFR Parts 430-498 — Public Health.

Wisconsin Law and Regulation

- Law: Wisconsin Statutes: Sections 49.43-49.499 and 49.665.

- Regulation: Wisconsin Administrative Code, Rules of Health and Family Services, Chapters HFS 101-108.

Handbooks and *Wisconsin Medicaid and BadgerCare Updates* further interpret and implement these laws and regulations. Handbooks and *Updates* organized by provider type, maximum allowable fee schedules, helpful telephone numbers and addresses, Remittance and Status messages, and much more information about Wisconsin Medicaid and BadgerCare are available at the following Web sites:

www.dhfs.state.wi.us/medicaid/

www.dhfs.state.wi.us/badgercare/

Medicaid Fiscal Agent

The DHFS contracts with a fiscal agent, which is currently EDS.

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General Information

Nurse practitioners should use this handbook in conjunction with the Physician Services Handbook. The Nurse Practitioner Services Handbook includes the following limited information that applies to fee-for-service Medicaid-certified nurse practitioners:

- Covered services.
- Protocols and collaborative agreements.
- Provider eligibility and certification.
- Provider numbers.
- Reimbursement.

Nurse practitioners should refer to the Physician Services Handbook for the following information:

- Billing and reimbursement.
- Evaluation and management services.
- Health Professional Shortage Areas.
- Laboratory services.
- Medicine services.
- Radiology services.
- Surgery services.

The Physician Services Handbook also contains the following forms for nurse practitioner use:

- Breast Pump Order form.
- Newborn Report form.
- Provider Certification of Emergency for Undocumented Aliens form (for photocopying).
- Specialized Medical Vehicle Transportation Physician Certification form (for photocopying).

Provider Eligibility and Certification

Nurse Practitioner Certification

Nurse practitioners who treat Medicaid recipients are required to be Medicaid certified to receive Medicaid reimbursement. This applies to nurse practitioners whose services are reimbursed under a physician's or clinic's Medicaid provider number, as well as to those who independently submit claims to Wisconsin Medicaid.

To be certified by Wisconsin Medicaid, a nurse practitioner must be licensed as a registered nurse pursuant to s. 441.06, Wis. Stats. Nurse practitioners are eligible for Medicaid certification if they meet one of the following criteria:

- Are a pediatric nurse practitioner, family nurse practitioner, or other nurse practitioner *and* certified by one of the following national certifying organizations recognized by the Wisconsin Department of Regulation and Licensing:
 - ✓ American Nurses' Credentialing Center.
 - ✓ National Certification Board of Pediatric Nurse Practitioners and Nurses.
 - ✓ American Academy of Nurse Practitioners.
 - ✓ National Certification Corporation (for Obstetric, Gynecologic, and Neonatal Nursing Specialists).
- Are a Master's degree-prepared nurse in a clinical nurse specialty other than mental health (e.g., nurse midwife, clinical nurse specialist, or nurse practitioner).

Nurse practitioners should use this handbook in conjunction with the Physician Services Handbook.

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Medicaid services performed by nurse practitioners must be within the legal scope of practice as defined under the Wisconsin Board of Nursing licensure or certification. Services performed must be included in the individual nurse practitioner's protocols or a collaborative relationship with a physician as defined by the Board of Nursing.

Most advanced practice nurse prescribers who apply for Medicaid certification are certified as nurse practitioners (except for non-Master's degree-prepared nurse midwives and certified registered nurse anesthetists).

Pursuant to Board of Nursing Ch. N 8.10(7), Wis. Admin. Code, advanced practice nurse prescribers work in a collaborative relationship with a physician. (The collaborative relationship is defined as an advanced practice nurse prescriber works with a physician, "in each other's presence when necessary, to deliver health care services within the scope of the practitioner's professional expertise.")

Advanced practice nurse prescribers who dispense drugs in addition to prescribing them should obtain the appropriate Medicaid pharmacy publications. The Medicaid Web site (www.dhfs.state.wi.us/medicaid/) contains a list of all published materials for each Medicaid provider type and many of the publications may be downloaded. Providers may also call Provider Services at (800) 947-9627 or (608) 221-9883 if Internet access is not available.

Medicaid-certified nurse practitioners who provide delegated medical care under the general supervision of a physician are required to be supervised only to the extent required pursuant to Board of Nursing Chapter N 6.02(7), Wis. Admin. Code. (Chapter N 6 defines general supervision as the regular coordination, direction, and inspection of the practice of another and does *not* require the physician to be on site.)

Note: Medicaid certification is not required for nurse practitioners working in a family planning clinic or for psychiatric nurse practitioners/clinical nurse specialists. Family planning clinics and psychiatric nurse practitioners/clinical nurse specialists should refer to their service-specific handbook and related *Wisconsin Medicaid and BadgerCare Updates* for information on covered services and related limitations.

Services provided by registered nurses who do not meet Medicaid nurse practitioner certification requirements may be reimbursed as services provided by ancillary providers. Refer to the Physician Services Handbook for more information about ancillary providers.

Protocols/Collaborative Agreements

Pursuant to Board of Nursing Ch. N 8.10(7), Wis. Admin. Code, advanced practice nurse prescribers work in a collaborative relationship with a physician. (The collaborative relationship is defined as an advanced practice nurse prescriber working with a physician, "in each other's presence when necessary, to deliver health care services within the scope of the practitioner's professional expertise.") The advanced practice nurse prescriber and the physician must document this relationship.

Pursuant to the requirements of N 6.03(2), Wis. Admin. Code, nurse practitioners may only perform those delegated medical acts for which there are protocols or written or verbal orders, and which the nurse practitioner is competent to perform based on his or her nursing education, training, or experience. Nurse practitioners may perform delegated medical acts under the general supervision or direction of a physician, podiatrist, dentist, or optometrist. In addition, nurse practitioners are required to consult with a physician, podiatrist, dentist, or optometrist in cases where the nurse practitioner knows or should know a delegated medical act may harm a patient.

Advanced practice nurse prescribers who dispense drugs in addition to prescribing them should obtain the appropriate Medicaid pharmacy publications.

A provider keeps the same provider number in the event that he or she relocates, changes specialties, or voluntarily withdraws from Wisconsin Medicaid and later chooses to be reinstated.

For purposes of Medicaid reimbursement, *no* service which is a medical act and is listed in this handbook or Physician Services Handbook may be performed without a collaborative practice agreement as required for advanced practice nurse prescribers (pursuant to N 8.10, Wis. Admin. Code) or protocols, and written or verbal orders for other Medicaid-certified nurse practitioners pursuant to N 6.03(1), Wis. Admin. Code.

Provider Numbers

Wisconsin Medicaid issues all eligible providers, whether individuals, agencies, or institutions, an eight-digit provider number to bill Wisconsin Medicaid for services provided to eligible Medicaid recipients. A provider number belongs solely to the person, agency, or institution to whom it is issued. It is illegal for a Medicaid-certified provider to bill using a provider number belonging to another Medicaid-certified provider.

A provider keeps the same provider number in the event that he or she relocates, changes specialties, or voluntarily withdraws from Wisconsin Medicaid and later chooses to be reinstated. (Notify Provider Maintenance of changes in location or of specialty by using the Wisconsin Medicaid Provider Change of Address or Status Form, which may be found in the September 2002 *Wisconsin Medicaid and BadgerCare Update* (2002-52), titled “Two All-Provider Handbook forms revised.” The *Update* and form are available on the Medicaid Web site at www.dhfs.state.wi.us/medicaid/.) A provider’s number is not reissued to another provider in the event of termination from Wisconsin Medicaid.

Wisconsin Medicaid reimburses nurse practitioner services under two types of provider numbers. Each type of provider number has its designated uses and restrictions. The two types are:

- Billing/performing provider number.
- Group billing number.

Billing/Performing Provider Number (Issued to Nurse Practitioners)

Wisconsin Medicaid issues a billing/performing provider number to nurse practitioners that allows them to identify themselves on the CMS 1500 claim form as either the biller of services or the performer of services when a clinic or group is billing for the services.

Medicaid-certified nurse practitioners are required to indicate their provider number on the claim as either the performing or the billing provider.

Nurse Practitioners Who Submit Claims to Wisconsin Medicaid as Performing Providers Through a Physician or Clinic

Nurse practitioners who submit claims to Wisconsin Medicaid as performing providers are required to indicate their own provider number in Element 24K of the CMS 1500 claim form. The billing provider number of the physician or clinic must be indicated in Element 33.

Nurse Practitioners Who Independently Submit Claims to Wisconsin Medicaid

Nurse practitioners who directly submit claims to Wisconsin Medicaid for services must indicate their provider number in Element 33 of the CMS 1500 claim form as the billing provider. It is not necessary to indicate anything in Element 24K.

Group Billing Number (Issued to Clinics)

A group billing number is primarily an accounting convenience. A clinic or group using a group billing number receives one reimbursement and one Remittance and Status Report for covered services performed by individual providers within the clinic or group.

Individual providers within a clinic or group must also be Medicaid certified because clinics and groups are required to identify the performer of the service on the claim form. (The performing provider’s Medicaid provider

number must be indicated in Element 24K of the CMS 1500 claim form when a group billing number is indicated in Element 33.) Ordinarily, a claim billed with only a group billing number is denied reimbursement. Refer to the CMS 1500 claim form completion instructions in the Physician Services Handbook for more information.

Medicaid-Covered Nurse Practitioner Services

As specified in HFS 107.122(1), Wis. Admin. Code, nurse practitioner services covered by Wisconsin Medicaid include:

- Diagnostic services.
- Palliative services.
- Preventive services.
- Rehabilitative services.
- Therapeutic services.

Wisconsin Medicaid reimburses only for those services that are medically necessary, appropriate, and, to the extent that alternative services are available, the most cost effective.

The following requirements apply for all services performed by nurse practitioners:

- Services performed must be within the legal scope of practice as defined under the Wisconsin Board of Nursing licensure or certification.
- Services performed must be included in the individual nurse practitioner's protocols or a collaborative agreement with a physician as defined by the Board of Nursing.

Refer to HFS 107.03 and to HFS 107.06(5), Wis. Admin. Code, for services **not covered** by Wisconsin Medicaid. Refer to the Covered and Noncovered Services section of the All-Provider Handbook for a partial list of the noncovered services.

Covered Procedure Codes for Nurse Practitioners

Nurse practitioners should refer to the Physician Services Handbook for information on Medicaid-allowable procedure, type of service, and place of service (POS) codes. Nurse practitioners may be restricted by legal scope of practice, protocols, or collaboration from performing some of the procedures included in the Physician Services Handbook.

Nurse practitioners are required to provide services within the following supervision or collaboration requirements:

- Pursuant to Board of Nursing Ch. N 8.10(7), Wis. Admin. Code, advanced practice nurse prescribers work in a collaborative relationship with a physician. (The collaborative relationship is defined as an advanced practice nurse prescriber working with a physician, "in each other's presence when necessary, to deliver health care services within the scope of the practitioner's professional expertise.") The advanced practice nurse prescriber and the physician must document this relationship.
- Medicaid-certified nurse practitioners who provide delegated medical care under the general supervision of a physician are required to be supervised only to the extent required pursuant to Board of Nursing Chapter N 6.02(7), Wis. Admin. Code. (Chapter N 6 defines general supervision as the regular coordination, direction, and inspection of the practice of another. This does *not* require the physician to be on site.)

Obstetric services

Nurse practitioners with obstetric specialty should refer to the Physician Services Handbook for complete information on Medicaid coverage and billing procedures for obstetric services, except for the following information regarding complications during delivery.

Nurse practitioners should refer to the Physician Services Handbook for information on Medicaid-allowable procedure, type of service, and place of service (POS) codes.

Nurse practitioners use the Physician's Maximum Allowable Fee Schedule.

Complications During Delivery

If a Medicaid-certified nurse practitioner with obstetric specialty encounters a situation during delivery which requires the assistance of a physician, the physician performing the delivery must bill for the delivery. The nurse practitioner with obstetric specialty may be reimbursed for his or her service by submitting a paper claim using the *Current Procedural Terminology* procedure code 99499 (unlisted evaluation and management services) in addition to any antepartum and postpartum care provided. Documentation on the medical necessity of the services provided must be submitted with the claim. Reimbursement is determined by the Medicaid medical consultant.

Noncovered Services for Nurse Practitioners

Services that are noncovered by Wisconsin Medicaid when provided by nurse practitioners include, but are not limited to:

- Delegated medical acts for which the nurse practitioner does not have written protocols or written or verbal orders.
- Dispensing durable medical equipment.
- Mental health and substance abuse services. (Refer to the Mental Health and Other Drug Abuse Services Handbook and related *Updates* for information regarding certification and covered services.)
- Services provided to nursing home residents or hospital inpatients when they are included in the calculation of the daily rates for a nursing home or hospital.

Reimbursement for Nurse Practitioners

Wisconsin Medicaid reimburses nurse practitioners the lesser of the physician's usual and customary charge for a service or Wisconsin Medicaid's maximum allowable fee.

Maximum Allowable Fees

The maximum allowable fee is the maximum amount that Wisconsin Medicaid will reimburse

a provider for an allowable procedure code. Maximum allowable fees are based on various factors, including a review of usual and customary charges submitted to Wisconsin Medicaid, the Wisconsin State Legislature's budgetary constraints, and other relevant economic limitations.

Nurse practitioners use the Physician's Maximum Allowable Fee Schedule. Providers are encouraged to obtain a copy of the fee schedule from one of the following sources:

- An electronic version is available on Wisconsin Medicaid's Web site at www.dhfs.state.wi.us/medicaid/.
- Purchase a paper copy by writing to:

Wisconsin Medicaid
Provider Maintenance
6406 Bridge Rd
Madison WI 53784-0006

Call Provider Services at (800) 947-9627 or (608) 221-9883 for the cost of the fee schedule.

Enhanced Reimbursement

Wisconsin Medicaid provides an enhanced reimbursement rate for the following services:

- *Health Professional Shortage Areas (HPSAs)*. Wisconsin Medicaid provides enhanced reimbursement to providers when one or both of the following apply:
 - ✓ The performing or billing provider is located in a HPSA-eligible ZIP code.
 - ✓ The recipient has a residential address (according to Medicaid's eligibility records) within a HPSA-eligible ZIP code.

(Note: Nurse practitioners receive a 20% incentive payment for HPSA-related primary care services and a 50% incentive bonus for HPSA-eligible obstetric services, when the above criteria are met.)
- *HealthCheck Services*. Wisconsin Medicaid provides enhanced reimbursement for comprehensive health

screenings for recipients under age 21 when those screenings are billed as HealthCheck services. Nurse practitioners with specialties of certified pediatric nurse practitioner and certified family nurse practitioner are automatically certified as HealthCheck providers at the time of initial Wisconsin Medicaid certification and recertification. HealthCheck providers should refer to HealthCheck Services publications for more information.

- *Pediatric services.* Wisconsin Medicaid provides enhanced reimbursement for office and other outpatient services and emergency department services for recipients 18 years of age and under.

Refer to the Medicine and Surgery section of the Physician Services Handbook for more information about enhanced reimbursement.

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Glossary of Common Terms

Advanced Practice Nurse Prescriber

An advanced practice nurse prescriber (APNP) is a registered nurse with advanced training and with additional certification by the Board of Nursing and who is able to order diagnostic procedures and issue prescription orders. Advanced practice nurse prescribers work in a collaborative relationship with a physician as defined by the Board of Nursing Chapter N 8.10, Wis. Admin. Code.

BadgerCare

BadgerCare extends Medicaid coverage through a Medicaid expansion under Titles XIX and XXI to uninsured children and parents with incomes at or below 185% of the federal poverty level and who meet other program requirements. The goal of BadgerCare is to fill the gap between Medicaid and private insurance without supplanting or “crowding out” private insurance.

BadgerCare benefits are identical to the benefits and services covered by Wisconsin Medicaid and recipients' health care is administered through the same delivery system.

CMS

Centers for Medicare and Medicaid Services. An agency housed within the U.S. Department of Health and Human Services, CMS administers Medicare, Medicaid, related quality assurance programs and other programs. Formerly known as the Health Care Financing Administration (HCFA).

Collaboration

Collaboration for advanced practice nurse prescribers means a process that involves two or more health care professionals working together and, when necessary, in each other's presence, and in which each health care professional contributes his or her expertise to provide more comprehensive care than one health care professional alone can offer. (Board of Nursing Chapter N 8.10, Wis. Admin. Code.)

CPT

Current Procedural Terminology. A listing of descriptive terms and codes for reporting medical, surgical, therapeutic, and diagnostic procedures. These codes are developed, updated, and published annually by the American Medical Association and adopted for billing purposes by the Centers for Medicare and Medicaid Services (CMS) and Wisconsin Medicaid.

CRNA

Certified registered nurse anesthetists. A nurse with national certification and advanced training in the selection and administration of anesthesia agents and the provision of anesthesia care, who operates independently or under the medical direction of an anesthesiologist, based on standard medical practice.

DHCF

Division of Health Care Financing. The DHCF administers Wisconsin Medicaid for the Department of Health and Family Services (DHFS) under statutory provisions, administrative rules, and the state's Medicaid plan. The state's Medicaid plan is a comprehensive description of the state's Medicaid program that provides the Centers for Medicare and Medicaid Services (CMS) and the U.S. Department of Health and Human Services (DHHS), assurances that the program is administered in conformity with federal law and CMS policy.

DHFS

Wisconsin Department of Health and Family Services. The DHFS administers the Wisconsin Medicaid program. Its primary mission is to foster healthy, self-reliant individuals and families by promoting independence and community responsibility; strengthening families; encouraging healthy behaviors; protecting vulnerable children, adults, and families; preventing individual and social problems; and providing services of value to taxpayers.

Glossary (Continued)

DHHS

Department of Health and Human Services. The United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

The DHHS includes more than 300 programs, covering a wide spectrum of activities, including overseeing Medicare and Medicaid; medical and social science research; preventing outbreak of infectious disease; assuring food and drug safety; and providing financial assistance for low-income families.

Emergency services

Those services which are necessary to prevent death or serious impairment of the health of the individual. (For the Medicaid managed care definition of emergency, refer to the Managed Care Guide or the Medicaid managed care contract.)

EVS

Eligibility Verification System. Wisconsin Medicaid encourages all providers to verify eligibility before rendering services, both to determine eligibility for the current date and to discover any limitations to a recipient's coverage. Providers may access recipient eligibility information through the following methods:

- Automated Voice Response (AVR) System.
- Magnetic stripe card readers.
- Personal computer software.
- Provider Services (telephone correspondents).
- Direct Information Access Line with Updates for Providers (Dial-Up).

Fee-for-service

The traditional health care payment system under which physicians and other providers receive a payment for each unit of service provided rather than a capitation payment for each recipient.

Fiscal agent

The Department of Health and Family Services (DHFS) contracts with Electronic Data Systems (EDS) to provide

health claims processing services for Wisconsin Medicaid, including provider certification, claims payment, provider services, and recipient services. The fiscal agent also issues identification cards to recipients, publishes information for providers and recipients, and maintains the Wisconsin Medicaid Web site.

HCFA

Health Care Financing Administration. *Please see the definition under CMS.*

HCPCS

Healthcare Procedure Coding System, formerly known as "HCFA Common Procedure Coding System." A listing of services, procedures, and supplies offered by physicians and other providers. HCPCS includes *Current Procedural Terminology* (CPT) codes, national alphanumeric codes, and local alphanumeric codes. The national codes are developed by the Centers for Medicare and Medicaid Services (CMS) to supplement CPT codes.

HealthCheck

Program which provides Medicaid-eligible children under age 21 with regular health screenings.

Maximum allowable fee schedule

A listing of all procedure codes allowed by Wisconsin Medicaid for a provider type and Wisconsin Medicaid's maximum allowable fee for each procedure code.

Medicaid

Medicaid is a joint federal/state program established in 1965 under Title XIX of the Social Security Act to pay for medical services for people with disabilities, people 65 years and older, children and their caretakers, and pregnant women who meet the program's financial requirements.

The purpose of Medicaid is to provide reimbursement for and assure the availability of appropriate medical care to persons who meet the criteria for Medicaid. Medicaid is also known as the Medical Assistance Program, Title XIX, or T19.

Glossary (Continued)

Medically necessary

According to HFS 101.03(96m), Wis. Admin. Code, a Medicaid service that is:

- (a) Required to prevent, identify or treat a recipient's illness, injury or disability; and
- (b) Meets the following standards:
 - 1. Is consistent with the recipient's symptoms or with prevention, diagnosis or treatment of the recipient's illness, injury or disability;
 - 2. Is provided consistent with standards of acceptable quality of care applicable to type of service, the type of provider and the setting in which the service is provided;
 - 3. Is appropriate with regard to generally accepted standards of medical practice;
 - 4. Is not medically contraindicated with regard to the recipient's diagnoses, the recipient's symptoms or other medically necessary services being provided to the recipient;
 - 5. Is of proven medical value or usefulness and, consistent with s. HFS 107.035, is not experimental in nature;
 - 6. Is not duplicative with respect to other services being provided to the recipient;
 - 7. Is not solely for the convenience of the recipient, the recipient's family or a provider;
 - 8. With respect to prior authorization of a service and to other prospective coverage determinations made by the department, is cost-effective compared to an alternative medically necessary service which is reasonably accessible to the recipient; and
 - 9. Is the most appropriate supply or level of service that can safely and effectively be provided to the recipient.

Nurse Midwife

The practice of nurse midwifery means the management of women's health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse Midwives and the education, training, and experience of the nurse midwife. (Board of Nursing s. 441.15, Stats.)

Nurse Practitioner

A nurse practitioner is a registered nurse with advanced academic and clinical experience, which enables him or her to diagnose and manage most common and many chronic illnesses, either independently or as part of a health care team.

Medicaid-certified nurse practitioners who work under the general supervision of a physician are required to be supervised only to the extent required pursuant to Board of Nursing Chapter N 6.02(7), Wis. Admin. Code. (Chapter N 6 defines general supervision as the regular coordination, direction, and inspection of the practice of another and does *not* require the physician to be on site.)

On-site supervision

The supervising physician is in the same building in which services are being provided and is immediately available for consultation or, in the case of emergencies, for direct intervention.

POS

Place of service. A single-digit code which identifies the place where the service was performed.

R/S Report

Remittance and Status Report. A statement generated by the Medicaid fiscal agent to inform the provider regarding the processing of the provider's claims.

TOS

Type of service. A single-digit code which identifies the general category of a procedure code.

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