

State: Wisconsin

6.c. Chiropractic. Prior authorization is required for services beyond the initial visit
Eff. and 20 spinal manipulations per spell of illness. Consultations are not covered.
3-1-86

6.d. Other Practitioners

Eff. Other Nurse Practitioners and Clinical Nurse Specialist Services.
4-1-93 Included are other primary care nurse practitioner and clinical nurse specialist
services not covered under item #23. Services are subject to limitations imposed on
specific disciplines within the scope of practice of the nurse. These services include
medical services delegated by a licensed physician through protocols, pursuant to
the requirements set forth in the Wisconsin Nursing Act and the guidelines set forth
by the medical examining board and the board of nursing. Other practitioner services
are subject to the same limitations imposed on physician services under item #5 to
enable the Department to monitor and regulate the following: medical necessity, cost,
frequency and place of service.

Medication management includes in-home administration of medications other than
those given intravenously, prefilling syringes for self injection when the recipient is
not capable, setting up medications for self-administration, and programming
dispensers. Instructing the recipient may be covered when provided in conjunction
with these activities but not covered if it is the only activity.

Pharmacists.

Pharmacists may be reimbursed for the administration of the 2009 H1N1 vaccine to
the extent permitted by Wisconsin law. The vaccine itself will be provided by the
Federal Government and provided free of charge.

Effective 10/01/2009

10. Dental Services. (Continued)

Eff.
10-1-95

dental implants and transplants; services for cosmetic purposes; overlay and duplicate dentures; precious metal crowns; professional visits; drug dispensing; adjunctive periodontal services; alveoplasty and stomoplasty; and non-surgical temporomandibular joint therapy. Several services are provided only in specified circumstances or as referred through a HealthCheck (EPSDT) screen. For other limitations and a listing of those services requiring prior authorization, see the WMAP Dental Provider Handbook, Part B.

11. Physical Therapy and Related Services. Prior authorization is required for physical and occupational therapies, and speech language pathology after 35 treatment days per spell of illness. A spell of illness means a condition characterized by a demonstrated loss of functional ability to perform daily living skills, caused by a new disease, injury or medical condition or by an increase in the severity of a pre-existing medical condition. Services for recipients who are hospital inpatients or receiving therapy through a home health agency are not subject to this requirement. For audiology, prior authorization is required for speech and aural rehabilitation.

Eff.
3-1-06

Physical therapists provide physical therapy services, occupational therapists provide occupational therapy services, and speech-language pathologists provide speech, hearing and language services. Physical therapists are certified under s. DHS 105.27 and meet the requirements of 42 CFR 440.110 (a). Occupational therapists are certified under s. DHS 105.28 and meet the requirements of 42 CFR 440.110 (b). Speech language pathologists are certified under s. DHS 105.30 and meet the requirements of 42 CFR 440.110 (c). Those who provide services under the direction of the listed therapists are physical therapist assistants, who are certified providers under ch. DHS 105.27, and occupational therapy assistants, who are certified providers under s. DHS 105.28.

12. Prescribed Drugs.

1. Drugs and drug products covered by MA include legend and non-legend drugs and supplies listed in the Wisconsin Medicaid drug index, which are prescribed by a licensed physician, nurse prescriber, dentist, podiatrist, or optometrist or when a physician delegates prescription of drugs to a nurse practitioner or to a physician's assistant.
2. Drugs excluded from coverage include drugs determined to be "less than effective by the FDA, drugs not covered by a federal rebate agreement, experimental drugs or other drugs that have no medically accepted indications, and other items as enumerated in Wisconsin Administrative Code, such as personal hygiene items, cosmetic items, and common medicine chest items.
3. To be a covered service, an over-the-counter drug shall have a signed federal rebate agreement and be listed in the Wisconsin Medicaid drug index. General categories of OTC drugs that are covered include the following: antacids, analgesics, insulins, contraceptives, cough preparations, ophthalmic lubricants, iron supplements for pregnant women, and other, medically necessary, cost-effective drug products, including some non-legend products that previously had legend drug status.

Effective 08/15/2003

State: Wisconsin

5.b. Dental Services. The same prior authorization and other limitations required under item #10
Eff. and 12.b. apply.
10-1-91

6.a. Podiatry Services. Prior authorization is required for electric bone stimulation. Maintenance
Eff. care is limited to once per 61 day period under certain conditions. For other service
7-1-90 limitations, see s. DHS 107.14(3), Wis. Adm. Code. All orthopedic and orthotic services,
including repairs, orthopedic and corrective shoes and supportive devices, services
correcting "flat feet," and treatment of subluxation of the foot are not covered.

6.b. Vision Care Services. (Optometry) Prior authorization is required for certain types of lenses
Eff. and frames, antiseikonic services, prosis crutch services, low vision services, certain
1-1-93 ophthalmological services and vision training. Frames, lenses and replacement parts must be
obtained through the volume purchase plan provider, unless prior authorized. Anti-glare
coating, spare eyeglasses and sunglasses, and services provided primarily for convenience
or cosmetic reasons are not covered.

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the extent permitted by Wisconsin law. The vaccine itself will be provided by the
Federal Government and provided free of charge.

Effective 10/01/2009

10. Dental Services. Dental services are limited to the basic services within each of the following categories: diagnostic services, preventive services, restorative services, endodontic services, periodontic services, fixed and removable prosthodontics, oral and maxillofacial services, and emergency treatment of dental pain. The following are examples of services not covered: dental implants and transplants; services for cosmetic purposes; overlay and duplicate dentures; precious metal crowns; professional visits; drug dispensing; adjunctive periodontal services; alveoplasty and stomoplasty; and non-surgical temporomandibular joint therapy. Several services are provided only in specified circumstances or as referred through a HealthCheck (EPSDT) screen. For other limitations and a listing of those services requiring prior authorization, see the WMAP Dental Provider Handbook, Part B.

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Effective 08/15/2003

18. Other licensed practitioners

Section 440.60 (a) of 42 CFR defines "Medical care or any other type of remedial care provided by licensed practitioners" to mean any medical or remedial care or services, other than physicians' services, provided by licensed practitioners within the scope of practice as defined under State law.

Pharmacists.

Reimbursement rates for the fee for administering the 2009 H1N1 vaccine will be reviewed by the Department to ensure that they will be adequate to provide broad access to the vaccine.

Effective Date Fee Schedule Language

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of H1N1 vaccine. The Department's fee schedule rate was set as of October 1, 2009 and is effective for services provided on or after that date. The rate is \$15 per vaccination administered. The vaccine itself will be provided by the Federal Government and provided free of charge.

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