Exemptions

Wisconsin Medicaid and BadgerCare Plus Copayment Exemptions

According to Wis. Admin. Code § DHS 104.01(12)(a), and 42 CFR (Code of Federal Regulations) s. 447.56, providers are prohibited from collecting any copayments from the following Medicaid and BadgerCare Plus members:

- Children in a mandatory coverage category. In Wisconsin, this includes the following:
  - Children in foster care, regardless of age
  - Children in adoption assistance, regardless of age
  - Children younger than age 1 year with household income up to 150 percent of the FPL (Federal Poverty Level)
  - 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 CHIP (Children's Health Insurance Program) (Note: Wisconsin's EVS (Enrollment Verification System) will identify these children as exempt from copayment.)

- American Indians or Alaskan Natives, regardless of age or income level, who are receiving or have ever received items and services either directly from an Indian health care provider or through referral under contract health services (Note: Until further notice, Wisconsin Medicaid and BadgerCare Plus will apply this exemption policy for all services regardless of whether a tribal health care provider or a contracted entity provides the service. Providers may not collect
copayment from any individual identified in the EVS as an American Indian or Alaskan Native.)

- Terminally ill individuals receiving hospice care
- Nursing home residents
- Members enrolled in Wisconsin Well Woman Medicaid
- Individuals eligible through EE (Express Enrollment)
- Children younger than age 18 who are in SSI (Supplemental Security Income) or an SSI-related eligibility group

The following services do not require copayments from any member enrolled in Medicaid or BadgerCare Plus:

- Behavioral treatment
- Care coordination services (prenatal and child care coordination)
- CRS (community recovery services)
- Crisis intervention services
- CSP (Community Support Program) services
- Comprehensive community services
- Emergency services
- Family planning services and supplies, including sterilizations
- HealthCheck services
- Home care services (home health, personal care, and PDN (private duty nursing) services)
- Hospice care services
- Immunizations, including approved vaccines recommended to adults by the ACIP (Advisory Committee on Immunization Practices)
- Independent laboratory services
- Injections
- Pregnancy-related services
- Preventive services with an A or B rating* from the USPSTF (U.S. Preventive Services Task Force) **, including tobacco cessation services
- SBS (school-based services)
- Substance abuse day treatment services
- Surgical assistance
- Targeted case management services

Note: Providers may not impose cost sharing for health-care acquired conditions or other provider-preventable services as defined in federal law under 42 CFR s. 447.26(b).

* Providers are required to add CPT (Current Procedural Terminology) modifier 33 to identify
USPSTF services that are not specifically identified as 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 U.S. 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.

Since many of the USPSTF recommendations are provided as part of a regular preventive medicine visit, ForwardHealth will not deduct a copayment for these services (CPT procedure codes 99381–99387 and 99391–99397).

** 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.