Covered Services

Covered Laboratory Services

As specified in HFS 107.25(1), Wis. Admin. Code, Wisconsin Medicaid covers professional and technical diagnostic services only if the laboratory services meet one of the following conditions:

- The services are performed by or under the supervision of a physician.
- The services are prescribed by a physician and are provided by a Clinical Laboratory Improvement Amendment (CLIA)-certified laboratory.

Laboratory Tests and Procedures

Laboratories may only perform tests and procedures that are authorized in the laboratory site's CLIA certificate. Appendix 3 of this handbook specifies the CLIA specialties/subspecialties.

Laboratories may only perform tests and procedures that are authorized in the laboratory site's CLIA certificate.

Laboratory Consultations

Independent laboratories may be reimbursed for laboratory consultations only when the consultation is medically necessary and appropriate for the recipient's treatment. Consultation procedure codes are listed with type of service (TOS) "3" in Appendices 1, 2, and 4 of this handbook. Laboratory consultations are reimbursable only when performed at the request of the attending physician and when the results are contained in a written report that becomes part of the recipient's medical record.

Multiple Laboratory Tests

Claims for multiple laboratory tests must be submitted using a panel or aggregate procedure code (e.g., hemogram) when such a *Current Procedural Terminology* (CPT) code exists. This policy is monitored by Wisconsin Medicaid's claim review system, McKesson ClaimCheck®. Refer to the Preparing Claims chapter of this handbook for more information.

Total reimbursement for multiple chemistry or other laboratory tests submitted individually may not exceed the reimbursement rate established by Wisconsin Medicaid for the most closely related panel or aggregate code, as determined by the Division of Health Care Financing (DHCF). The provider's reimbursement may be corrected on a post-payment basis by Wisconsin Medicaid.

For example, an electrolyte panel (80051) must include the following tests:

- Carbon dioxide (82374).
- Chloride (82435).
- Potassium (84132).
- Sodium (84295).

If a provider performs fewer than all four tests in the panel, each code must be billed individually to Wisconsin Medicaid and each will be reimbursed as a separate procedure. However, Wisconsin Medicaid may later reconsider the reimbursement and adjust it to equal the reimbursement rate for the panel.

Urinalysis

When two or more services listed in the urinalysis section of CPT are performed on the same day for the same recipient by the same provider at an indepedendent laboratory, place of service "A," they are reimbursed collectively at no more than the maximum fee amount for procedure code 81000 (Urinalysis, by dip stick or tablet reagent … non-automated, with microscopy).

Laboratory Handling Fees

Wisconsin Medicaid reimburses the laboratory provider who performed the clinical diagnostic laboratory test and reimburses the provider who collected the specimen for the handling fee.

Wisconsin Medicaid reimburses an independent laboratory a handling fee when the laboratory sends specimens to an outside laboratory for analysis or interpretation. The handling fee covers the collection, preparation, forwarding, and handling of obtained specimens. One handling fee is reimbursed per provider, per recipient, per date of service, regardless of the number of specimens sent.

Procedure code 99001 (TOS "5") is used when submitting a claim for forwarding a specimen from an independent laboratory to another laboratory. It is not necessary to indicate the specific laboratory test performed.

A handling fee is not reimbursable if the independent laboratory is reimbursed for the professional and/or technical component of the laboratory test.

Laboratory Panels

Wisconsin Medicaid uses the most current CPT procedure code definitions. All of the panel codes and individual laboratory codes are specified in the CPT. Wisconsin Medicaid assigns individual laboratory codes into panels according to the CPT definitions and monitors billing of procedure codes through ClaimCheck.

Routine Venipuncture

Routine venipuncture is not separately reimbursable, but is included in the reimbursement for the laboratory procedure or the laboratory test preparation and handling fee. Providers may not bill recipients for routine venipuncture.

Medicaid Abortion Policy

Coverage Policy

In accordance with s.20.927, Wis. Stats., Wisconsin Medicaid covers abortions when one of the following situations exists:

- The abortion is directly and medically necessary to save the life of the woman, provided that prior to the abortion the physician attests that the abortion meets this condition by signing a certification.
- In a case of sexual assault or incest, provided that prior to the abortion the physician attests to his or her belief that sexual assault or incest has occurred by signing a certification, *and* provided that the crime has been reported to authorities.
- Due to a medical condition existing prior to the abortion, the physician determines that the abortion is directly and medically necessary to prevent grave, long-lasting physical health damage to the woman, the physician attests, based on his or her best clinical judgement, that the abortion meets this condition by signing a certification.

Services incidental to a *noncovered* abortion are not reimbursable by Wisconsin Medicaid.

Services Incidental to a Noncovered Abortion

Services incidental to a *noncovered* abortion are not reimbursable by Wisconsin Medicaid. Such services include laboratory testing and interpretation.

Noncovered Services

Wisconsin Medicaid does not reimburse independent laboratories for laboratory services that are not medically necessary. This includes, but is not limited to, the following services:

- Services to enhance the prospects of fertility.
- Services that are experimental in nature.
- Services that do not have Food and Drug Administration or DHCF approval.
- Court-ordered services without a referring physician.

As specified in HFS 107.25, Wis. Admin. Code, Wisconsin Medicaid does not cover laboratory tests performed outside a laboratory's certified areas.