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## **HEALTHCHECK “OTHER SERVICES” PROVIDER TERMS OF REIMBURSEMENT**

The Department of Health Services (DHS) will establish maximum allowable fees or rates for all HealthCheck “Other Services” provided under prior authorization approval to Wisconsin Medicaid HealthCheck members eligible on the date of service. The maximum allowable fees and rates shall be based on various factors, including a review of usual and customary charges submitted to Wisconsin Medicaid, the Wisconsin State Legislature’s Medicaid budgetary constraints, and other relevant economic limitations. Maximum allowable fees and rates may be adjusted to reflect reimbursement limits or limits on the availability of federal funding as specified in federal law.

Providers are required to bill their usual and customary charges for services provided. The usual and customary charge is the amount charged by the provider for the same service when provided to non-Medicaid patients. For providers using a sliding fee scale for specific services, the usual and customary charge is the median of the individual provider’s charge for the service when provided to non-Medicaid patients.

For each covered service, Wisconsin Medicaid shall pay the lesser of a provider’s usual and customary charge or the maximum allowable fee (or rate) established by the DHS. Wisconsin Medicaid reimbursement, less appropriate copayments and payments by other insurers, will be considered to be payment in full.

The DHS will adjust payments made to providers to reflect the amounts of any allowable copayments that the providers are required to collect pursuant to ch. 49, Wis. Stats.

Payments for deductible and coinsurance payable on an assigned Medicare claim shall be made in accordance with s. 49.46(2)(c), Wis. Stats.

In accordance with federal regulations contained in 42 CFR 447.205, the DHS will provide public notice in advance of the effective date of any significant proposed change in its methods and standards for setting maximum allowable fees or rates for services.

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