User Guide

ForwardHealth Portal
Maximum Allowable Fee Schedule

February 17, 2025

WISCONSIN DEPARTMENT of HEALTH SERVICES

Table of Contents

1 Introduction 1

2 Access the Max Fee Schedules Page 2

3 Interactive Fee Schedule 4
3.1 Interactive Fee Schedule Search Page 4
3.1.1 Search by Single Code 6
Unknown Procedure Code 6
Known Procedure Code 9
3.1.2 Search by Multiple Codes 11
3.1.3 Search by Code Range 14
3.1.4 Search by Service Area 16
Unknown Procedure Code 17
Known Procedure Code 20
3.2 Fee Schedule Search Results 23
3.2.1 Coverage Information Section 24
3.2.2 Special Coverage Considerations Section 26
3.2.3 Pricing Information Section 26
3.2.4 Special Pricing Considerations Section 27
3.2.5 Associated Managed Care Coverage Section 28

4 Downloadable Fee Schedules 29
4.1 Accessing Downloadable Fee Schedules 29
4.2 Download a Fee Schedule 34
4.2.1 Import to a Spreadsheet 35
4.2.2 Open Text File in a Text Program 42
4.2.3 Field Names 46
4.2.4 Reading a Fee Schedule 47
4.3 PDF Downloads 48

5 Fee Schedule Text File Values and Descriptions 51
5.1 Contract Codes and Names 51
5.2 Benefit Plan Codes 55

5.3 Provider Type and Specialty Codes 55
5.4 Pricing Indicator Codes 55
5.5 Rate Type Codes 55
5.6 Benefit Adjustment Factor Codes 59

6 Professional Pricing 73
6.1 Maximum Fee Pricing 73
6.2 Benefit Adjustment Factor Pricing 73
6.2.1 BIRTHTO3 Code 74
6.2.2 HPSA Codes 74
6.3 Anesthesia Pricing 74
6.4 Contracted Rate Pricing 74
6.5 Usual and Customary Charge Pricing 75
6.6 Manual Pricing 75

7 Drug Search Tool 76
7.1 Access the Drug Search Tool 76
7.1.1 Search by PDL Drug Class 77
7.1.2 Search by Program 78
7.1.3 Search by National Drug Code 79
7.1.4 Search by Label Name—Brand Name 79
7.1.5 Search by Label Name—Generic 80
7.1.6 Search by Partial Name 82
7.1.7 Filter Results Within a Column 83
7.1.8 Filter Results by PDL Drug Class and PDL Status 84
7.2 Drug Information Page 86

1 Introduction

For most services, Wisconsin Medicaid reimburses providers the lesser of the billed amount or the maximum allowable fee established by the Wisconsin Department of Health Services based on legislative directives.

Maximum allowable fee information is available on the ForwardHealth Portal (the Portal) in the following forms:

- An interactive maximum allowable fee schedule (the interactive fee schedule provides information on service coverage, pricing, and other special coverage or pricing considerations that may be applicable).
- Downloadable fee schedules in text (TXT) and comma-separated-value (CSV) files (The downloadable files provide basic maximum allowable fee information for BadgerCare Plus and Wisconsin Medicaid by provider service area).
- A PDF version (Archive) The PDF reports are only intended to help users transition to the interactive max fee schedule or the TXT and CSV files.

2 Access the Max Fee Schedules Page

1. Access the ForwardHealth Portal at forwardhealth.wi.gov/.

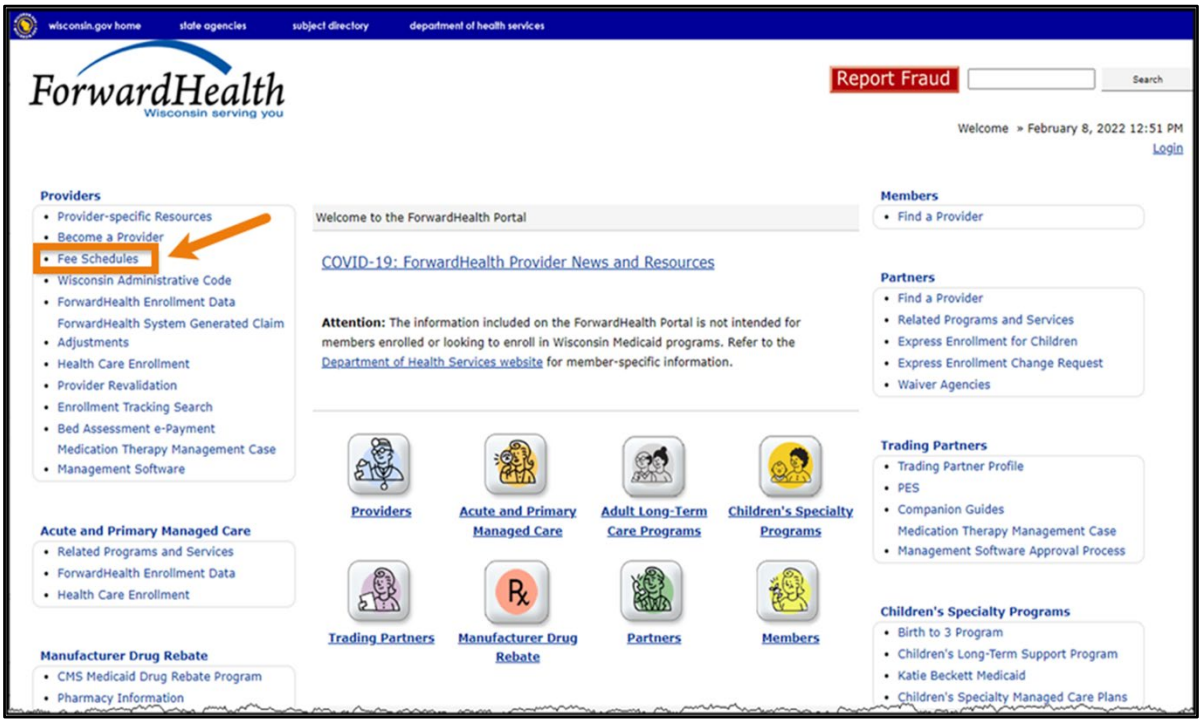


Figure 1 ForwardHealth Portal Homepage

2. Click **Fee Schedules** located in the Providers menu. The max fee schedules page will be displayed.

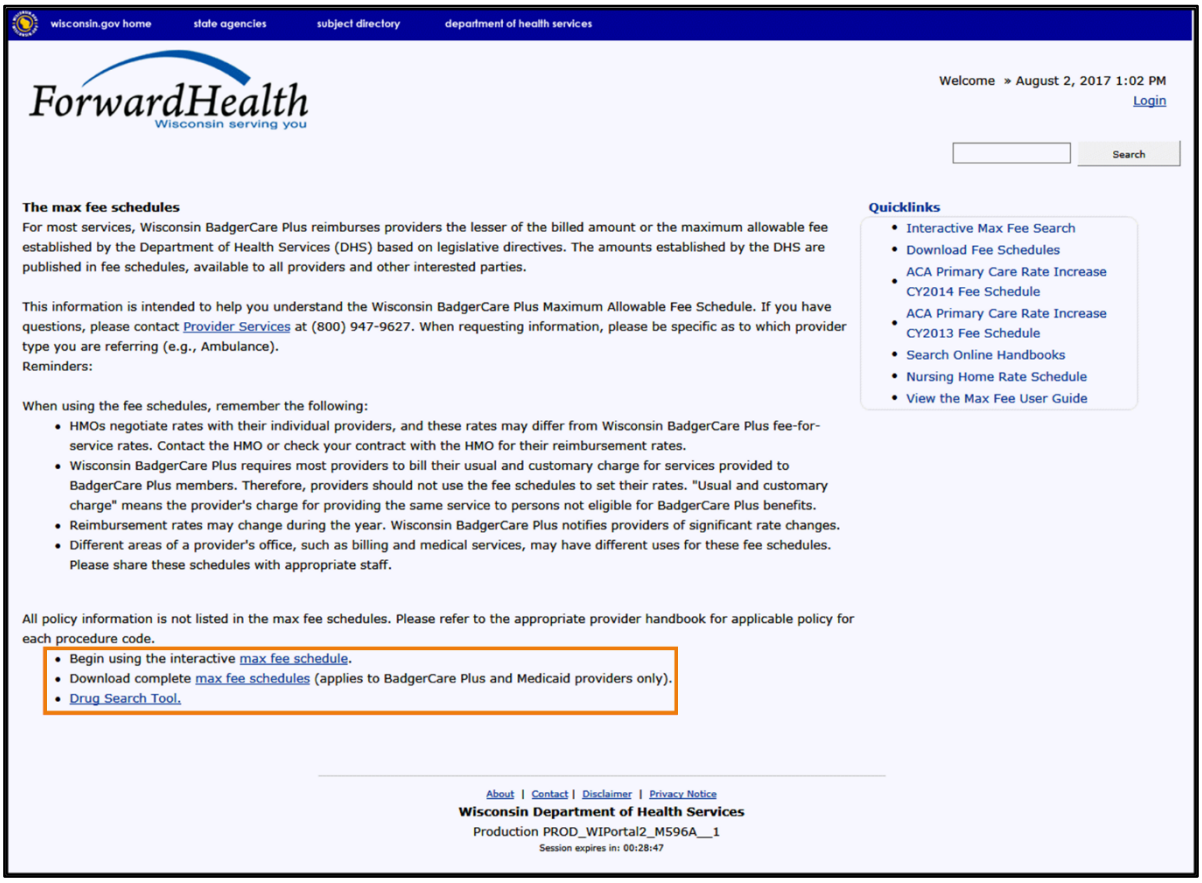


Figure 2 Max Fee Schedules Page

On the max fee schedules page, users can choose the following options:

- Begin using the interactive max fee schedule
- Download complete max fee schedules
- Drug Search Tool

3 Interactive Fee Schedule

3.1 Interactive Fee Schedule Search Page

1. Click the **Begin using the interactive max fee schedule** link on the max fee schedules page of the portal. If the user is accessing the interactive fee schedule through the public Portal and has not already accepted the License for Use of Physicians' Current Procedural Terminology, Fourth Edition (CPT) and Point and Click License for Use of Current Dental Terminology (CDT) agreements during this Portal session, the license agreements page will be displayed.

   Note: If the user is logged in to the secure Portal and has already accepted the license agreements or is using the public Portal and has accepted the license agreements for the current Portal session, this page will not be displayed. Proceed to step 3.

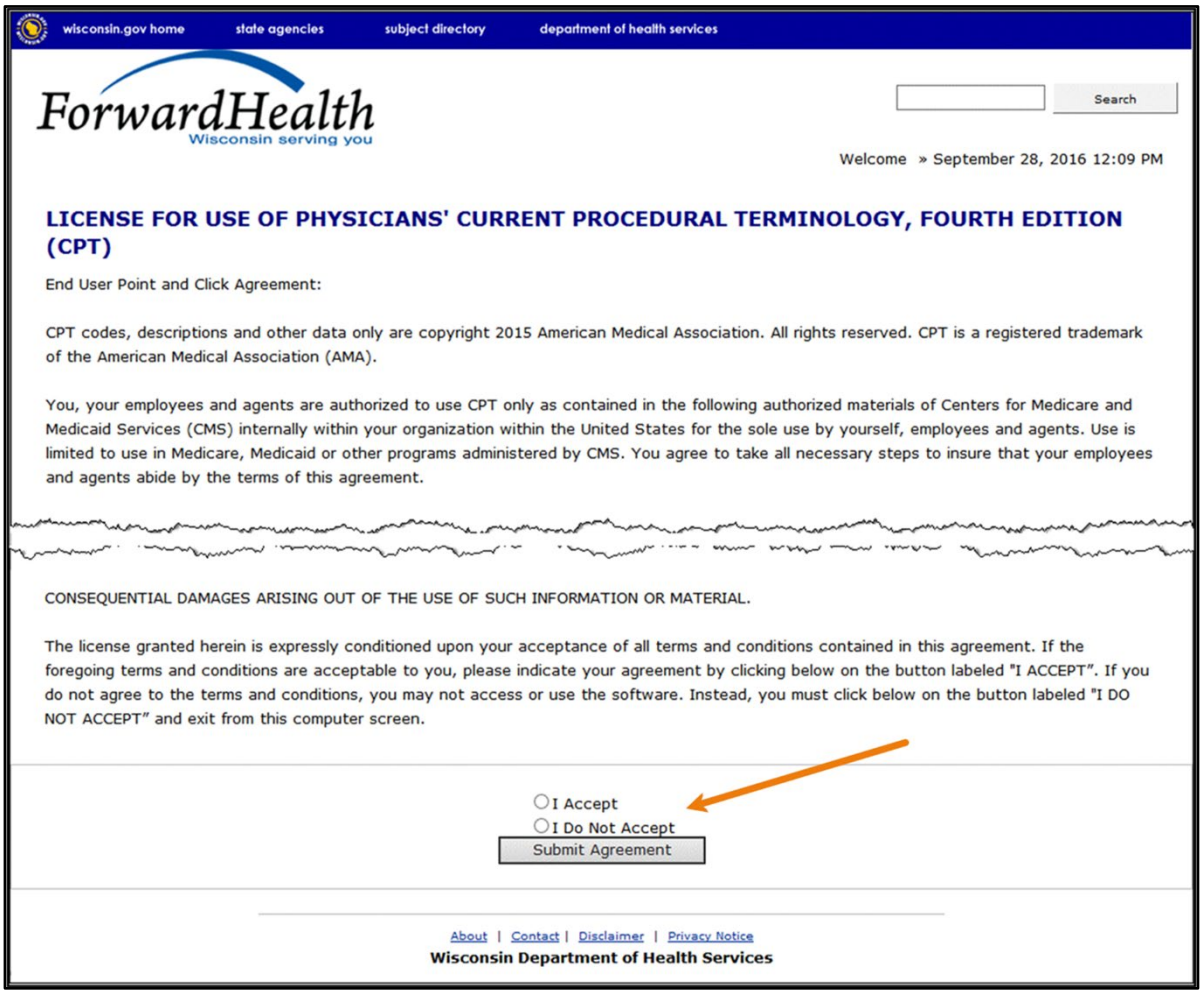


Figure 3 End User Point and Click License Agreements

2. Click the radio button next to I Accept. Click **Submit Agreement**.

Note: If I Do Not Accept is selected, the user will be returned to the Portal homepage and will not be able to access the interactive fee schedule.

3. The Fee Schedule Search panel will be displayed. Note: The **Search By** radio button will automatically default to Single Code.

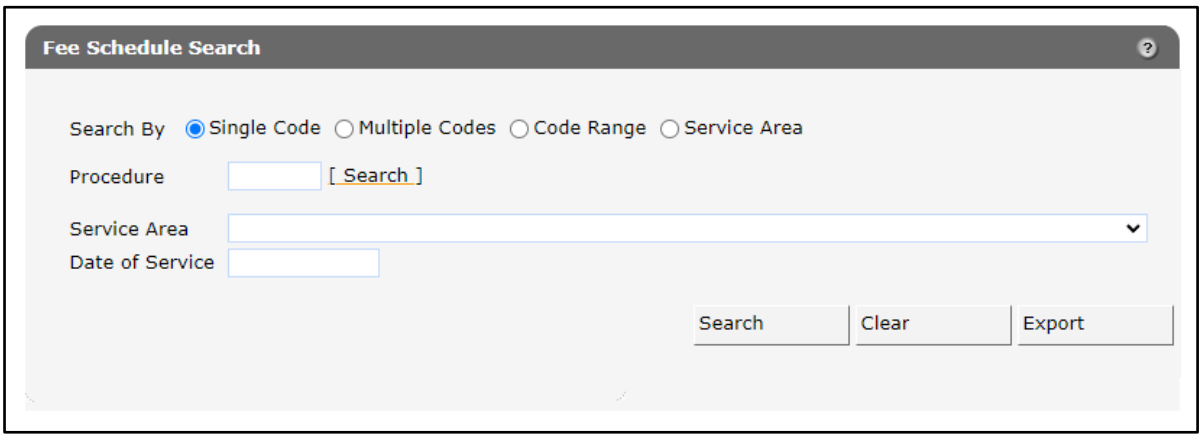


Figure 4 Fee Schedule Search Panel

4. The Wisconsin Chronic Disease Program (WCDP) and Wisconsin Well Woman Program (WWWP) are listed in the Service Area drop-down menu as follows:

   - WCDP—Adult Cystic Fibrosis: Cystic Fibrosis
   - WCDP—Chronic Renal Disease: Renal Disease
   - WCDP—Hemophilia Home Care: Hemophilia Home Care—Wisconsin Chronic Disease
   - WWWP: Well Woman

Users may also search for manually priced procedure codes on the interactive fee schedule. Manually priced codes will return with a rate of $0.00 and the code will be displayed as manually priced in the Special Pricing Considerations section.

Note: For all searches, the interactive fee schedule will generate an error message directing users to export the data if the search results return more than 1,000 rows. Click **Ok**, then **Export** to view the full results of the initial search. If users do not wish to export the full results, they should refine their search criteria to reduce the initially generated results to view the fee schedule search results.

Note: To clear all selected and entered fields, click **Clear**.

3.1.1 Search by Single Code

Searching for a single Healthcare Common Procedure Coding System (HCPCS), CPT, or CDT code will return the results related to the procedure code, including the applicable service area(s).

Unknown Procedure Code

1. Click the **Search** link to the right of the Procedure field. The Procedure search box will be displayed.

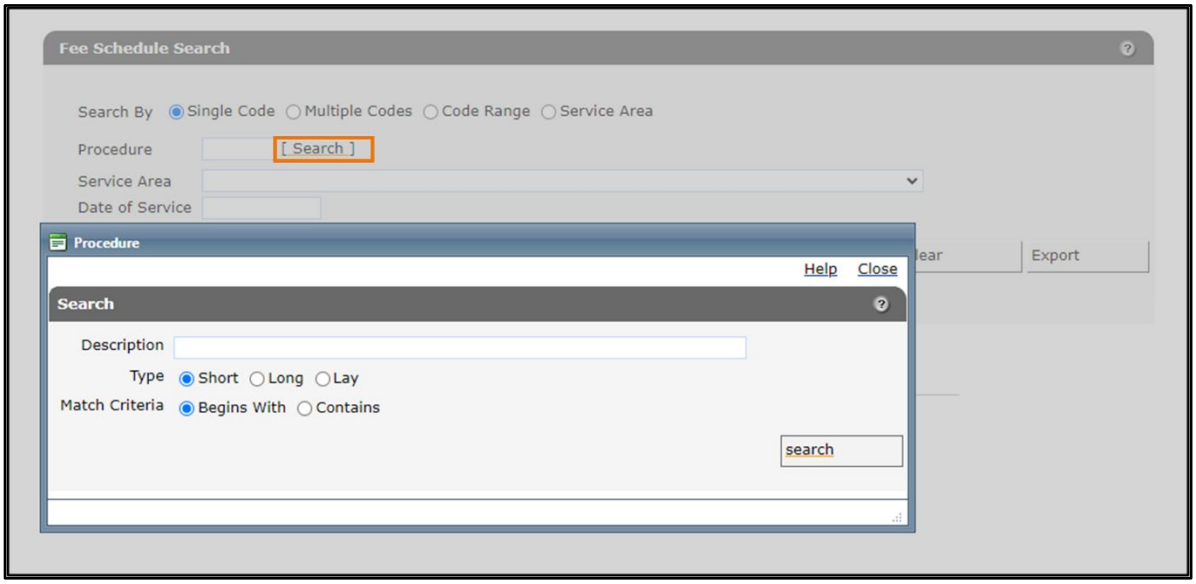


Figure 5 Procedure Search Box

2. Enter a full or partial description of the procedure code in the Description field.

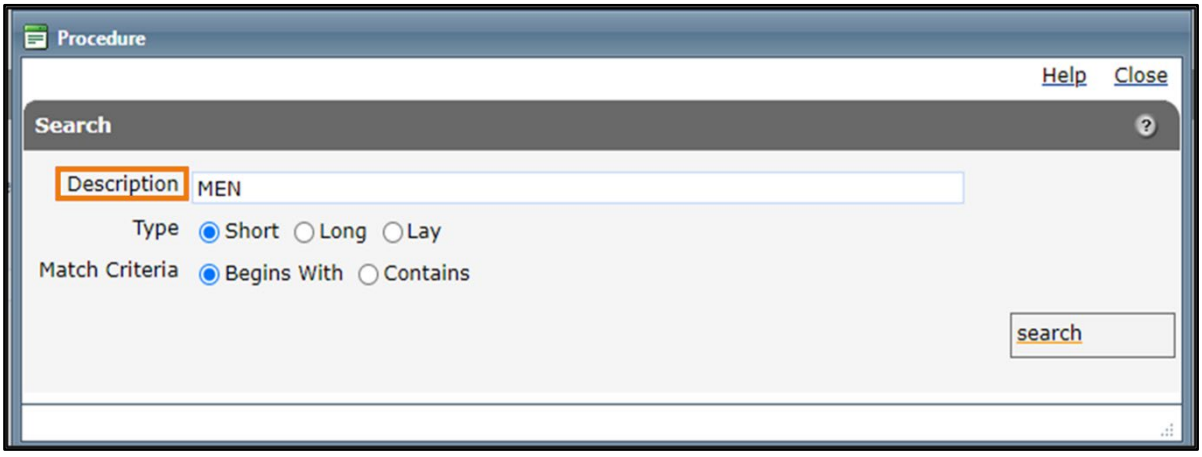


Figure 6 Procedure Search Box With Description Search Field

3. Select the type of description for the procedure code:
   - Short (short [up to 40 characters] description of the procedure code)
   - Long (long description of the procedure code)

- Lay (not applicable for Wisconsin Medicaid) (Selecting this option will not return any results.)

4. Select from the following match criteria:
   - Begins With
   - Contains
5. Click **Search**. If no results match the full or partial description, the Search Results panel will display the following message.

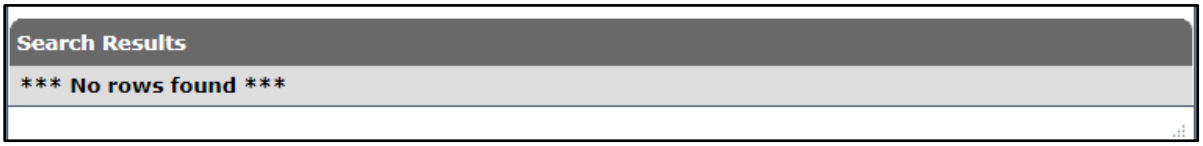


Figure 7 No Rows Found Message

If one or matches are found, the Search Results panel will display the applicable procedure code(s).

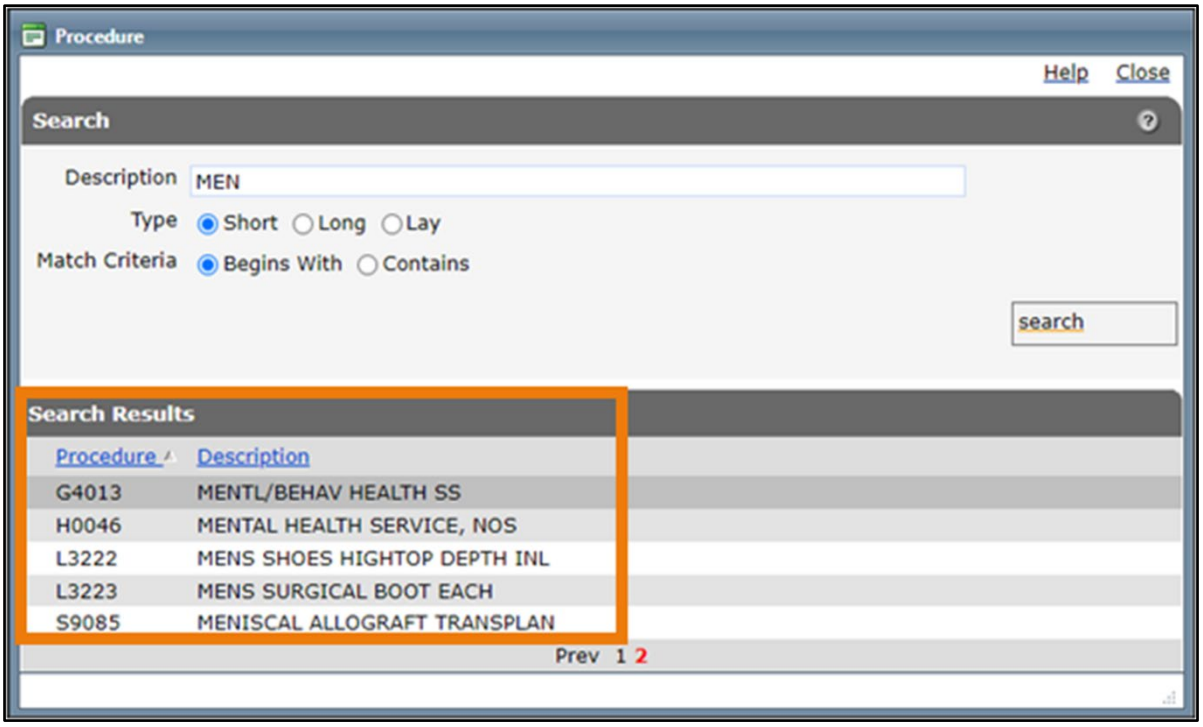


Figure 8 Procedure Code and Description Search Results

6. Click the row of the desired code and its description. The procedure code will populate in the Procedure field.

Figure 9 Fee Schedule Search Panel With Procedure Code Field

7. Click outside the Procedure field. The drop-down menu of the Service Area field will recalibrate to match the single procedure code being searched.

   Note: If the user does not click outside the Procedure field, the first click of the **Search** button will only recalibrate the service area. If this happens, click **Search** a second time.

8. **Optional**: Select a service area (if applicable) from the drop-down menu.

Figure 10 Fee Schedule Search Panel With Service Area Drop-Down Menu

9. **Optional**: Enter the dates of service (DOS) using mm/dd/ccyy format in the Date of Service field. If a DOS is not entered, the results will reflect the current date, but the Date of Service field will stay blank.

10. Click **Search** to display the results on the Search Results panel, or click **Export** to download the CSV files (the window may look different depending on the user's browser).

    Note: The export function will return a zip file that includes seven CSV files containing the results related to the user's search criteria, except the procedure code descriptions.

11. The file download window will be displayed.

Figure 11 File Download Window

12. Click the down arrow, then select **Open**.

13. A window with the exported CSV files will be displayed.

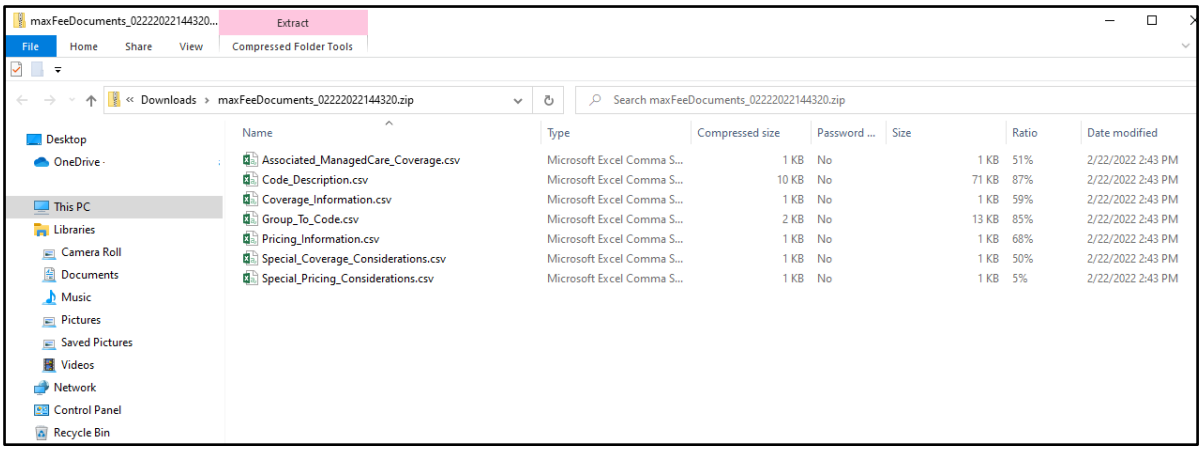


Figure 12 Exported CSV Files

Note: The Group_To_Code file is empty.

Known Procedure Code

1. If the procedure code is known, type the code in the Procedure field.

Figure 13 Fee Schedule Search Panel With Procedure Code Field

2. Click outside the Procedure field. The drop-down menu of the Service Area field will recalibrate to match the single procedure code being searched.

   Note: If the user does not click outside the Procedure field, the first click of the **Search** button will only recalibrate the Service Area field. If this happens, click **Search** a second time.

3. **Optional**: Select a service area (if applicable) from the drop-down menu.

Figure 14 Fee Schedule Search Panel With Service Area Drop-Down Menu

4. **Optional**: Enter the DOS using mm/dd/ccyy format in the Date of Service field. If a DOS is not entered, the results will reflect the current date, but the Date of Service field will stay blank.

5. Click **Search** to display the results on the Search Results panel, or click **Export** to download the CSV files (the window may look different depending on the user's browser).

   Note: The export function will return a zip file that includes seven CSV files containing the results related to the user's search criteria, except the procedure code descriptions.

6. The file download window will be displayed.

Figure 15 File Download Window

7. Click the down arrow, then select **Open**.
8. A window with the exported CSV files will be displayed.

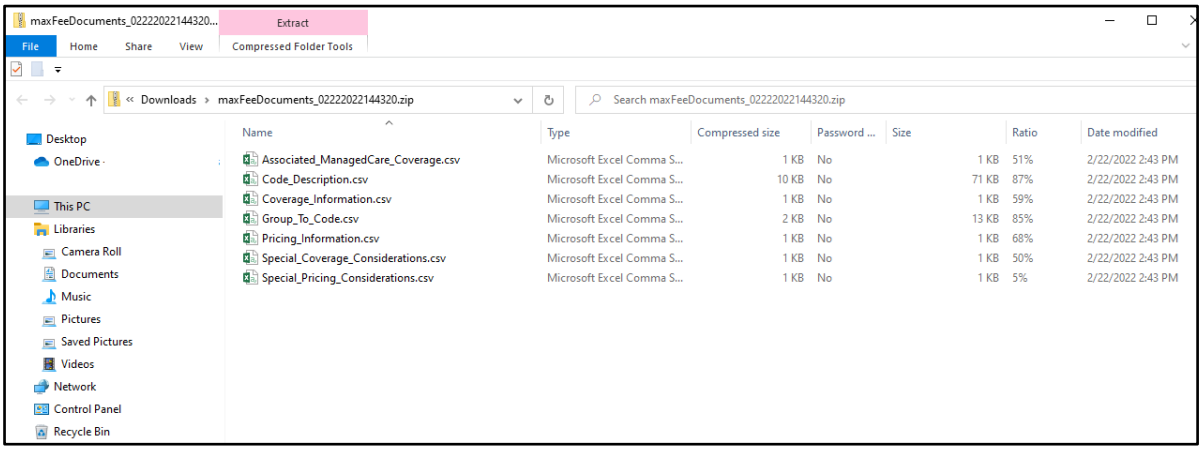


Figure 16 Exported CSV Files

Note: The Group_To_Code file is empty.

3.1.2 Search by Multiple Codes

Searching for multiple codes, users will be able to enter up to 20 codes at one time. The interactive fee schedule will return the results related to the procedure codes, including the codes' applicable service area(s).

Note: Users will not be able to manually enter a code range if they are searching by the multiple codes option.

1. Click the **Multiple Codes** radio button.

Figure 17 Fee Schedule Search Panel

2. Enter the codes in the Procedure(s) field separated by a comma. Up to 20 codes may be entered. They can be a combination of HCPCS, CDT, and CPT codes.

Figure 18 Fee Schedule Search Panel With Procedure(s) Code Field

3. Click outside the Procedure field. The drop-down menu of the Service Area field will recalibrate to match the procedure codes being searched.

   Note: If the user does not click outside the Procedure field, the first click of the **Search** button will only recalibrate the Service Area. If this happens, click **Search** a second time.

4. **Optional**: Select a service area from the drop-down menu.

Figure 19 Fee Schedule Search Panel With Service Area Drop-Down Menu

   Note: Selecting a service area from the drop-down menu will only return those results that are applicable to the procedure codes and the selected service area. Not selecting a service area will return the results for the procedure codes and their applicable service areas.

5. **Optional**: Enter the DOS using mm/dd/ccyy format in the Date of Service field. If a DOS is not entered, the results will reflect the current date, but the Date of Service field will stay blank.

6. Click **Search** to display the results on the Search Results panel, or click **Export** to download the CSV files (the window may look different depending on the user's browser).

   Note: The export function will return a zip file that includes seven CSV files containing the results related to the user's search criteria, except the procedure code descriptions.

7. The file download window will be displayed.

Figure 20 File Download Window

8. Click the down arrow, then select **Open**.

9. A window with the exported CSV files will be displayed.

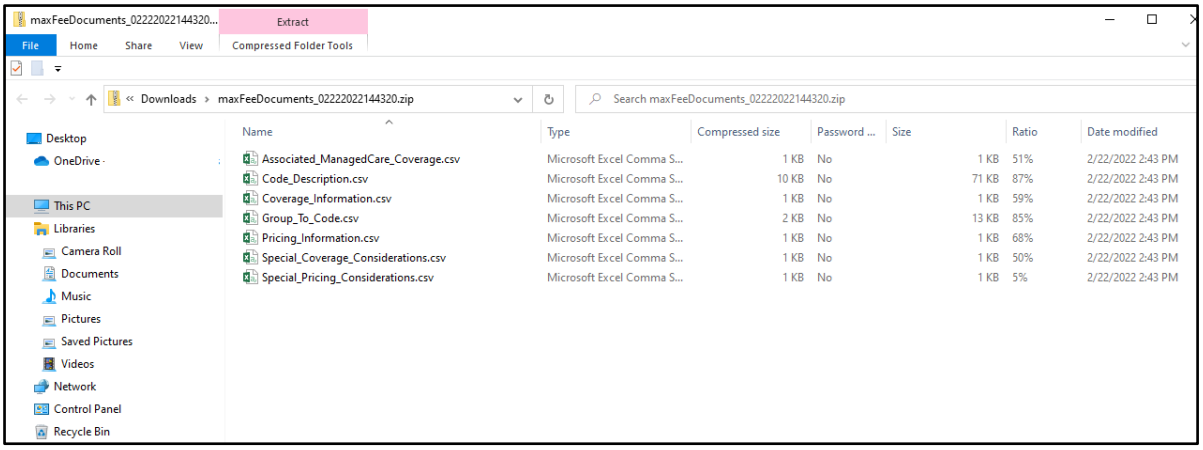


Figure 21 Exported CSV Files

Note: The Group_To_Code file is empty.

3.1.3 Search by Code Range

Searching by a pre-populated code range of HCPCS or CPT codes, the interactive fee schedule will return the results for that code range and its applicable service area(s) if a specific service area is not selected.

1. Click the **Code Range** radio button.

Figure 22 Fee Schedule Search Panel

2. Select a pre-populated code range from the drop-down menu of the Code Range field.

   Note: Users will not be able to manually enter their own code range if they are searching with the code range option.

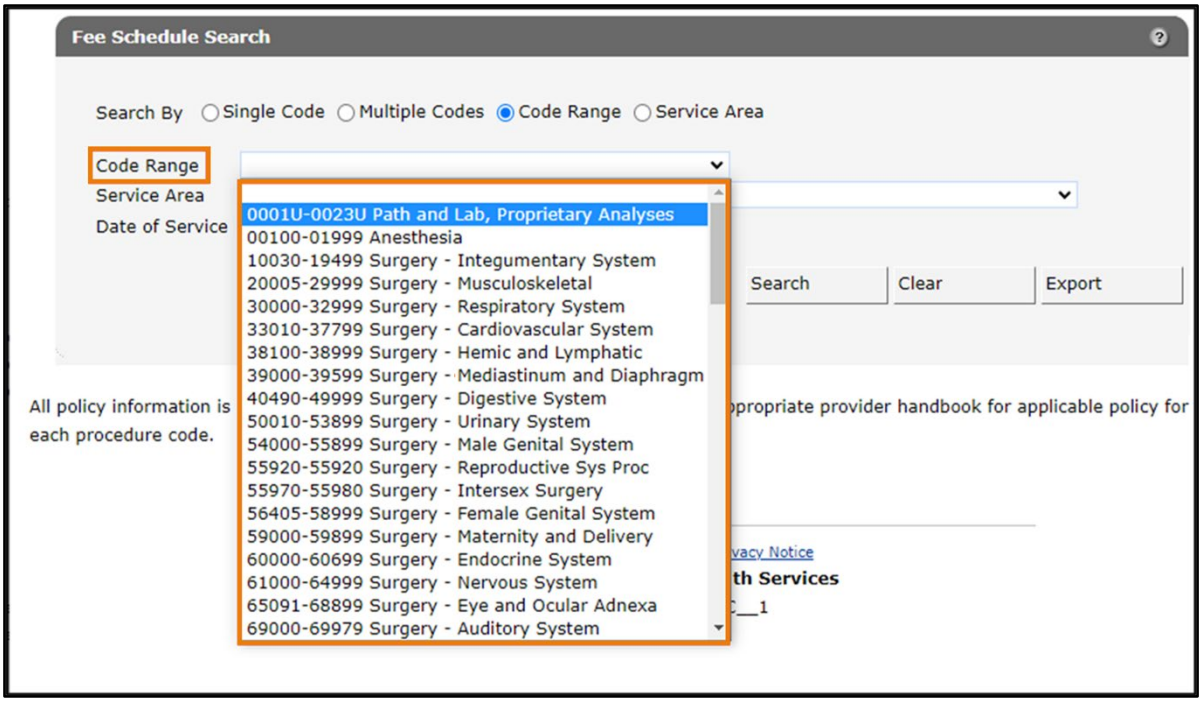


Figure 23 Fee Schedule Search Panel With Code Range Drop-Down Menu

3. **Optional**: Select the service area from the drop-down menu.

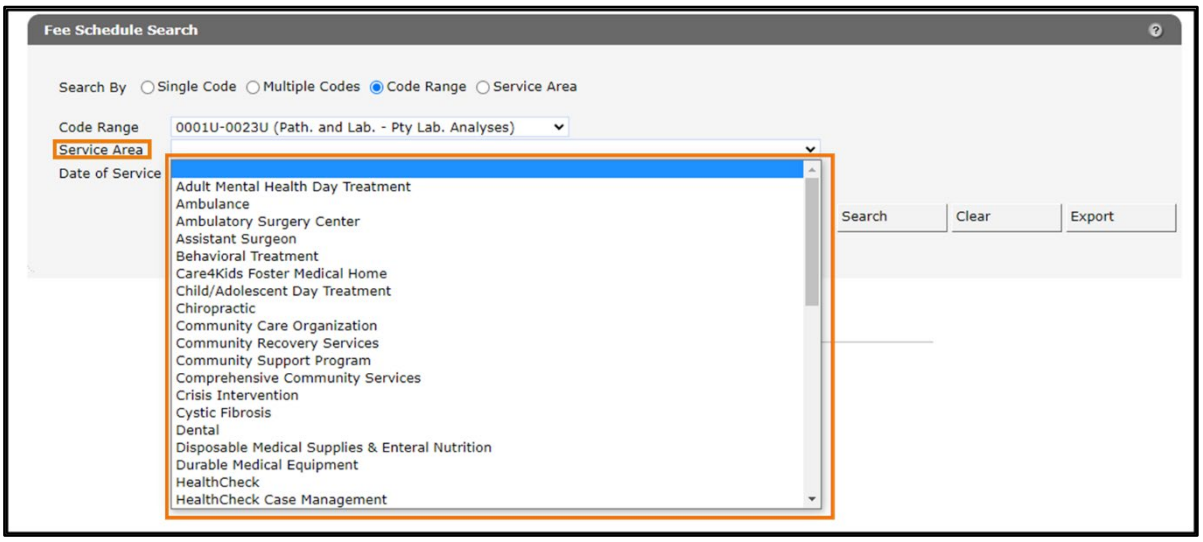


Figure 24 Fee Schedule Search Panel With Service Area Drop-Down Menu

4. **Optional**: Enter the DOS using mm/dd/ccyy format in the Date of Service field. If a DOS is not entered, the results will reflect the current date, but the Date of Service field will stay blank.

5. Click **Search** to display the results on the Search Results panel, or click **Export** to download the CSV files (the window may look different depending on the user's browser).

   Note: The export function will return a zip file that includes seven CSV files containing the results related to the user's search criteria, except the procedure code descriptions.

6. The file download window will be displayed.

Figure 25 File Download Window

7. Click the down arrow, then select **Open**.
8. A window with the exported CSV files will be displayed.

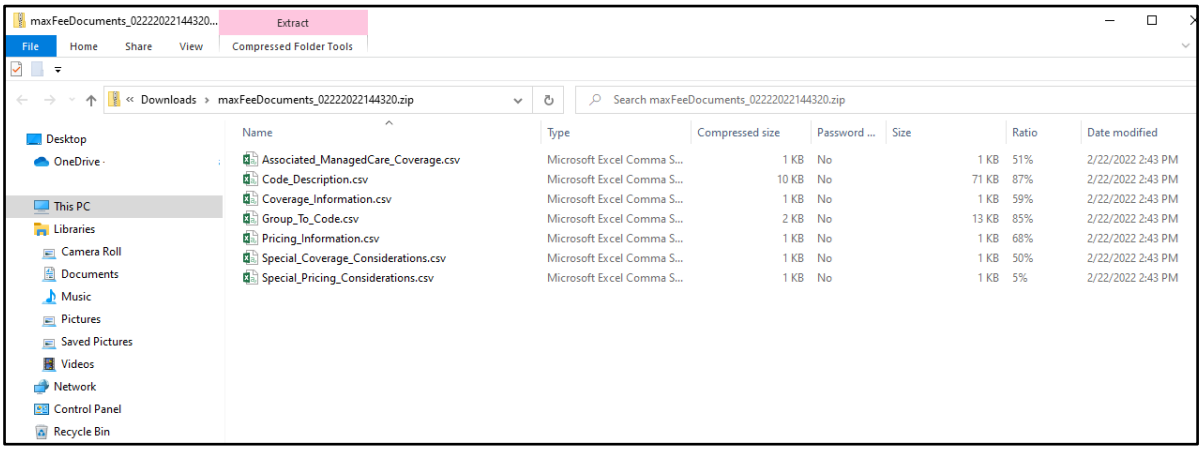


Figure 26 Exported CSV Files

Note: The Group_To_Code file is empty.

3.1.4 Search by Service Area

Searching by service area, users will receive the results for all applicable procedure codes for the selected service area.

Note: The fields displayed on the Fee Schedule Search panel for searching by service area are the same fields that display for searching by a single code.

1. Click the **Service Area** radio button.

Figure 27 Fee Schedule Search Panel

Unknown Procedure Code

1. Click **Search** to the right of the Procedure field. The Procedure search box will be displayed.

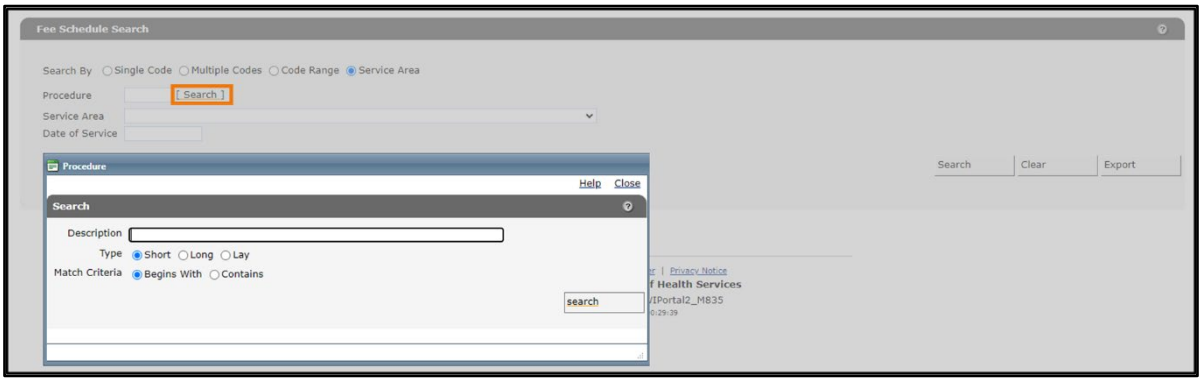


Figure 28 Procedure Search Box

2. Enter a full or partial description of the procedure code in the Description field.

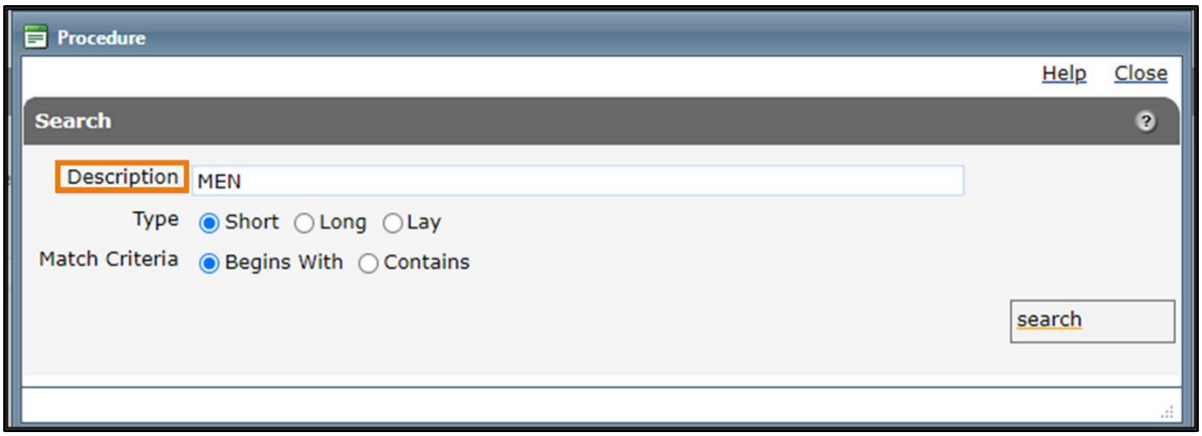


Figure 29 Procedure Search Box With Description Search Field

3. Select the type of description for the procedure code:
   - Short (short [up to 40 characters] description of the procedure code)
   - Long (long description of the procedure code)
   - Lay (not applicable for Wisconsin Medicaid) (Selecting this option will not return any results.)
4. Select from the following match criteria:
   - Begins With
   - Contains

5. Click **Search**. If no results match the full or partial description, the Search Results panel will display the following message.

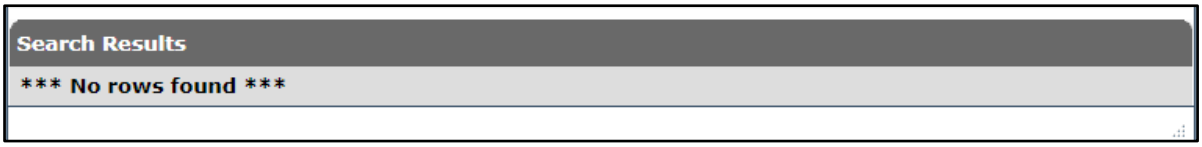


Figure 30 No Rows Found Message

If one or matches are found, the Search Results panel will display the applicable procedure code (s).

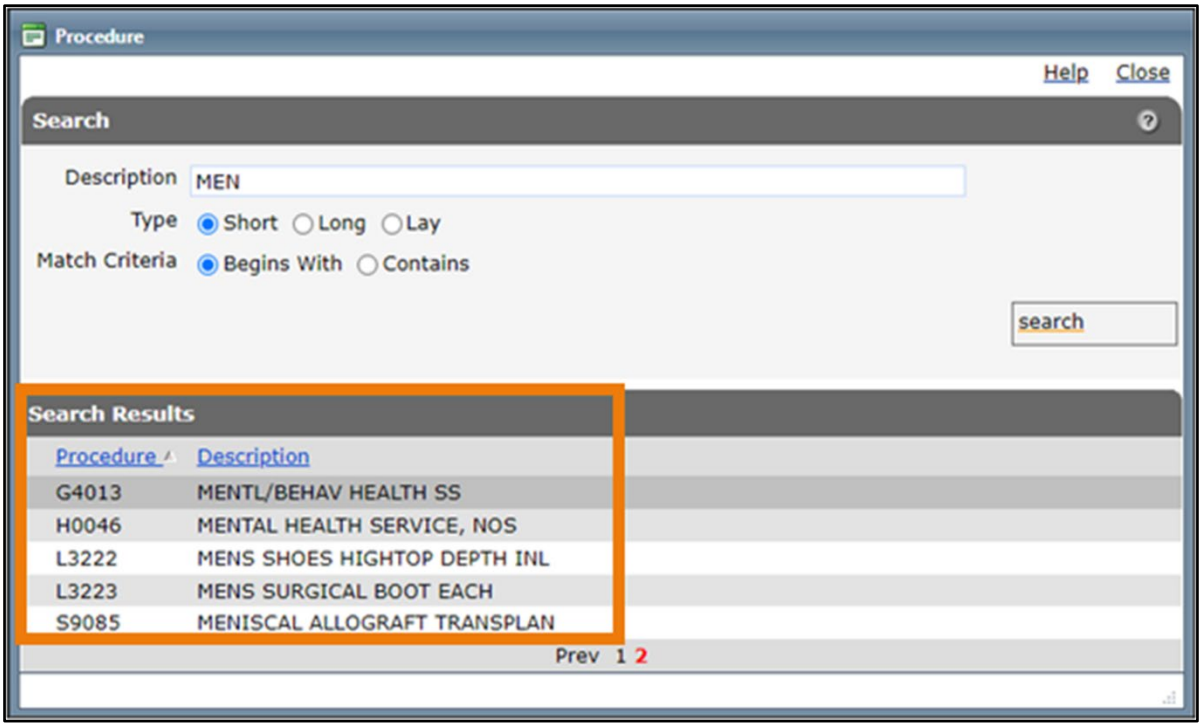


Figure 31 Procedure Code and Description Search Results

6. Click the row of the desired code and its description. The procedure code will populate in the Procedure field.

Figure 32 Fee Schedule Search Panel With Procedure Code Field

7. Click outside the Procedure field. The drop-down menu of the Service Area field will recalibrate to match the single procedure code being searched.

Note: If the user does not click outside the Procedure field, the first click of the **Search** button will only recalibrate the Service Area. If this happens, click **Search** a second time.

8. Select a service area from the drop-down menu.

Figure 33 Fee Schedule Search Panel With Service Area Drop-Down Menu

9. **Optional**: Enter the DOS using mm/dd/ccyy format in the Date of Service field. If a DOS is not entered, the results will reflect the current date, but the Date of Service field will stay blank.

10. Click **Search** to display the results on the Search Results panel, or click **Export** to download the CSV files (the window may look different depending on the user's browser).

    Note: The export function will return a zip file that includes seven CSV files containing the results related to the user's search criteria, except the procedure code descriptions.

11. The file download window will be displayed.

Figure 34 File Download Window

12. Click the down arrow, then select **Open**.

13. A window with the exported CSV files will be displayed.

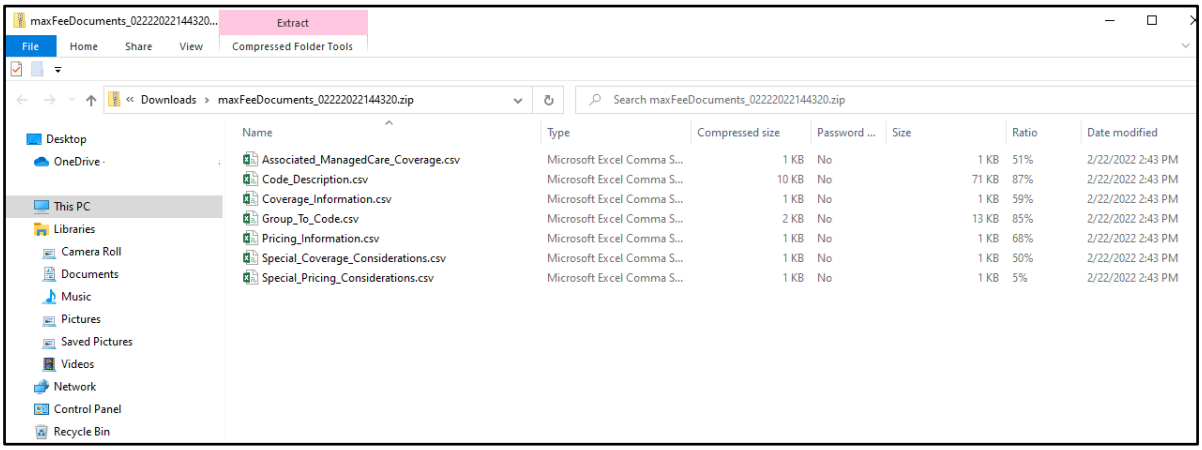


Figure 35 Exported CSV Files

Note: The Group_To_Code file is empty.

Known Procedure Code

1. If the procedure code is known, type the code in the Procedure field.

Figure 36 Fee Schedule Search Panel With Procedure Code Field

2. Click outside the Procedure field. The drop-down menu of the Service Area field will be recalibrated to match the single procedure code being searched.

   Note: If the user does not click outside the Procedure field, the first click of the **Search** button will only recalibrate the Service Area. If this happens, click **Search** a second time.

3. Select a service area from the drop-down menu.

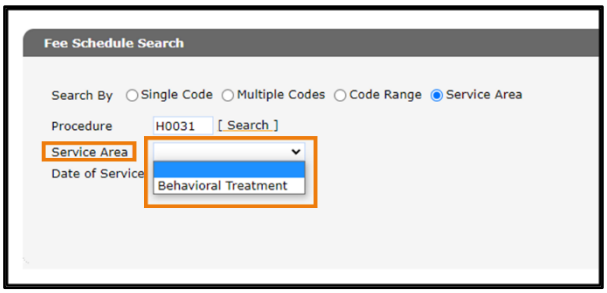


Figure 37 Fee Schedule Search Panel With Service Area Drop-Down Menu

4. Optional: Enter the DOS using mm/dd/ccyy format in the Date of Service field. If a DOS is not entered, the results will reflect the current date, but the Date of Service field will stay blank.

5. Click Search to display the results on the Search Results panel, or click Export to download the CSV files (the window may look different depending on the user's browser).

   Note: The export function will return a zip file that includes seven CSV files containing the results related to the user's search criteria, except the procedure code descriptions.

6. The file download window will be displayed.

Figure 38 File Download Window

7. Click the down arrow, then select Open.

8. A window with the exported CSV files will be displayed.

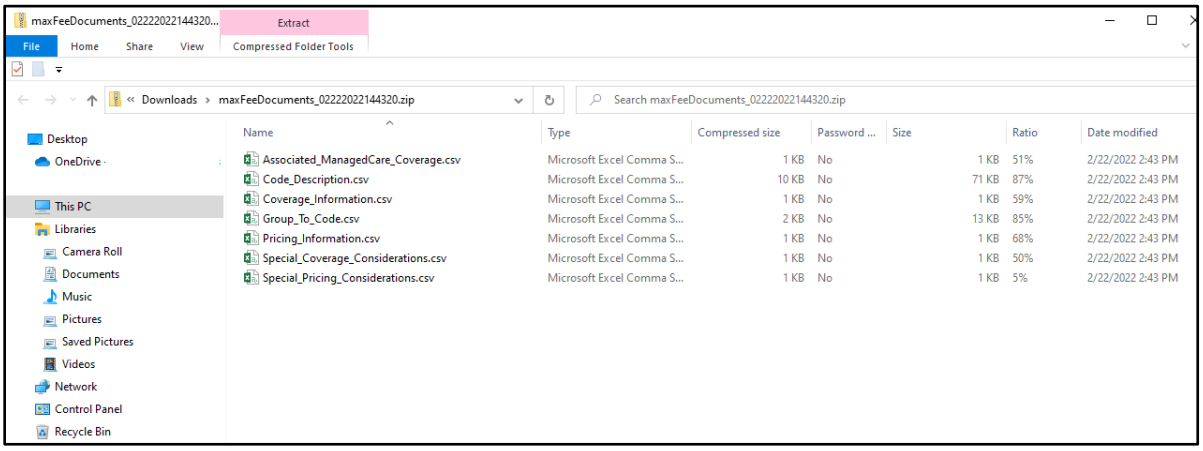


Figure 39 Exported CSV Files

Note: The Group_To_Code file is empty.

3.2 Fee Schedule Search Results

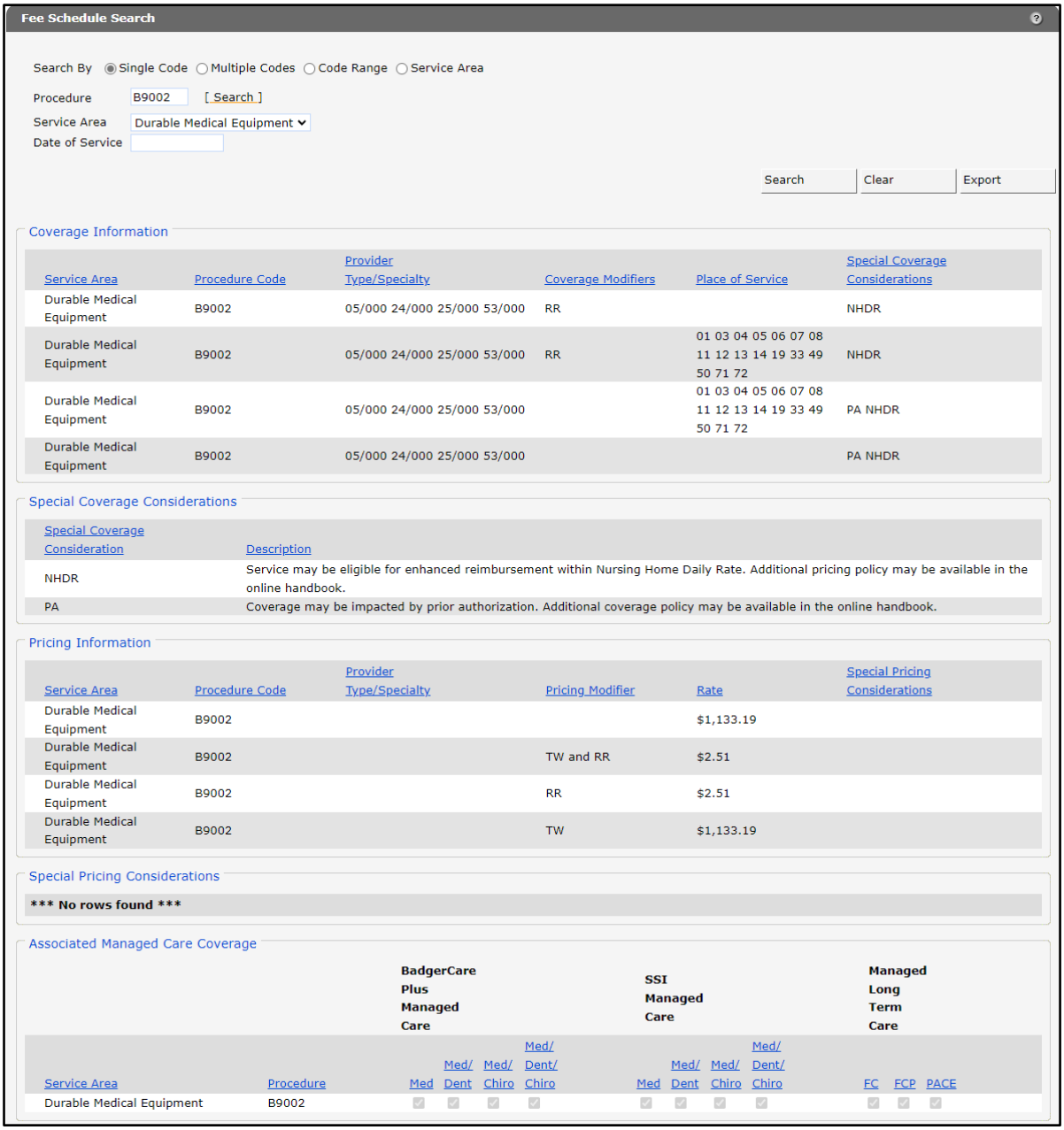


Figure 40 Fee Schedule Search Results

The Fee Schedule Search results consist of the following sections:

- Coverage Information
- Special Coverage Considerations (if applicable to the procedure code[s])
- Pricing Information
- Special Pricing Considerations (if applicable to the procedure code[s])

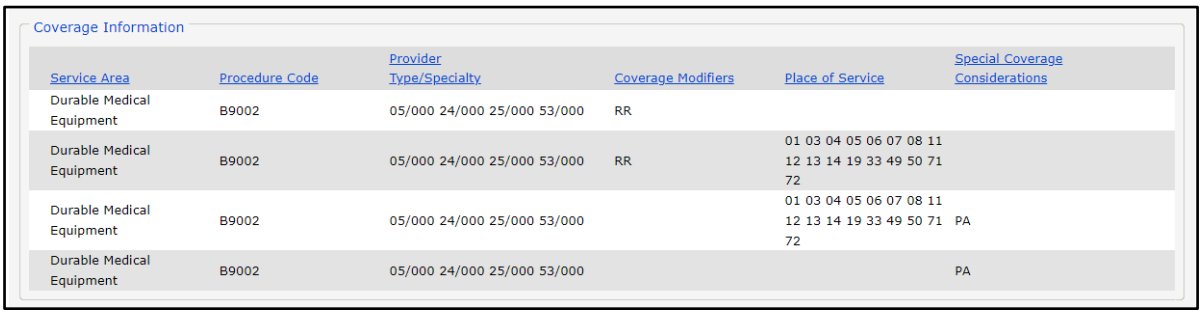
- Associated Managed Care Coverage

Note: Not all policy information is displayed in the fee schedules. Refer to the ForwardHealth Online Handbook for applicable coverage policy for each procedure code.

3.2.1 Coverage Information Section

If applicable, the following information may be provided under the Coverage Information section:

- Service area
- Procedure code
- Provider type and specialty
- Coverage modifiers (procedure code modifiers that impact coverage)
- Place of service (POS)
- Special coverage considerations



Coverage Information

Service Area	Procedure Code	Provider Type/Specialty	Coverage Modifiers	Place of Service	Special Coverage Considerations
Durable Medical Equipment	B9002	05/000 24/000 25/000 53/000	RR		
Durable Medical Equipment	B9002	05/000 24/000 25/000 53/000	RR	01 03 04 05 06 07 08 11 12 13 14 19 33 49 50 71 72	
Durable Medical Equipment	B9002	05/000 24/000 25/000 53/000		01 03 04 05 06 07 08 11 12 13 14 19 33 49 50 71 72	PA
Durable Medical Equipment	B9002	05/000 24/000 25/000 53/000			PA

Figure 41 Coverage Information Section

Users may hover their cursor over the procedure code, provider type/specialty, modifiers, POS, and special coverage considerations in each row for descriptions.

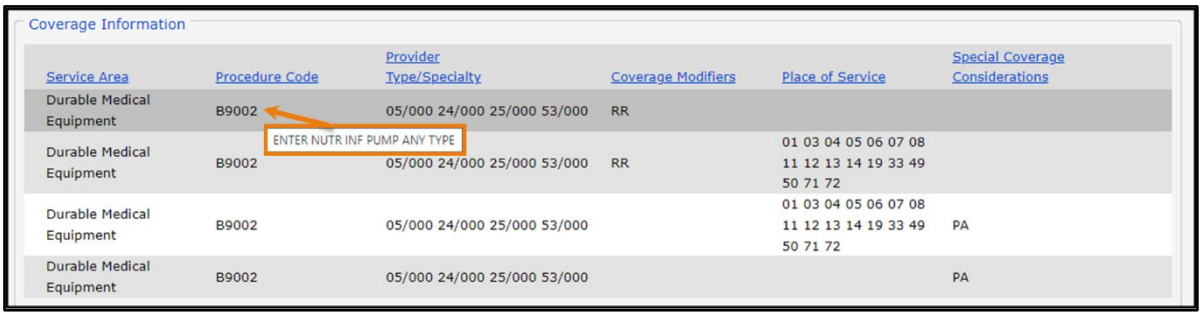


Figure 42 Coverage Information Section—Procedure Code

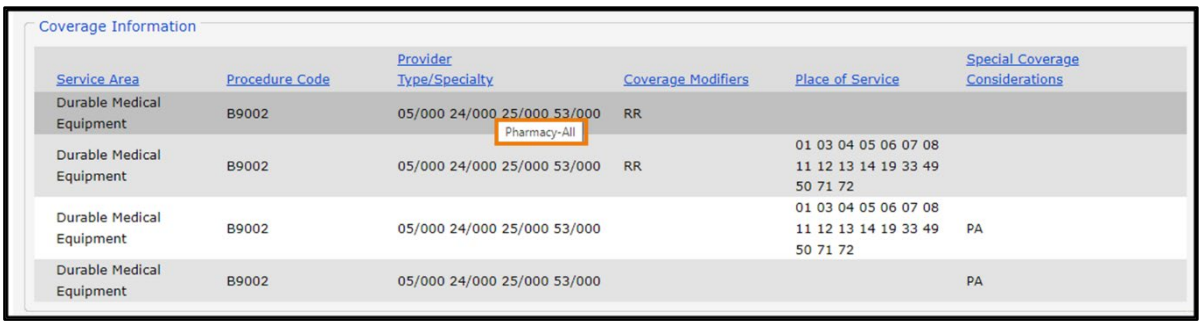


Figure 43 Coverage Information Section—Provider Type/Specialty

Figure 44 Coverage Information Section—Coverage Modifiers

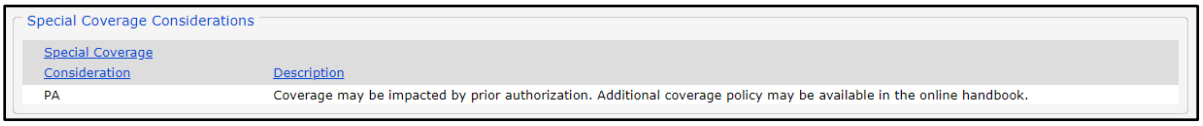
Figure 45 Coverage Information Section—Place of Service

Figure 46 Coverage Information Section—Special Coverage Considerations

3.2.2 Special Coverage Considerations Section

Special coverage considerations will only appear if they are applicable to the procedure code(s). The following are some special coverage considerations that may be displayed in the Special Coverage Considerations section:

- Age restrictions
- Diagnosis restrictions
- Prior authorization
- Service within the nursing home daily rate


Special Coverage Considerations

Special Coverage Consideration	Description
PA	Coverage may be impacted by prior authorization. Additional coverage policy may be available in the online handbook.

Figure 47 Special Coverage Considerations Section Example

3.2.3 Pricing Information Section

If applicable, the following information may be provided under the Pricing Information section:

- Service area
- Procedure code
- Provider type and specialty
- Pricing modifier (Procedure code modifiers that impact pricing)
- Rate
- Special pricing considerations

Pricing Information

Service Area	Procedure Code	Provider Type/Specialty	Pricing Modifier	Rate	Special Pricing Considerations
Durable Medical Equipment	B9002			$1,133.19	
Durable Medical Equipment	B9002		TW and RR	$2.51	
Durable Medical Equipment	B9002		RR	$2.51	
Durable Medical Equipment	B9002		TW	$1,133.19	

Figure 48 Pricing Information Section

Users may hover their cursor over the procedure code, pricing modifier, and special pricing considerations in each row for code descriptions.

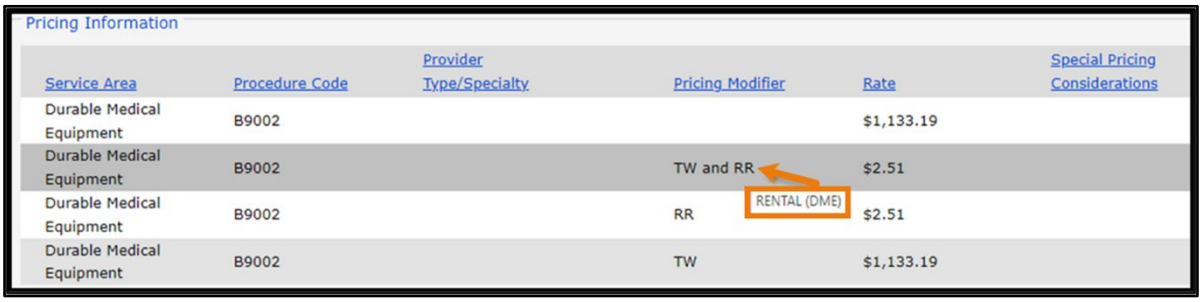


Figure 49 Pricing Information Section—Pricing Modifier

3.2.4 Special Pricing Considerations Section

Special pricing considerations will only appear if they are applicable to the procedure code(s). Pricing impacts based on a member's age is an example of special pricing that may be displayed.

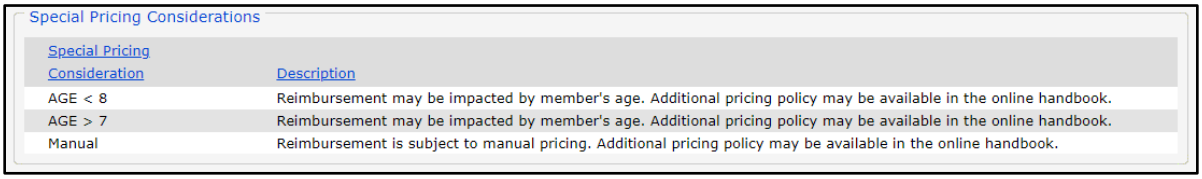


Figure 50 Special Pricing Considerations Section Example

3.2.5 Associated Managed Care Coverage Section

This section indicates whether or not the service is included within a managed care program. One or more boxes may be checked under each managed care program.

Figure 51 Associated Managed Care Coverage Section

If the service area is not covered by a managed care program, the following message will be displayed.

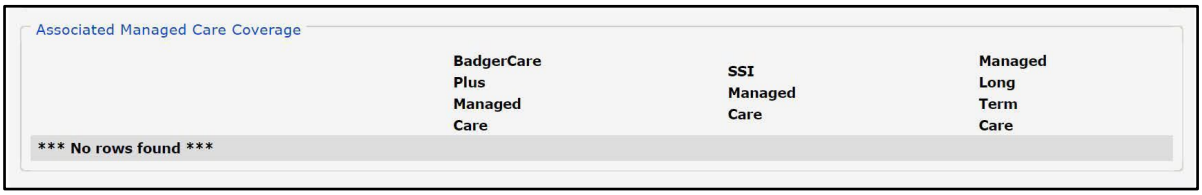


Figure 52 Associated Managed Care Coverage Section—No Rows Found

4 Downloadable Fee Schedules

4.1 Accessing Downloadable Fee Schedules

The downloadable fee schedules are updated on the first of each month.

1. Click **Download complete max fee schedules** on the Max Fee Schedules page.

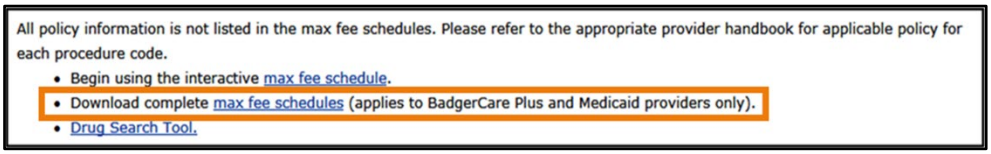


Figure 53 Max Fee Schedules Page

2. The License for Use of Physician's Current Procedural Terminology, Fourth Edition (CPT) and Point and Click License for Use of Current Dental Terminology (CDT) agreements will be displayed if the user is in the public Portal has not already accepted them during this Portal session.

Note: If the user is logged in to the secure Portal or has previously accessed an area requiring agreement on the public Portal, this page will not be displayed. Proceed to step 4 of these instructions.

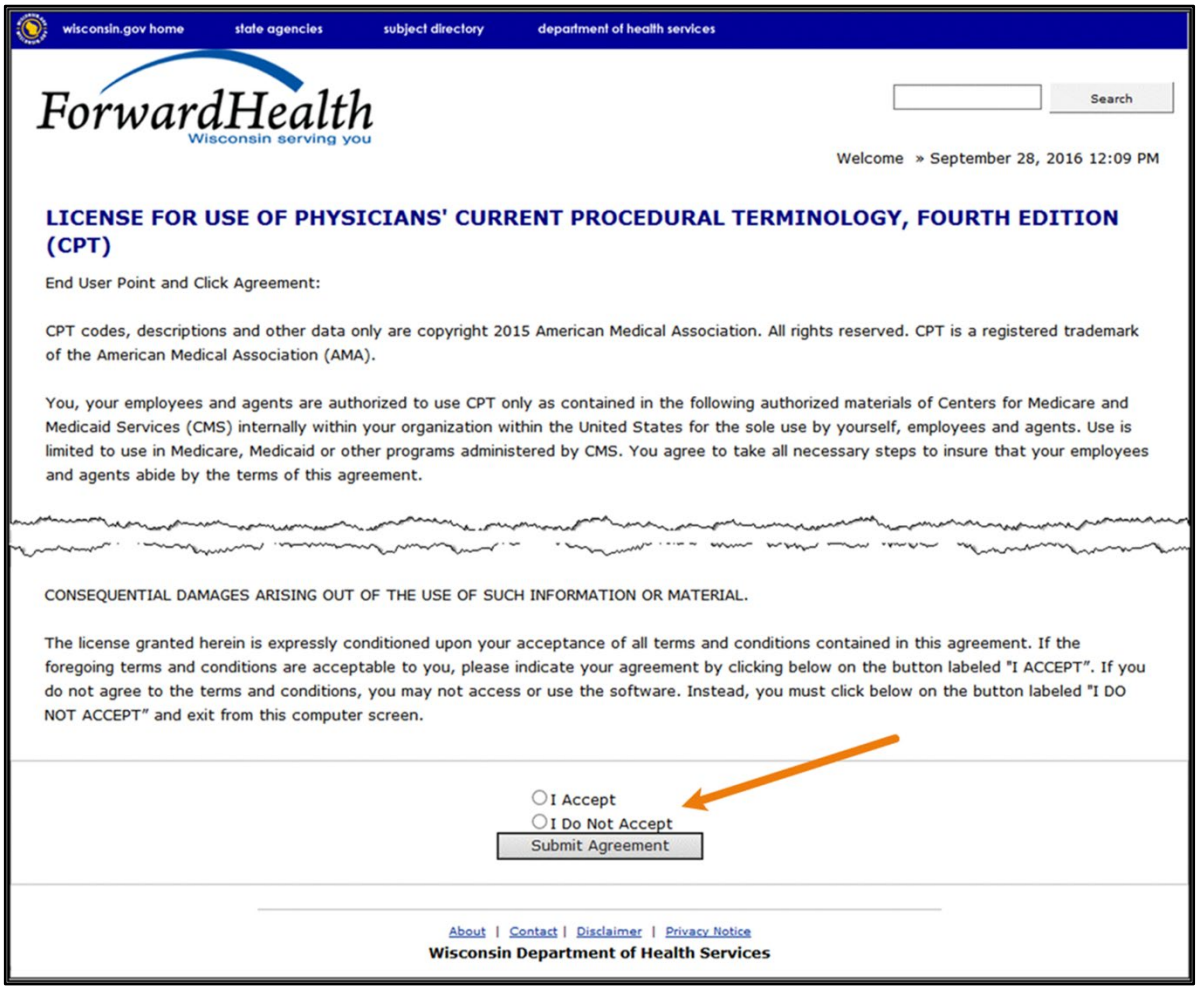


Figure 54 End User Point and Click License Agreements

3. Click the radio button next to I Accept. Click **Submit Agreement**.

   Note: If "I Do Not Accept" is selected, the user will be returned to the Portal homepage and will not be able to access the fee schedules.

4. The Downloadable Max Fee Schedules page will be displayed.

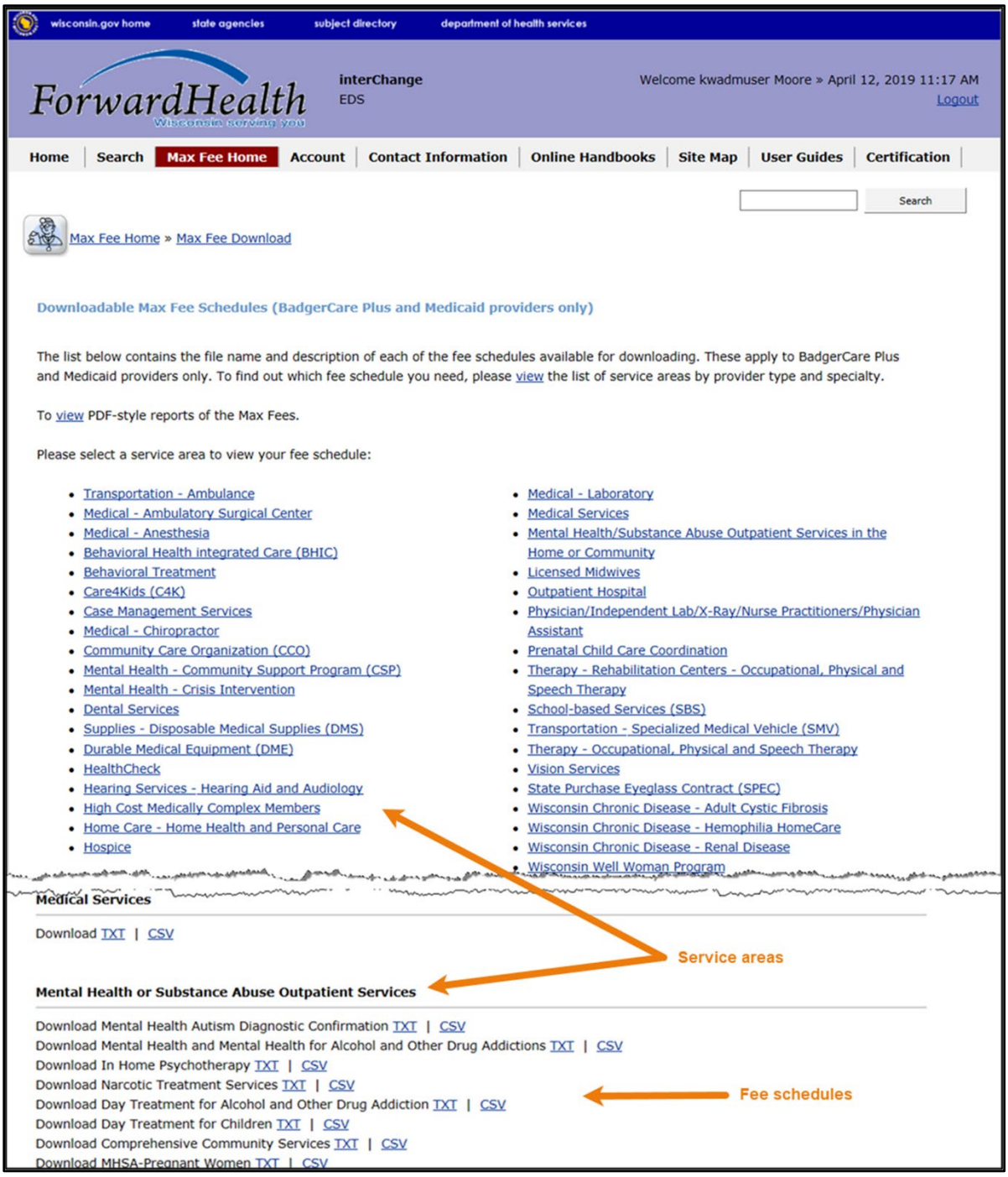


Figure 55 Downloadable Max Fee Schedules Page

The Downloadable Max Fee Schedules page is divided into two sections. The top section displays links for service areas, and the bottom section displays links to the individual fee schedules within each service area. Some service areas only have one fee schedule, while others may have several.

5. Click a service area. The page will jump to the service area. Users can choose to view the fee schedule in TXT or CSV format.

6. To view the file in text format, click **TXT** under the applicable service area. The fee schedule will be displayed in a new browser window.

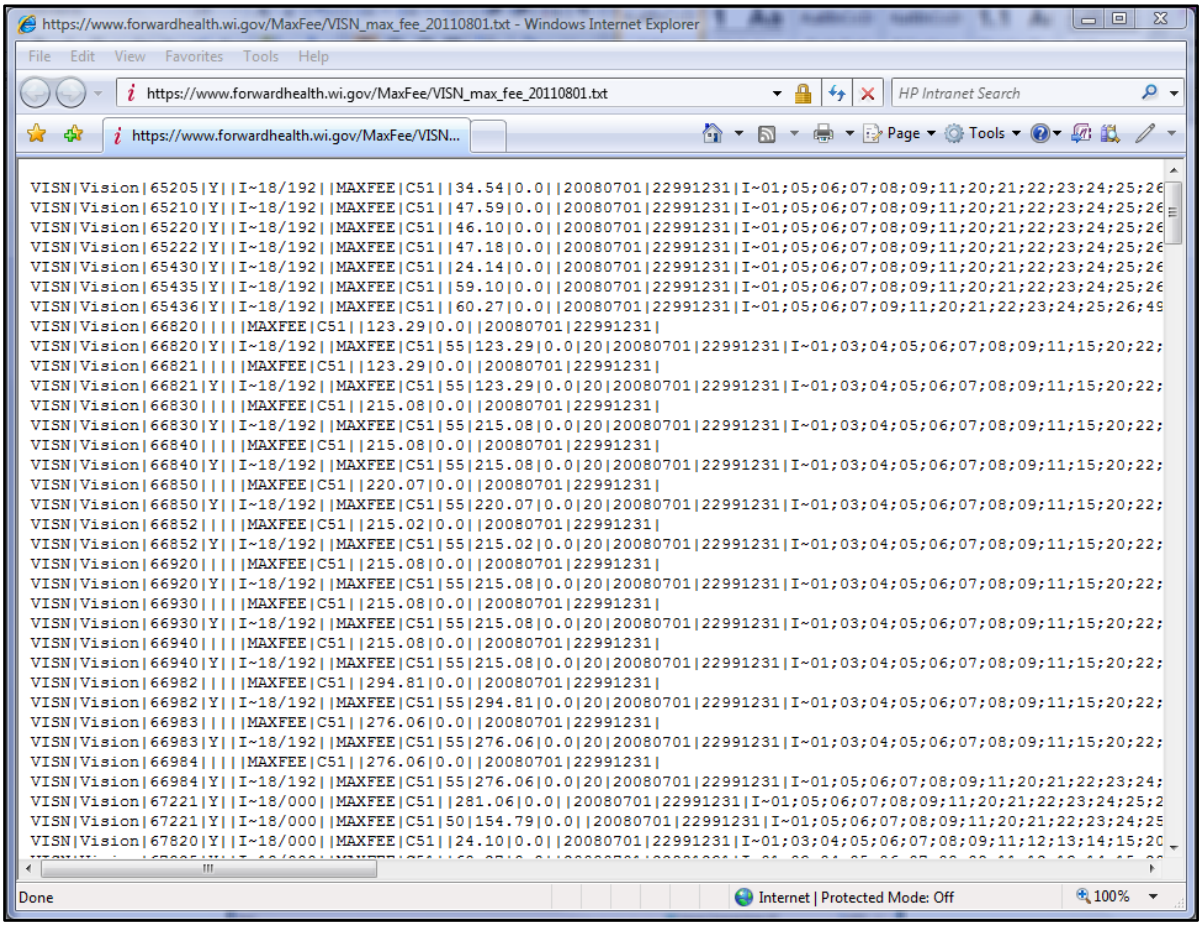


Figure 56 Text File

The text files can be read in the browser window or downloaded and opened in a text program. For more information on reading the fee schedule text files, refer to Section 4.2.4 Reading a Fee Schedule.

7. To view the file in CSV format, click **CSV** under the applicable service area. A dialog box will open prompting the user to open or save the document.

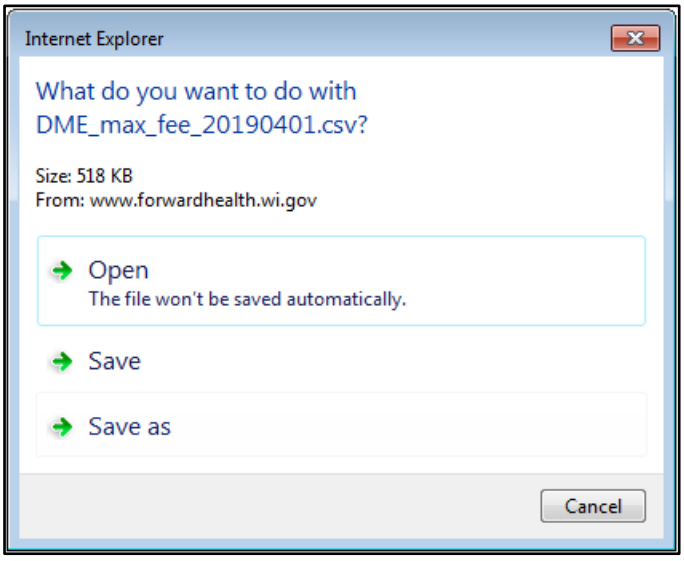
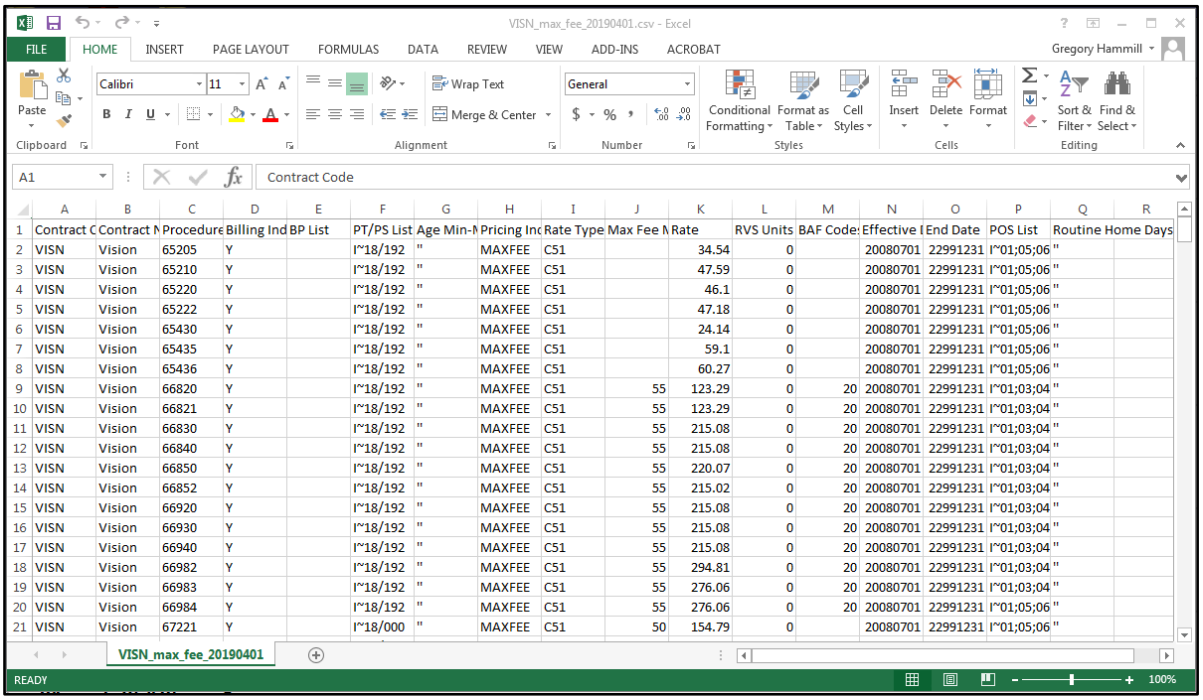


Figure 57 Dialog Box

8. Click **Open**. The fee schedule will be displayed.



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Contract C	Contract N	Procedure	Billing Ind	BP List	PT/PS List	Age Min-N	Pricing Inc	Rate Type	Max Fee N	Rate	RVS Units	BAF Code	Effective I	End Date	POS List	Routine	Home Days
2	VISN	Vision	65205	Y		I^18/192	"	MAXFEE	C51		34.54	0		20080701	22991231	I^01;05;06	"	
3	VISN	Vision	65210	Y		I^18/192	"	MAXFEE	C51		47.59	0		20080701	22991231	I^01;05;06	"	
4	VISN	Vision	65220	Y		I^18/192	"	MAXFEE	C51		46.1	0		20080701	22991231	I^01;05;06	"	
5	VISN	Vision	65222	Y		I^18/192	"	MAXFEE	C51		47.18	0		20080701	22991231	I^01;05;06	"	
6	VISN	Vision	65430	Y		I^18/192	"	MAXFEE	C51		24.14	0		20080701	22991231	I^01;05;06	"	
7	VISN	Vision	65435	Y		I^18/192	"	MAXFEE	C51		59.1	0		20080701	22991231	I^01;05;06	"	
8	VISN	Vision	65436	Y		I^18/192	"	MAXFEE	C51		60.27	0		20080701	22991231	I^01;05;06	"	
9	VISN	Vision	66820	Y		I^18/192	"	MAXFEE	C51	55	123.29	0	20	20080701	22991231	I^01;03;04	"	
10	VISN	Vision	66821	Y		I^18/192	"	MAXFEE	C51	55	123.29	0	20	20080701	22991231	I^01;03;04	"	
11	VISN	Vision	66830	Y		I^18/192	"	MAXFEE	C51	55	215.08	0	20	20080701	22991231	I^01;03;04	"	
12	VISN	Vision	66840	Y		I^18/192	"	MAXFEE	C51	55	215.08	0	20	20080701	22991231	I^01;03;04	"	
13	VISN	Vision	66850	Y		I^18/192	"	MAXFEE	C51	55	220.07	0	20	20080701	22991231	I^01;03;04	"	
14	VISN	Vision	66852	Y		I^18/192	"	MAXFEE	C51	55	215.02	0	20	20080701	22991231	I^01;03;04	"	
15	VISN	Vision	66920	Y		I^18/192	"	MAXFEE	C51	55	215.08	0	20	20080701	22991231	I^01;03;04	"	
16	VISN	Vision	66930	Y		I^18/192	"	MAXFEE	C51	55	215.08	0	20	20080701	22991231	I^01;03;04	"	
17	VISN	Vision	66940	Y		I^18/192	"	MAXFEE	C51	55	215.08	0	20	20080701	22991231	I^01;03;04	"	
18	VISN	Vision	66982	Y		I^18/192	"	MAXFEE	C51	55	294.81	0	20	20080701	22991231	I^01;03;04	"	
19	VISN	Vision	66983	Y		I^18/192	"	MAXFEE	C51	55	276.06	0	20	20080701	22991231	I^01;03;04	"	
20	VISN	Vision	66984	Y		I^18/192	"	MAXFEE	C51	55	276.06	0	20	20080701	22991231	I^01;05;06	"	
21	VISN	Vision	67221	Y		I^18/000	"	MAXFEE	C51	50	154.79	0		20080701	22991231	I^01;05;06	"	

Figure 58 CSV File

4.2 Download a Fee Schedule

1. The user can right-click the link for the fee schedule if they wish to view on the Downloadable Max Fee Schedules page. A drop-down menu will be displayed.

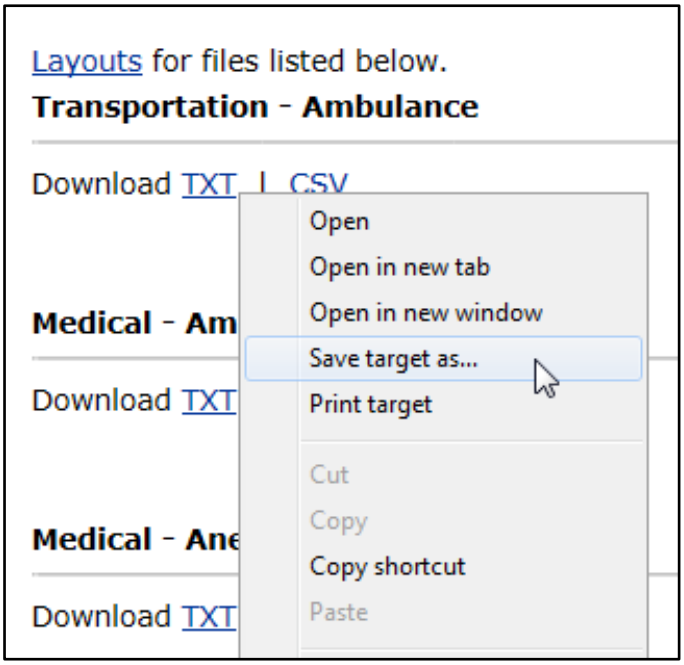


Figure 59 Drop-Down Menu

2. Select **Save Target As...** The Save As window will be displayed.

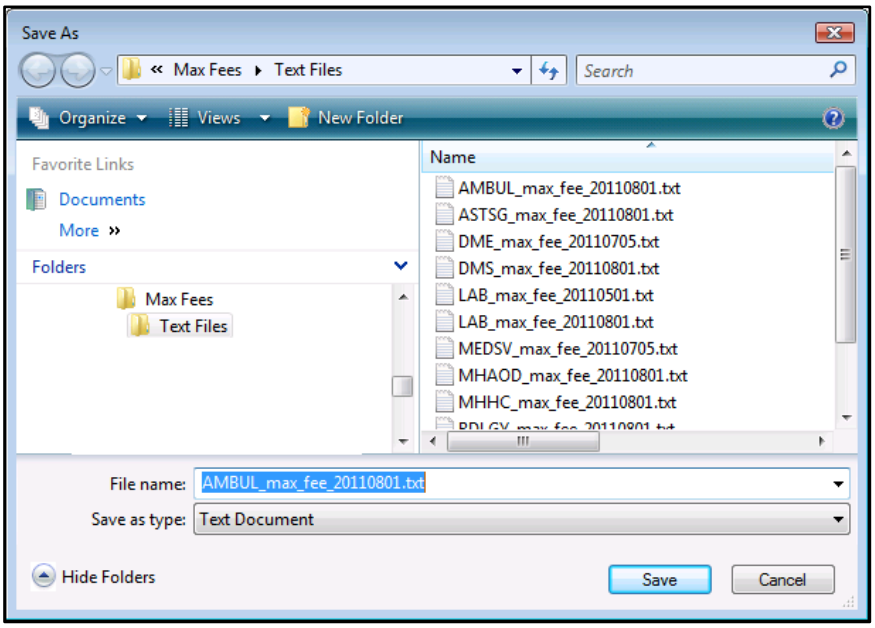


Figure 60 Save As Window

3. Choose a location on the user's computer or network to save the file.
4. Click **Save**. Once the file is downloaded, the Download Complete window will be displayed.

Figure 61 Download Complete Window

5. Click **Open** to view the file in the computer's default program (usually Notepad). To open the file in another program, click **Close**. In most cases, it is easier to view a fee schedule if it is imported into a spreadsheet.

4.2.1 Import to a Spreadsheet

Note: The examples in this user guide use Microsoft® Office Excel 2007. If the user is using another program, they should consult the Help function of their specific program for instructions on how to import the file.

1. Open a blank spreadsheet.
2. Click **Data** in the menu bar at the top of the screen. The Data menu will be displayed.

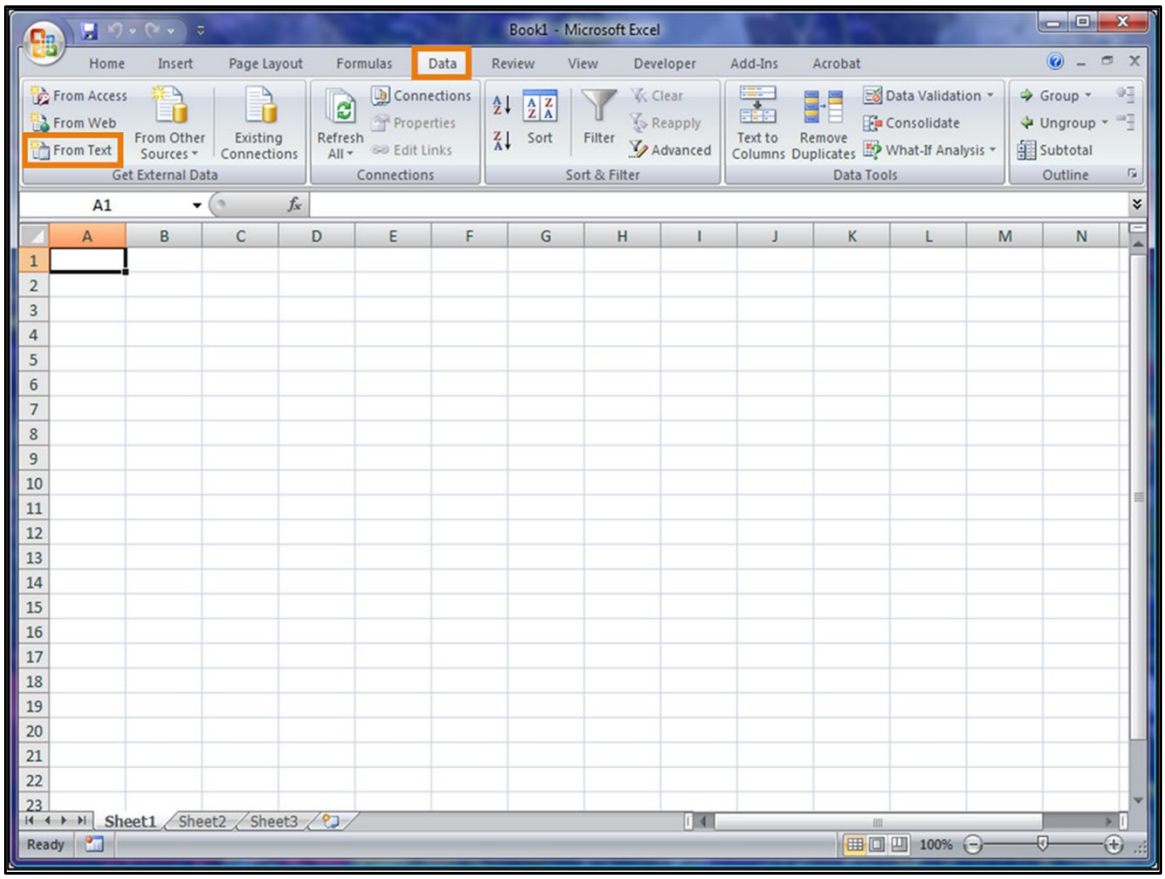


Figure 62 Blank Spreadsheet

3. Click **From Text**, located on the left side of the Data menu. The Import Text File window will open.

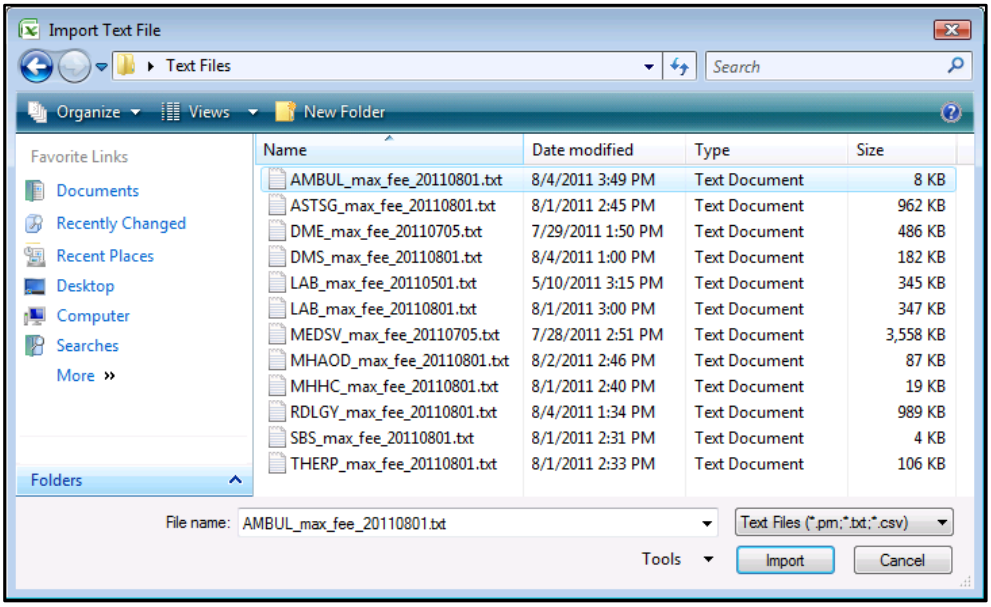


Figure 63 Import Text File Window

4. Navigate to the location where the fee schedule file is saved and select the file.
5. Click **Import**. The Text Import Wizard—Step 1 of 3 window will be displayed.

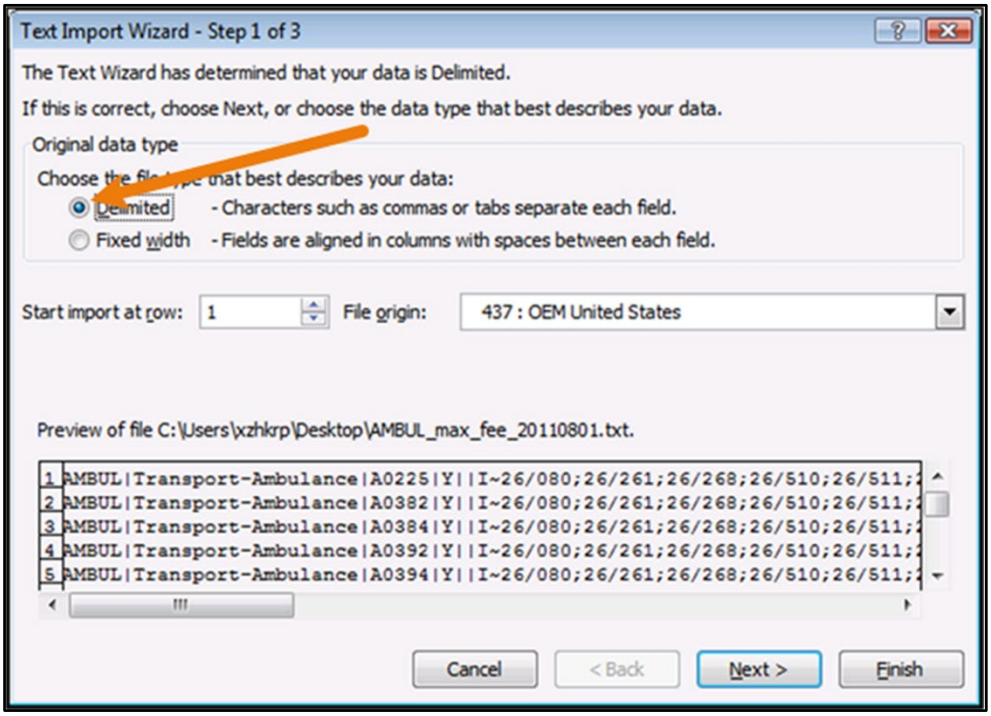


Figure 64 Text Import Wizard—Step 1 of 3 Window

6. Click **Delimited** in the "Original data type" section.
7. Click **Next**. The Text Import Wizard—Step 2 of 3 window will be displayed.

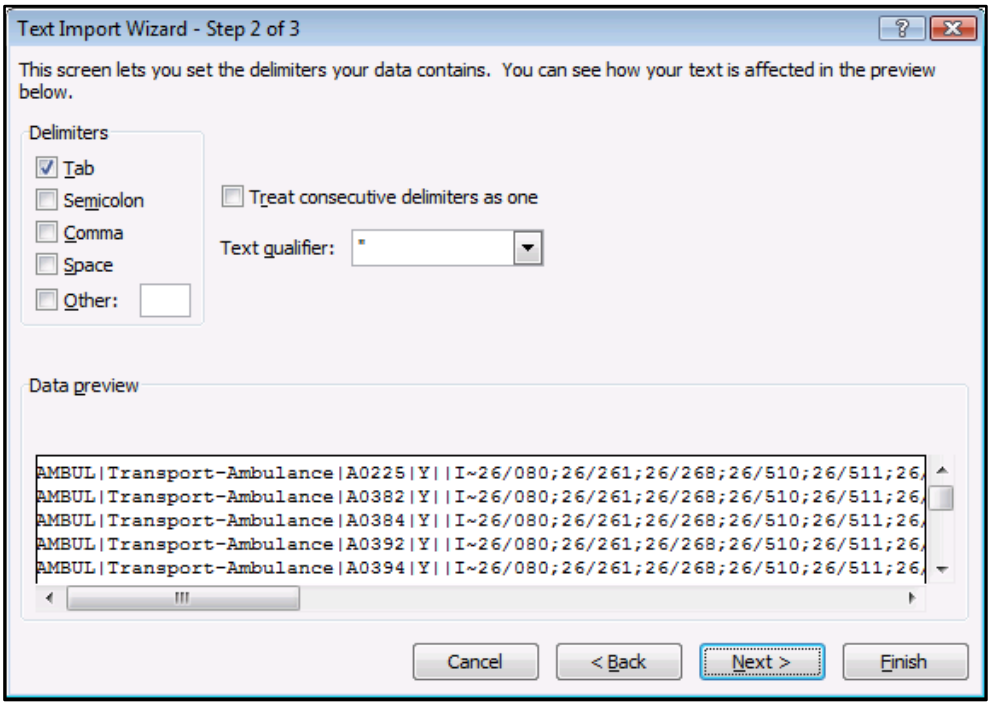


Figure 65 Text Import Wizard—Step 2 of 3 Window

8. Check the **Other** box.
9. Clear any additional boxes that are checked.
10. Type | in the free-form box next to Other. (For some computers, the keyboard shortcut for | is to hold down the Shift key and the backslash [\] key.)

    The "Data preview" section will indicate where columns will be separated by vertical lines in the spreadsheet.

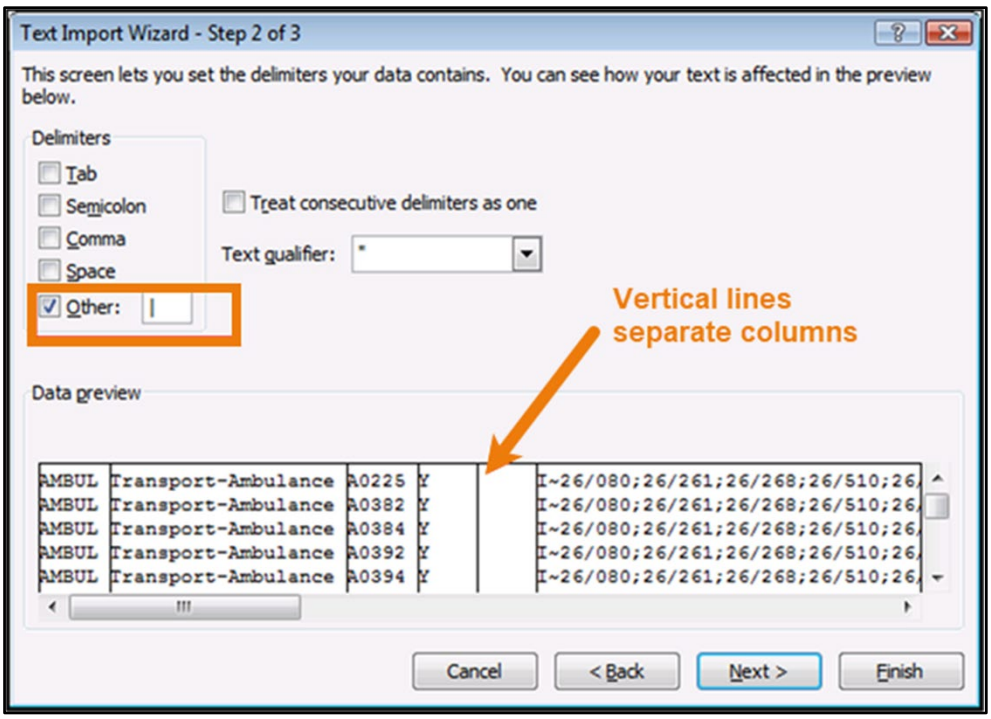


Figure 66 Data Preview Section

11. Click **Next**. The Text Import Wizard—Step 3 of 3 window will be displayed.

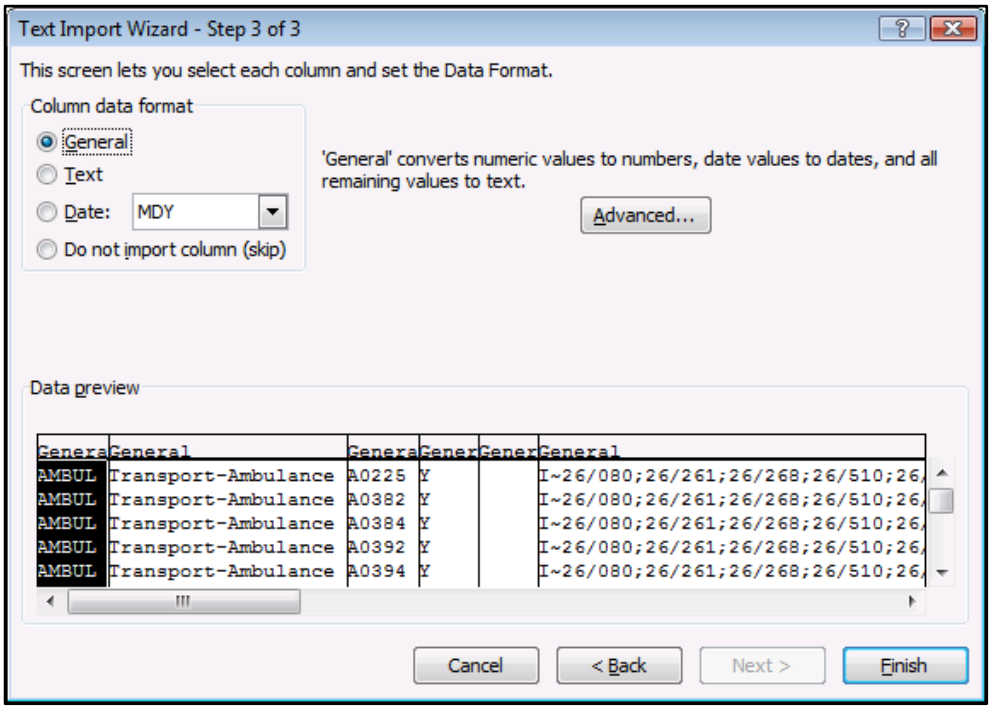


Figure 67 Text Import Wizard—Step 3 of 3 Window

12. Click the first column in the “Data preview” section.

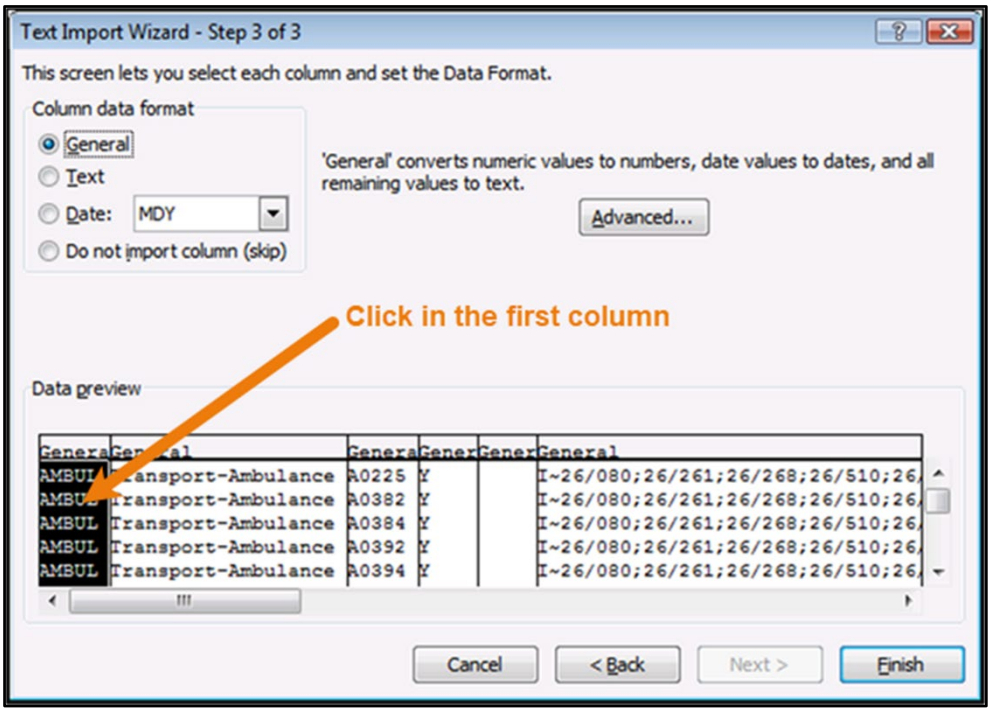


Figure 68 Text Import Wizard—Step 3 of 3 Window

13. Hold down the Shift key.

14. Scroll to the last column while holding down the Shift key.

15. Click the last column. All the columns should be selected (highlighted).

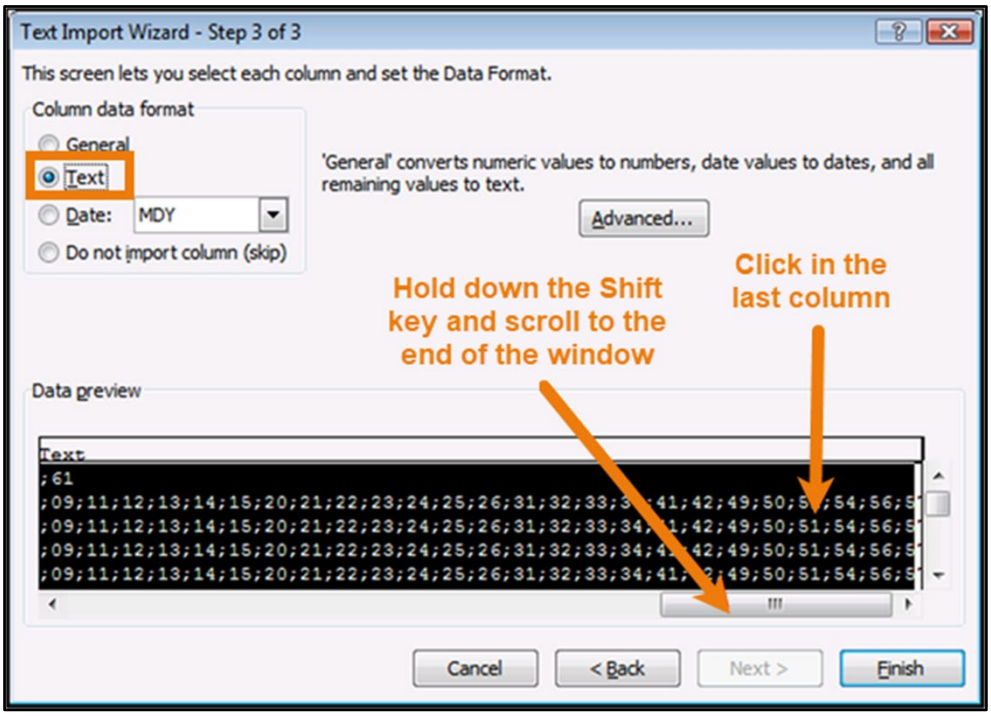


Figure 69 Text Import Wizard—Step 3 of 3 Window With All Columns Selected

16. Select **Text** in the "Column data format" section.

17. Click **Finish**. The Import Data window will be displayed.

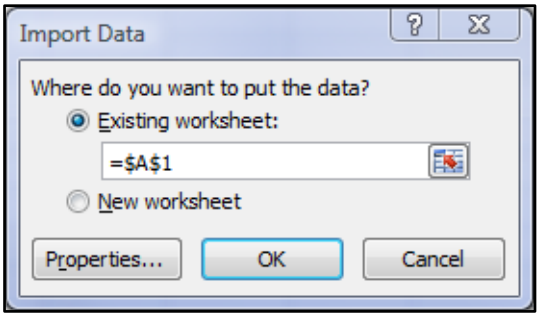
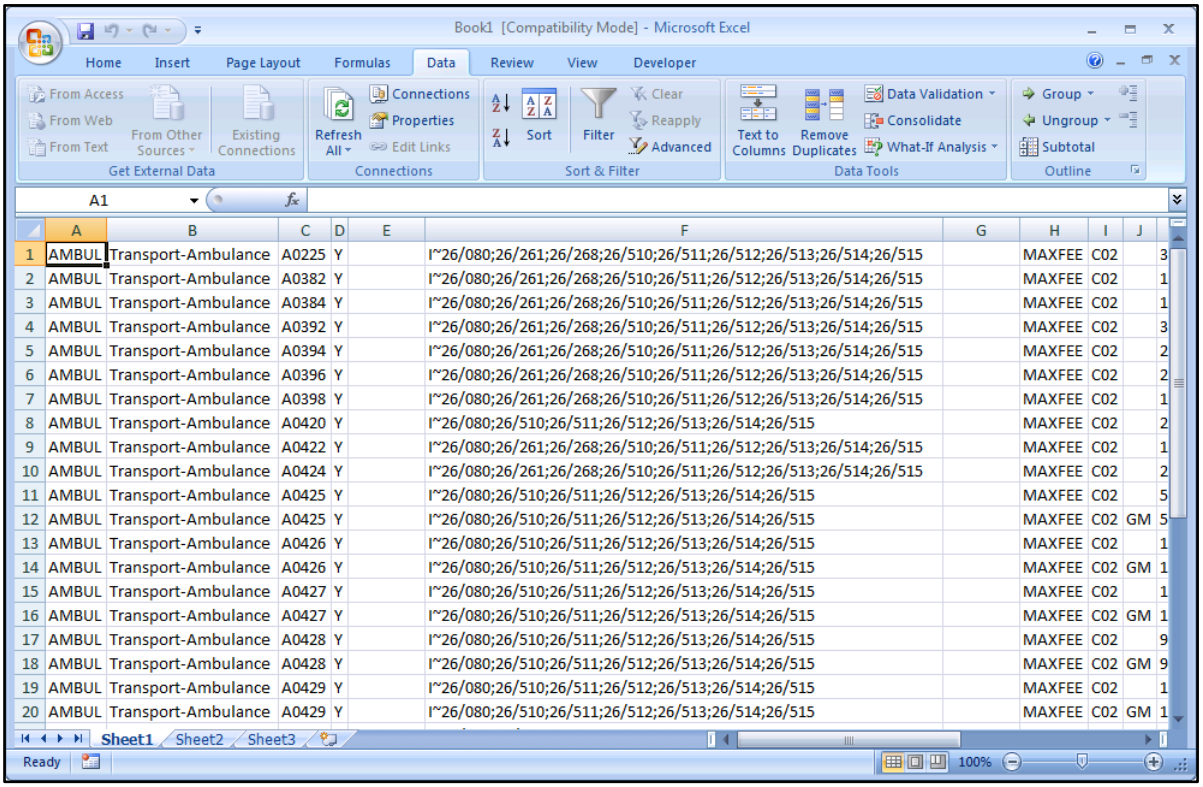


Figure 70 Import Data Window

18. Click **Existing worksheet** or **New worksheet**.

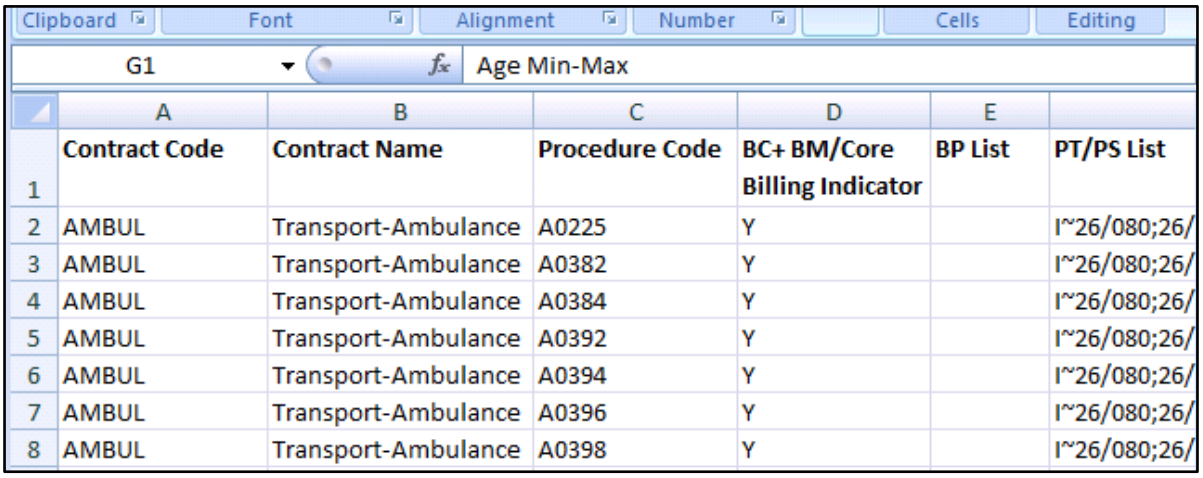
19. Click **OK**. The fee schedule data will be displayed in the chosen worksheet.



	A	B	C	D	E	F	G	H	I	J	
1	AMBUL	Transport-Ambulance	A0225	Y		I~26/080;26/261;26/268;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02		3
2	AMBUL	Transport-Ambulance	A0382	Y		I~26/080;26/261;26/268;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02		1
3	AMBUL	Transport-Ambulance	A0384	Y		I~26/080;26/261;26/268;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02		1
4	AMBUL	Transport-Ambulance	A0392	Y		I~26/080;26/261;26/268;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02		3
5	AMBUL	Transport-Ambulance	A0394	Y		I~26/080;26/261;26/268;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02		2
6	AMBUL	Transport-Ambulance	A0396	Y		I~26/080;26/261;26/268;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02		2
7	AMBUL	Transport-Ambulance	A0398	Y		I~26/080;26/261;26/268;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02		1
8	AMBUL	Transport-Ambulance	A0420	Y		I~26/080;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02		2
9	AMBUL	Transport-Ambulance	A0422	Y		I~26/080;26/261;26/268;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02		1
10	AMBUL	Transport-Ambulance	A0424	Y		I~26/080;26/261;26/268;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02		2
11	AMBUL	Transport-Ambulance	A0425	Y		I~26/080;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02		5
12	AMBUL	Transport-Ambulance	A0425	Y		I~26/080;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02	GM	5
13	AMBUL	Transport-Ambulance	A0426	Y		I~26/080;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02		1
14	AMBUL	Transport-Ambulance	A0426	Y		I~26/080;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02	GM	1
15	AMBUL	Transport-Ambulance	A0427	Y		I~26/080;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02		1
16	AMBUL	Transport-Ambulance	A0427	Y		I~26/080;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02	GM	1
17	AMBUL	Transport-Ambulance	A0428	Y		I~26/080;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02		9
18	AMBUL	Transport-Ambulance	A0428	Y		I~26/080;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02	GM	9
19	AMBUL	Transport-Ambulance	A0429	Y		I~26/080;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02		1
20	AMBUL	Transport-Ambulance	A0429	Y		I~26/080;26/510;26/511;26/512;26/513;26/514;26/515		MAXFEE	C02	GM	1

Figure 71 Fee Schedule Data

20. To make the spreadsheet easier to read, the user can insert a row at the top and add the column names from the list in Section 4.2.3 Field Names.



	A	B	C	D	E	
1	**Contract Code**	**Contract Name**	**Procedure Code**	**BC+ BM/Core Billing Indicator**	**BP List**	**PT/PS List**
2	AMBUL	Transport-Ambulance	A0225	Y		I~26/080;26/
3	AMBUL	Transport-Ambulance	A0382	Y		I~26/080;26/
4	AMBUL	Transport-Ambulance	A0384	Y		I~26/080;26/
5	AMBUL	Transport-Ambulance	A0392	Y		I~26/080;26/
6	AMBUL	Transport-Ambulance	A0394	Y		I~26/080;26/
7	AMBUL	Transport-Ambulance	A0396	Y		I~26/080;26/
8	AMBUL	Transport-Ambulance	A0398	Y		I~26/080;26/

Figure 72 Max Fee Schedule Data Spreadsheet With Added Column Names

4.2.2 Open Text File in a Text Program

Note: If the user chooses not to open the text file in a spreadsheet, they may read the max fee schedule as a text file.

1. After downloading the text file to the computer or network drive, open the folder in which the file is saved.

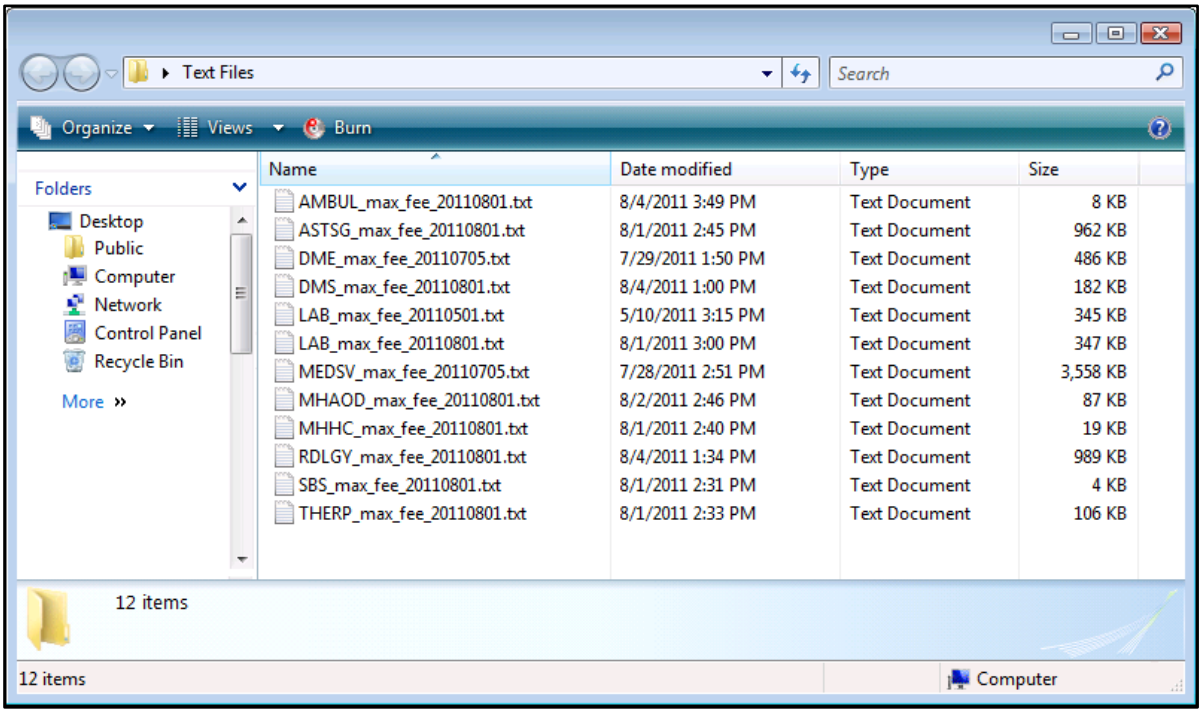


Figure 73 Downloaded Fee Schedule Files

Users can open the file by double-clicking it; however, the data is best formatted using a text program such as WordPad.

2. Right-click the file the user wishes to open.

3. Select **WordPad** from the Open With menu.

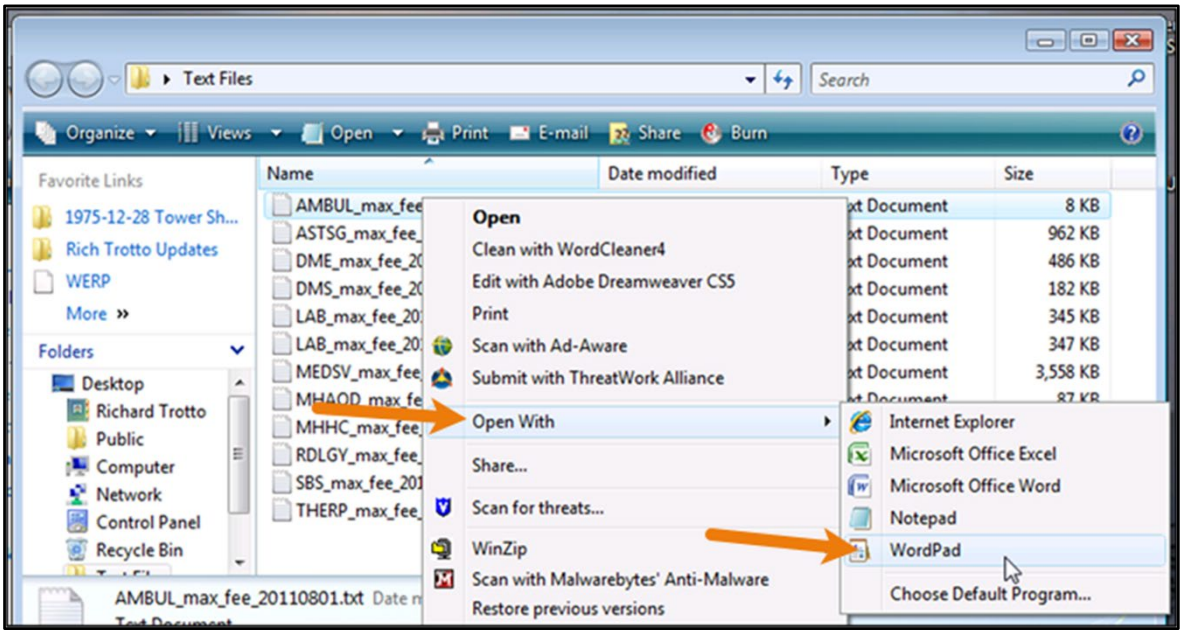


Figure 74 Open With Menu

Note: If WordPad is not displayed in the Open With menu, click **Choose Default Program** and browse the programs for WordPad.

The text file will open in WordPad.

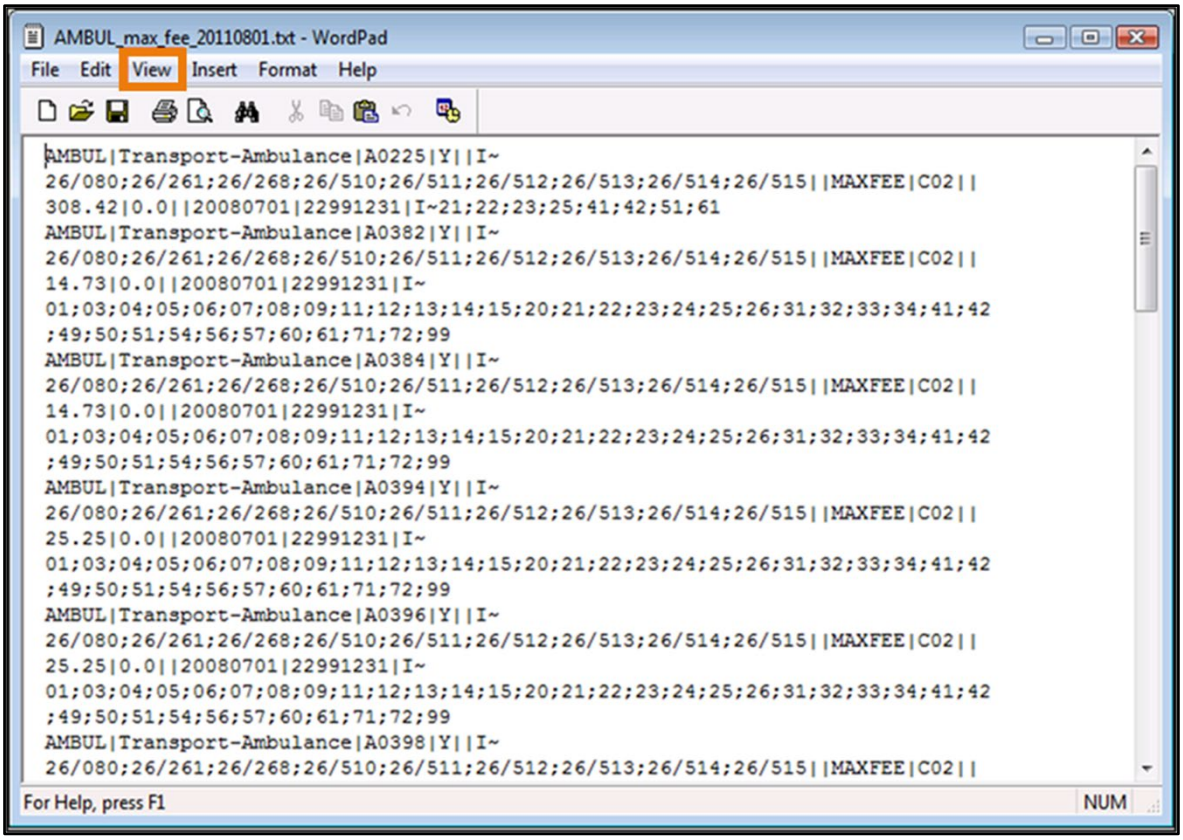


Figure 75 Wrapped Text File in WordPad

4. If the text is wrapped (refer to the example above), click **View** on the menu bar.

5. Select **Options**. The Options window will be displayed.

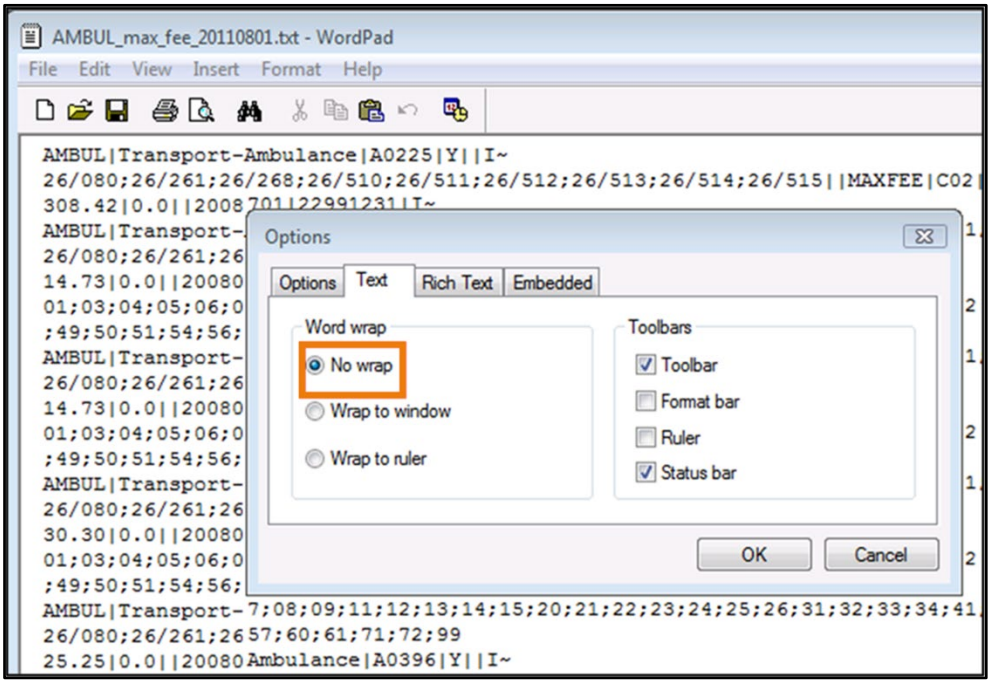


Figure 76 Options Window

6. Under the Text tab, select **No Wrap**.

7. Click **OK**. The data will realign and be easier to read.

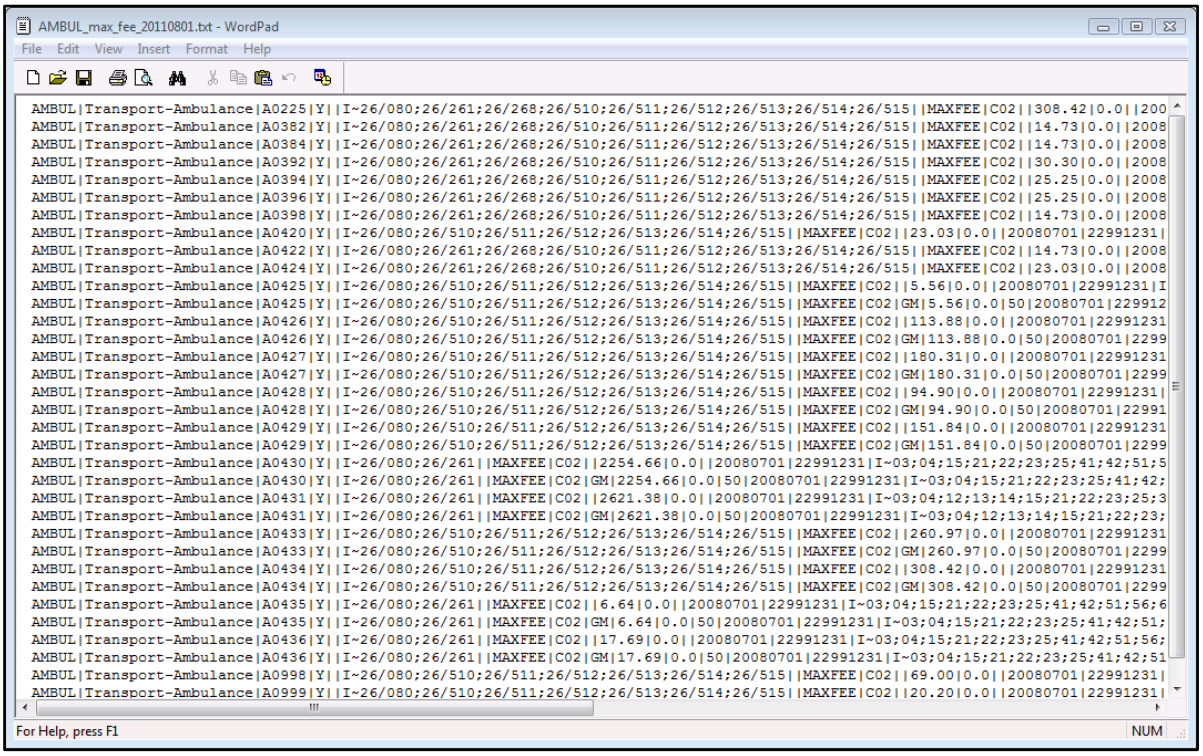


Figure 77 Unwrapped Text File in WordPad

4.2.3 Field Names

The following table explains the fields in the fee schedule text files. The fields are the same for information displayed in a Web browser or text program. For more information about these fields, refer to Section 5 Fee Schedule Text File Values and Descriptions.

Field	Description
1. Contract Code	Code used to uniquely identify a provider contract.
2. Contract Name	Provider contract name.
3. Procedure Code	HCPCS or CPT procedure codes.
4. BC+ BM/Core Billing Indicator (BadgerCare Plus Benchmark/Core Billing Indicator)	Indicates whether the service is billable for the Benchmark Plan and/or the Core Plan. (Note: All codes displayed in the text files are billable for Medicaid.) N = Not a billable Benchmark Plan or Core Plan service. Y = Billable Benchmark Plan and Core Plan service. B = Billable Benchmark Plan service only. C = Billable Core Plan service only.

Field	Description
5. BP List (Benefit Plan List)	List of benefit plans that are included or excluded from the reimbursement record, if applicable. Examples: I~BCBP = Includes the Benchmark Plan. E~BCBP = Excludes the Benchmark Plan.
6. PT/PS List (Provider Type/ Provider Specialty List)	List of provider types (PT) and provider specialties (PS) that are applicable to, or excluded from, the reimbursement record. Examples: I~77/000 = Only Providers with PT 77, regardless of specialty. E~77/010 = Any provider except providers with PT 77 and PS 010.
7. Age Min-Max	Reimbursement age restrictions (minimum and maximum). Example: 19-999.
8. Pricing Indicator	Code that identifies the reimbursement/pricing methodology. Examples: ANESTH, MAXFEE, MAXOUT, or SYSMAN.
9. Rate Type	Code that identifies the type of rate.
10. Max Fee Modifiers	Modifier is displayed only if it directly impacts pricing. (Refer to Section 5.1 Contract Codes and Names for information on the use of other modifiers.)
11. Rate	Max fee rate for the procedure/service. Format is 9999999.99.
12. RVS Units	Applicable relative value unit. Format is 999.9. This field is only used for the ANESTH pricing method.
13. BAF Codes	Benefit Adjustment Factor (BAF) codes, if applicable.
14. Effective Date	First DOS that the rate is effective. Format is CCYYMMDD.
15. End Date	Last DOS that the rate is effective. Format is CCYYMMDD. Defaults to 22991231.
16. POS List (Place of Service List)	The location where a medical service is provided (e.g., clinic, hospital inpatient, hospital outpatient, nursing facility, home, clinic).
17. Episode of Care	The range of days within which a member's hospice treatment falls, either 1–60 or 61–999999. ForwardHealth reimburses at a higher reimbursement rate for a member's first 60 days of hospice routine care services and at a lower rate for days 61 and greater.

4.2.4 Reading a Fee Schedule

In the example below, the numbers in red above each column correspond to the numbers of the fields in the table in Section 4.2.3 Field Names.

When reading the text files, each blank space indicates that there is no information for the corresponding field. In the example below, the three blank spaces between fields 4 and 8

indicate that there is no corresponding restriction or adjustment to the rate indicated for the selected procedure for those fields. The blank fields indicate the following:

- Field 5—This rate applies to any benefit plan.
- Field 6—This rate applies to any provider type or specialty.
- Field 7—This rate applies to any patient age.

```
1    | 2                |3   |4|||| 8    | 9 |10| 11  ||| 14     | 15

MHAOD|Mntl Hlth-
MH/AODA|H0022|Y||||MAXFEE|C32|HN|31.96|||20040101|22991231
MHAOD|Mntl Hlth-
MH/AODA|H0022|Y||||MAXFEE|C32|HO|55.00|||20040101|22991231
MHAOD|Mntl Hlth-
MH/AODA|H0022|Y||||MAXFEE|C32|HP|65.00|||20040101|22991231
MHAOD|Mntl Hlth-
MH/AODA|H0022|Y||||MAXFEE|C32|UA|80.13|||20040101|22991231
MHAOD|Mntl Hlth-
MH/AODA|H0022|Y||||MAXFEE|C32|UB|31.96|||20040101|22991231
```

Figure 78 Example Text File in WordPad

4.3 PDF Downloads

A link to PDF versions of some fee schedules is available on the Downloadable Max Fee Schedules page.

To access PDF versions of the fee schedules, complete the following steps:

1. On the Downloadable Max Fee Schedules page, click To view PDF-style reports of the Max Fees.

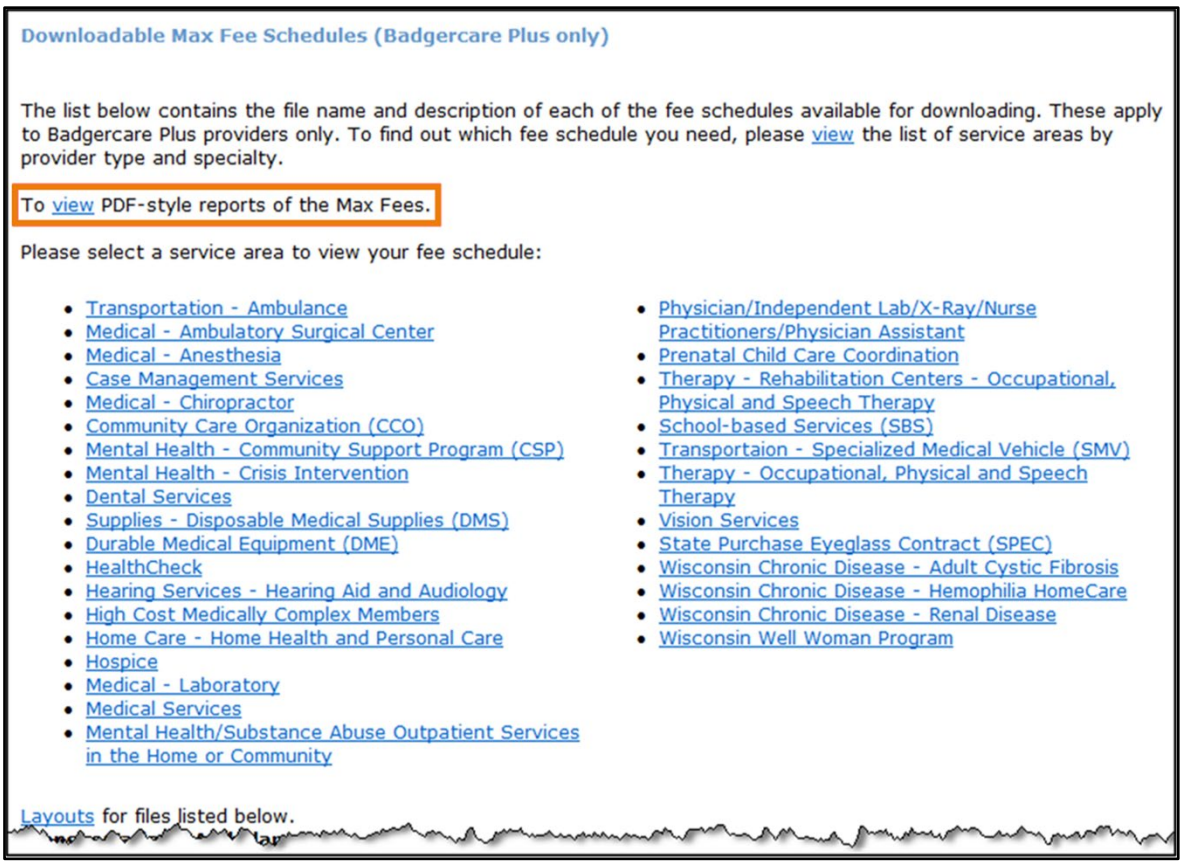


Figure 79 Downloadable Max Fee Schedules Page

The Medicaid Fee Schedules in PDF format page will be displayed.

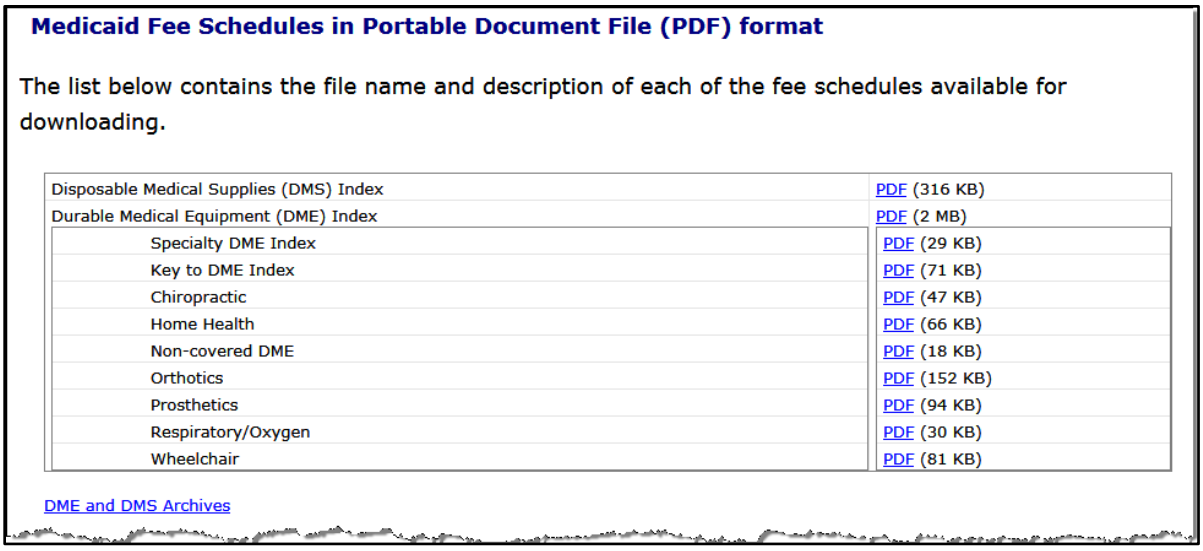


Figure 80 Medicaid Fee Schedules in PDF Format Page

2. Click **PDF** in the right column to select the applicable file. The Save Download Window will be displayed.

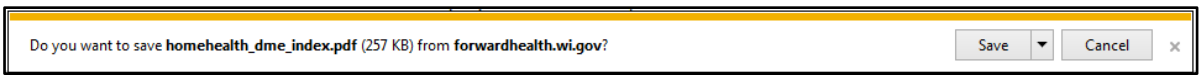


Figure 81 Save Download Window

3. Click **Save**.

Figure 82 Download Complete Window

4. Click **Open**. A PDF version of the max fee schedule will open in a new browser window.

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient			No Rental	N / $50.43	2 Per 3 Months	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
A4635	Underarm pad, crutch, replacement, each			No Rental	N / $4.55	2 Per Year	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
A4636	Replacement, handgrip, cane, crutch, or walker, each			No Rental	N / $3.74	2 Per Year	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
A4637	Replacement, tip, cane, crutch, walker, each			No Rental	N / $1.88	1 Per Year	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient.			No Rental	N / $39.86	1 Year	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated		RA	No Rental	N / See Topic #11697 or Update 2011-27	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
A6502	Compression burn garment, chin strap, custom fabricated		RA	No Rental	N / See Topic #11697 or Update 2011-27	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
A6503	Compression burn garment, facial hood, custom fabricated		RA	No Rental	N / See Topic #11697 or Update 2011-27	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
A6504	Compression burn garment, glove to wrist, custom fabricated		RT, LT, RA	No Rental	N / See Topic #11697 or Update 2011-27	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
A6505	Compression burn garment, glove to elbow, custom fabricated		RT, LT, RA	No Rental	N / See Topic #11697 or Update 2011-27	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
A6506	Compression burn garment, glove to axilla, custom fabricated		RT, LT, RA	No Rental	N / See Topic #11697 or Update 2011-27	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
A6507	Compression burn garment, foot to knee length, custom fabricated		RT, LT, RA	No Rental	N / See Topic #11697 or Update 2011-27	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
A6508	Compression burn garment, foot to thigh length, custom fabricated		RT, LT, RA	No Rental	N / See Topic #11697 or Update 2011-27	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated		RA	No Rental	N / See Topic #11697 or Update 2011-27	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated		RA	No Rental	N / See Topic #11697 or Update 2011-27	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated		RA	No Rental	N / See Topic #11697 or Update 2011-27	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
A6512	Compression burn garment, not otherwise classified		RA	No Rental	N / See Topic #11697 or Update 2011-27	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated		RA	No Rental	N / See Topic #11697 or Update 2011-27	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each		RT, LT	No Rental	N / $23.93	3 Each Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, each		RT, LT	No Rental	N / $37.43	3 Each Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72

Updated January 1, 2016 Home Health Equipment Index Page 1 of 11

Figure 83 PDF Version of a Max Fee Schedule

5 Fee Schedule Text File Values and Descriptions

This section describes some of the fields in the fee schedule text files and outlines criteria for finding the current maximum fee reimbursement rates. As there are often exceptions to these rules, users should refer to the applicable service area in the Online Handbook for specific billing information.

5.1 Contract Codes and Names

The contract codes and names identify the policy area for the displayed record. When a procedure code is present in multiple contracts, the rate data will differ depending on the contract code. When applicable, contract-specific criteria may help determine what contract rate to use.

Note: Not all contract codes are listed.

Provider Contract Code	Contract Name	Contract Criteria		
		PT/PS per Provider Contract Code Applicable as Credentialed if Not Listed	Specific Rate Type or Modifier-Rate Type Combinations Used in Contract*	
PNCCC	Prenatal Child Care Coordination	21/000, 61/000		C43
CSMGT	Case Management	21/000		C09
HOSPC	Hospice	06/000		005-097; 05A-97A; and RWI/RWA—rates by county
DTAOD	Day Treatment for Alcohol and Other Drug Addiction		HF	C13
DTCHD	Day Treatment for Children		HA	C14
DTMED	Day Treatment Medical		HE	Provider specific rates
DENTL	Dental Services	27/000		C10
HCCM	HealthCheck—Case Management		EP	C17
HCPCC	HealthCheck Other—Pediatric Community Care		59	C19
HCRCC	HealthCheck Other—Residential Care Centers			Provider specific rates

Provider Contract Code	Contract Name	Contract Criteria		
		PT/PS per Provider Contract Code Applicable as Credentialed if Not Listed	Specific Rate Type or Modifier-Rate Type Combinations Used in Contract*	
AUDHA	Hearing Services—Hearing Aid and Audiology			C05
			RR	RNT
HHPC	Home Care—Home Health and Personal Care			C22
		16/000		HPC
HCRS	Home Care—Respiratory Care Services			C21
ANSTH	Medical—Anesthesia		AA, AD, QK, QS, QX, QY, QZ	C03
MEDSV	Medical—Medical Services			C30 (Global surgical codes)
			TC	TEC
			26	PRO
				MED (non-surgical codes)
		10/000		CG1
			TC	TE1
			26	PR1
		71/000		FAP
				GFP
			26	PFP
		72/000		HLK
ASTSG	Medical—Assistant Surgery		80, 81, 82	C04
		71/000	80, 81, 82	FAP

Provider Contract Code	Contract Name	Contract Criteria		
		PT/PS per Provider Contract Code Applicable as Credentialed if Not Listed	Specific Rate Type or Modifier-Rate Type Combinations Used in Contract*	
AMBSR	Medical—Ambulatory Surgical Center	02/000		C01
RDLGY	Medical—Radiology			C44
			TC	TEC
			26	PRO
		10/000		CG1
			TC	TE1
			26	PR1
		71/000	26	PFP
			TC	TFP
LAB	Medical—Laboratory			LA5
			TC	LAT
			26	LAP
		71/000		FAP
				GFP
			26	PFP
			TC	TFP
CHIRO	Medical—Chiropractor	15/000		C07
HCMCR	High Cost Medically Complex Recipients	63/000		C18
MHADC	Mental Health Autism Diagnostic Confirmation			C31
MHCCS	Mental Health—Comprehensive Community Services	80/652, 80/654, 80/655, 80/656		C33
MHCSP	Mental Health—Community Support Program	80/651, 80/653, 80/655, 80/656		C35
MHCI	Mental Health—Crisis Intervention	80/650, 80/653, 80/654, 80/656		C34
MHIHP	Mental Health—In Home Psychotherapy		HA	C37
MHHC	Mental Health—Mental Health and Substance Abuse Services in the Home or Community for Adults		UC	C36

Provider Contract Code	Contract Name	Contract Criteria		
		PT/PS per Provider Contract Code Applicable as Credentialed if Not Listed	Specific Rate Type or Modifier-Rate Type Combinations Used in Contract*	
MHAOD	Mental Health—Mental Health and Mental Health for Alcohol and Other Drug Addictions			C32
MHNTS	Mental Health—Narcotic Treatment Services		HG	C38
SBS	School Based Services	12/000		C46
DME	Durable Medical Equipment			C11
			RR	RTL
DMS	Supplies—Disposable Medical Supplies			C12
THERP	Therapy—Occupational, Physical and Speech Therapy			C49
REHAB	Therapy—Rehabilitation Centers—Occupational, Physical and Speech Therapy	04/000		C45
				Provider-specific rates
AMBUL	Transportation—Ambulance	26/000		C02
SMV	Transportation—Specialized Medical Vehicle	51/000		C47
VISN	Vision Services			C51
SPEC	Vision—State Purchase Eyeglass Program	19/191		C48
			U3	C48
OUTPA	Outpatient Hospital	01/000, 58/000		Not Applicable
MISC	Miscellaneous Codes/Provider Types			C52
		71/000		FAP
MHPW	Mental Health Substance Abuse Screening and Preventive Counseling for Pregnant Women		HE, HF	C53
CCO	Community Care Organization	69/000		PT1
				PT2
				PT3
WCDC	Wisconsin Chronic Disease—Adult Cystic Fibrosis			WCD
WCDH	Wisconsin Chronic Disease—Hemophilia Home Care			WCD

Provider Contract Code	Contract Name	Contract Criteria		
		PT/PS per Provider Contract Code Applicable as Credentialed if Not Listed	Specific Rate Type or Modifier-Rate Type Combinations Used in Contract*	
WCDK	Wisconsin Chronic Disease—Renal Disease			WCD
WWWP	Wisconsin Well Woman Program			WWP

* Rate types PT1–PT9 can be used in any contract, and the specific PT/PS listed in the record would be the main criteria for using that rate within the contract for that code.

5.2 Benefit Plan Codes

The Benefit Plan codes identify a rate record specific to the Benchmark Plan or the BadgerCare Plus Core Plan.

Benefit Plan Code	Description
BCBAS	BadgerCare Plus Basic Plan
BCBP	BadgerCare Plus Benchmark Plan
BCBPD	BadgerCare Plus Benchmark Plan and Dental
BCBEE	BadgerCare Plus Benchmark Express Enrollment for Pregnant Women
BCCP	BadgerCare Plus Core Benefit Plan 1
BCCCO	BadgerCare Plus Core Benefit Plan 2

5.3 Provider Type and Specialty Codes

Provider types and specialty codes are listed on the Provider-specific Resources page of the Portal.

5.4 Pricing Indicator Codes

Pricing indicator codes dictate the method used for pricing.

Pricing Indicator Code	Description
ANESTH	The system utilizes the Anesthesia pricing methodology.
MAXFEE	The system utilizes the procedure max fee rate on file.
SYSMAN	The system suspends the claim for manual pricing.

5.5 Rate Type Codes

A rate type, with the pricing indicator and contract, identifies the rate to be used to calculate the allowable amount for the service. The rate type allows the same pricing methodologies, but with varying rates, for the same procedure code. Every contract has specific rate types.

Rate Type	Description
C01	AMB SURG CTR
C02	AMBULANCE
C03	ANSTHESIA
C04	ASSIST SURGY
C05	AUDIO - PURCH AID
HLK	HEALTHCHECK
RNT	RENTAL AID (Modifier RR)
C07	CHIRO
C09	CASEMGT
C10	DENTAL
C11	PURCHASE DME
RTL	RENTAL DME (Modifier RR)
C12	DISP MED SUPPLY
C13	DAY TRTMT AODA
C14	DAY TRTMT CHILD
C15	DAY TRTMT MED
C17	HLTHCK CASE MGT
C18	HGH CST MD CMPLX
C19	HLTHCK PED CAR
C20	HLTHCK RES CAR
C21	RESP CARE
C22	HM HLTH PERS CARE
HPC	PERSONAL CARE
LA5	LAB GLOBAL
LAT	LAB TECH (Modifier TC)
LAP	LAB PROF (Modifier 26)
MED	MEDICAL
OTH	OTHER
TEC	TECHNICAL (Modifier TC)
TE1	PT-TECHNICAL (Modifier TC)
TFP	TECH-FAMILY PLAN (Modifier TC)
PRO	PROFESSIONAL (Modifier 26)
PR1	PT-PROFESSIONAL (Modifier 26)
PFP	PROF-FAMILY PLAN (Modifier 26)
CG1	PT GLOBAL (Not Modifier 26/TC)
GFP	GLOBAL-FAMILY PLANNING
FAP	GEN PT-FAMILY PLANNING

Rate Type	Description
C30	MED SERVICE
C31	MH AUTISM EVAL
C32	MH AODA
C33	MH COMP COMM
C34	MH CRISIS INTVN
C35	MH COMM SUPRT
C36	MH HOME COMM
C37	MH HOME PSYCH
C38	MH NARC TRTMNT
LAC	OUTPATIENT LAB
C43	PN CHLD CARE
C44	RADIOLOGY
C45	REHABILITATION
C46	SCHL BASE SERV
C47	SPECL MED VECH
C48	VISION SPEC
C49	THERAPY
C51	VISION
C52	MISCELANEOUS
C53	MHSA-PREGNANT WMN
005	BROWN CTY, 1-60 DAYS
05A	BROWN CTY, 61-999999 DAYS
008	CALUMET CTY, 1-60 DAYS
08A	CALUMET CTY, 61-999999 DAYS
009	CHIPPEWA CTY, 1-60 DAYS
09A	CHIPPEWA CTY, 61-999999 DAYS
011	COLUMBIA CTY, 1-60 DAYS
11A	COLUMBIA CTY, 61-999999 DAYS
013	DANE CTY, 1-60 DAYS
13A	DANE CTY, 61-999999 DAYS
016	DOUGLAS CTY, 1-60 DAYS
16A	DOUGLAS CTY, 61-999999 DAYS
018	EAU CLAIRE CTY, 1-60 DAYS
18A	EAU CLAIRE CTY, 61-999999 DAYS
020	FOND DU LAC CTY, 1-60 DAYS
20A	FOND DU LAC CTY, 61-999999 DAYS
023	GREEN CTY, 1-60 DAYS

Rate Type	Description
23A	GREEN CTY, 61-999999 DAYS
025	IOWA CTY, 1-60 DAYS
25A	IOWA CTY, 61-999999 DAYS
030	KENOSHA CTY, 1-60 DAYS
30A	KENOSHA CTY, 61-999999 DAYS
031	KEWAUNEE CTY, 1-60 DAYS
31A	KEWAUNEE CTY, 61-999999 DAYS
032	LA CROSSE CTY, 1-60 DAYS
32A	LA CROSSE CTY, 61-999999 DAYS
037	MARATHON CTY, 1-60 DAYS
37A	MARATHON CTY, 61-999999 DAYS
040	MILWAUKEE CTY, 1-60 DAYS
40A	MILWAUKEE CTY, 61-999999 DAYS
042	OCONTO CTY, 1-60 DAYS
42A	OCONTO CTY, 61-999999 DAYS
044	OUTAGAMIE CTY, 1-60 DAYS
44A	OUTAGAMIE CTY, 61-999999 DAYS
045	OZAUKEE CTY, 1-60 DAYS
45A	OZAUKEE CTY, 61-999999 DAYS
047	PIERCE CTY, 1-60 DAYS
47A	PIERCE CTY, 61-999999 DAYS
051	RACINE CTY, 1-60 DAYS
51A	RACINE CTY, 61-999999 DAYS
053	ROCK CTY, 1-60 DAYS
53A	ROCK CTY, 61-999999 DAYS
055	ST CROIX CTY, 1-60 DAYS
55A	ST CROIX CTY, 61-999999 DAYS
059	SHEBOYGAN CTY, 1-60 DAYS
59A	SHEBOYGAN CTY, 61-999999 DAYS
066	WASHINGTON CTY, 1-60 DAYS
66A	WASHINGTON CTY, 61-999999 DAYS
067	WAUKESHA CTY, 1-60 DAYS
67A	WAUKESHA CTY, 61-999999 DAYS
070	WINNEBAGO CTY, 1-60 DAYS
70A	WINNEBAGO CTY, 61-999999 DAYS
094	ILL BORDER CTYS, 1-60 DAYS
94A	ILL BORDER CTYS, 61-999999 DAYS

Rate Type	Description
095	IOWA BORDER CTYS, 1-60 DAYS
95A	IOWA BORDER CTYS, 61-999999 DAYS
096	MICH BORDER CTYS, 1-60 DAYS
96A	MICH BORDER CTYS, 61-999999 DAYS
097	MINN BORDER CTYS, 1-60 DAYS
97A	MINN BORDER CTYS, 61-999999 DAYS
RWI	RURAL WI CTYS, 1-60 DAYS
RWA	RURAL WI CTYS, 61-999999 DAYS
DEF	DEFAULT
PT1	1 PTPS SPECIFIC
PT2	2 PTPS SPECIFIC
PT3	3 PTPS SPECIFIC
PT4	4 PTPS SPECIFIC
PT5	5 PTPS SPECIFIC
PT6	6 PTPS SPECIFIC
PT7	7 PTPS SPECIFIC
PT8	8 PTPS SPECIFIC
PT9	9 PTPS SPECIFIC
WCD	WI CHRONIC DISEASE
WWP	WI WELL WOMEN PRG
CMC	CROSSOVER MEDICARE

5.6 Benefit Adjustment Factor Codes

Benefit Adjustment Factor codes provide the ability to alter an existing allowed amount by a rate, percentage, or a series of a rate and percentages to increase or reduce the allowed amount. The interactive max fee schedule on the Portal does the calculation for the BAF, but the downloadable extract does not. For additional information about pricing calculations, refer to Section 6.2 Benefit Adjustment Factor Pricing.

BAF Code	BAF Description	Rate	Percent in Decimal	Calculate Code (Before/ After)
20	Adjustment of 20% **Applicable Contracts:** DENTL Modifier 80, MEDSV and VISN Modifier 55		.200	Before

BAF Code	BAF Description	Rate	Percent in Decimal	Calculate Code (Before/ After)
50	Adjustment of 50% **Applicable Contracts:** AMBUL Modifier GM, DME Modifier TW		.500	Before
80	Adjustment of 80% **Applicable Contracts:** MEDSV Modifier 54		.800	Before
90	Adjustment of 90% **Applicable Contracts:** THERP and REHAB Modifier TF		.900	Before
120	Adjustment of 120% **Applicable Contracts:** MEDSV Modifiers HK, HP		1.200	Before
150	Adjustment of 150% **Applicable Contracts:** MEDSV, ASTSG, RDLGY, VISN Modifiers 50		1.500	Before
207	Adjustment of 207% **Applicable Contracts:** DME Modifier 59		2.070	Before
VACC1	Vaccine Incentive when member is over the age of 18. **Applicable Contracts:** MEDSV	$6.85		Before
VACC2	Vaccine Incentive when member is over the age of 18. **Applicable Contracts:** MEDSV	$12.99		Before
DNTL10414	Dental Incentive when member is under the age of 21.	$104.14		Before
DNTL105	Dental Incentive when member is under the age of 21.	$1.05		Before
DNTL10579	Dental Incentive when member is under the age of 21.	$105.79		Before
DNTL1062	Dental Incentive when member is under the age of 21.	$10.62		Before
DNTL1098	Dental Incentive when member is under the age of 21.	$10.98		Before
DNTL1117	Dental Incentive when member is under the age of 21.	$11.17		Before
DNTL115	Dental Incentive when member is under the age of 21.	$1.15		Before

BAF Code	BAF Description	Rate	Percent in Decimal	Calculate Code (Before/ After)
DNTL1181	Dental Incentive when member is under the age of 21.	$11.81		Before
DNTL1198	Dental Incentive when member is under the age of 21.	$11.98		Before
DNTL1215	Dental Incentive when member is under the age of 21.	$12.15		Before
DNTL122	Dental Incentive when member is under the age of 21.	$1.22		Before
DNTL1226	Dental Incentive when member is under the age of 21.	$12.26		Before
DNTL1230	Dental Incentive when member is under the age of 21.	$12.30		Before
DNTL1238	Dental Incentive when member is under the age of 21.	$12.38		Before
DNTL1281	Dental Incentive when member is under the age of 21.	$12.81		Before
DNTL13219	Dental Incentive when member is under the age of 21.	$132.19		Before
DNTL13770	Dental Incentive when member is under the age of 21.	$137.70		Before
DNTL13802	Dental Incentive when member is under the age of 21.	$138.02		Before
DNTL146066	Dental Incentive when member is under the age of 21.	$1,460.66		Before
DNTL14624	Dental Incentive when member is under the age of 21.	$146.24		Before
DNTL1497	Dental Incentive when member is under the age of 21.	$14.97		Before
DNTL14975	Dental Incentive when member is under the age of 21.	$149.75		Before
DNTL154	Dental Incentive when member is under the age of 21.	$1.54		Before
DNTL1568	Dental Incentive when member is under the age of 21.	$15.68		Before
DNTL1616	Dental Incentive when member is under the age of 21.	$16.16		Before

BAF Code	BAF Description	Rate	Percent in Decimal	Calculate Code (Before/ After)
DNTL164	Dental Incentive when member is under the age of 21.	$1.64		Before
DNTL167	Dental Incentive when member is under the age of 21.	$1.67		Before
DNTL170	Dental Incentive when member is under the age of 21.	$1.70		Before
DNTL1741	Dental Incentive when member is under the age of 21.	$17.41		Before
DNTL1755	Dental Incentive when member is under the age of 21.	$17.55		Before
DNTL180	Dental Incentive when member is under the age of 21.	$1.80		Before
DNTL1800	Dental Incentive when member is under the age of 21.	$18.00		Before
DNTL1813	Dental Incentive when member is under the age of 21.	$18.13		Before
DNTL1834	Dental Incentive when member is under the age of 21.	$18.34		Before
DNTL18794	Dental Incentive when member is under the age of 21.	$187.94		Before
DNTL188	Dental Incentive when member is under the age of 21.	$1.88		Before
DNTL190	Dental Incentive when member is under the age of 21.	$1.90		Before
DNTL1919	Dental Incentive when member is under the age of 21.	$19.19		Before
DNTL202	Dental Incentive when member is under the age of 21.	$2.02		Before
DNTL2050	Dental Incentive when member is under the age of 21.	$20.50		Before
DNTL2061	Dental Incentive when member is under the age of 21.	$20.61		Before
DNTL2122	Dental Incentive when member is under the age of 21.	$21.22		Before
DNTL2161	Dental Incentive when member is under the age of 21.	$21.61		Before

BAF Code	BAF Description	Rate	Percent in Decimal	Calculate Code (Before/ After)
DNTL218	Dental Incentive when member is under the age of 21.	$2.18		Before
DNTL2183	Dental Incentive when member is under the age of 21.	$21.83		Before
DNTL2324	Dental Incentive when member is under the age of 21.	$23.24		Before
DNTL235	Dental Incentive when member is under the age of 21.	$2.35		Before
DNTL239	Dental Incentive when member is under the age of 21.	$2.39		Before
DNTL246	Dental Incentive when member is under the age of 21.	$2.46		Before
DNTL255	Dental Incentive when member is under the age of 21.	$2.55		Before
DNTL256	Dental Incentive when member is under the age of 21.	$2.56		Before
DNTL2563	Dental Incentive when member is under the age of 21.	$25.63		Before
DNTL2607	Dental Incentive when member is under the age of 21.	$26.07		Before
DNTL262	Dental Incentive when member is under the age of 21.	$2.62		Before
DNTL263	Dental Incentive when member is under the age of 21.	$2.63		Before
DNTL266	Dental Incentive when member is under the age of 21.	$2.66		Before
DNTL268	Dental Incentive when member is under the age of 21.	$2.68		Before
DNTL2727	Dental Incentive when member is under the age of 21.	$27.27		Before
DNTL27590	Dental Incentive when member is under the age of 21.	$275.90		Before
DNTL278	Dental Incentive when member is under the age of 21.	$2.78		Before
DNTL279	Dental Incentive when member is under the age of 21.	$2.79		Before

BAF Code	BAF Description	Rate	Percent in Decimal	Calculate Code (Before/ After)
DNTL282	Dental Incentive when member is under the age of 21.	$2.82		Before
DNTL283	Dental Incentive when member is under the age of 21.	$2.83		Before
DNTL3018	Dental Incentive when member is under the age of 21.	$30.18		Before
DNTL304	Dental Incentive when member is under the age of 21.	$3.04		Before
DNTL311	Dental Incentive when member is under the age of 21.	$3.11		Before
DNTL3241	Dental Incentive when member is under the age of 21.	$32.41		Before
DNTL327	Dental Incentive when member is under the age of 21.	$3.27		Before
DNTL328	Dental Incentive when member is under the age of 21.	$3.28		Before
DNTL3400	Dental Incentive when member is under the age of 21.	$34.00		Before
DNTL3416	Dental Incentive when member is under the age of 21.	$34.16		Before
DNTL342	Dental Incentive when member is under the age of 21.	$3.42		Before
DNTL35029	Dental Incentive when member is under the age of 21.	$350.29		Before
DNTL354	Dental Incentive when member is under the age of 21.	$3.54		Before
DNTL358	Dental Incentive when member is under the age of 21.	$3.58		Before
DNTL36	Dental Incentive when member is under the age of 21.	$0.36		Before
DNTL360	Dental Incentive when member is under the age of 21.	$3.60		Before
DNTL3655	Dental Incentive when member is under the age of 21.	$36.55		Before
DNTL368	Dental Incentive when member is under the age of 21.	$3.68		Before

BAF Code	BAF Description	Rate	Percent in Decimal	Calculate Code (Before/ After)
DNTL3760	Dental Incentive when member is under the age of 21.	$37.60		Before
DNTL37747	Dental Incentive when member is under the age of 21.	$377.47		Before
DNTL379	Dental Incentive when member is under the age of 21.	$3.79		Before
DNTL3946	Dental Incentive when member is under the age of 21.	$39.46		Before
DNTL397	Dental Incentive when member is under the age of 21.	$3.97		Before
DNTL40074	Dental Incentive when member is under the age of 21.	$400.74		Before
DNTL402	Dental Incentive when member is under the age of 21.	$4.02		Before
DNTL41646	Dental Incentive when member is under the age of 21.	$416.46		Before
DNTL423	Dental Incentive when member is under the age of 21.	$4.23		Before
DNTL429	Dental Incentive when member is under the age of 21.	$4.29		Before
DNTL431	Dental Incentive when member is under the age of 21.	$4.31		Before
DNTL45	Dental Incentive when member is under the age of 21.	$0.45		Before
DNTL45329	Dental Incentive when member is under the age of 21.	$453.29		Before
DNTL4573	Dental Incentive when member is under the age of 21.	$45.73		Before
DNTL4597	Dental Incentive when member is under the age of 21.	$45.97		Before
DNTL4647	Dental Incentive when member is under the age of 21.	$46.47		Before
DNTL467	Dental Incentive when member is under the age of 21.	$4.67		Before
DNTL474	Dental Incentive when member is under the age of 21.	$4.74		Before

BAF Code	BAF Description	Rate	Percent in Decimal	Calculate Code (Before/ After)
DNTL482	Dental Incentive when member is under the age of 21.	$4.82		Before
DNTL502	Dental Incentive when member is under the age of 21.	$5.02		Before
DNTL5103	Dental Incentive when member is under the age of 21.	$51.03		Before
DNTL511	Dental Incentive when member is under the age of 21.	$5.11		Before
DNTL5126	Dental Incentive when member is under the age of 21.	$51.26		Before
DNTL516	Dental Incentive when member is under the age of 21.	$5.16		Before
DNTL532	Dental Incentive when member is under the age of 21.	$5.32		Before
DNTL538	Dental Incentive when member is under the age of 21.	$5.38		Before
DNTL571	Dental Incentive when member is under the age of 21.	$5.71		Before
DNTL576	Dental Incentive when member is under the age of 21.	$5.76		Before
DNTL591	Dental Incentive when member is under the age of 21.	$5.91		Before
DNTL603	Dental Incentive when member is under the age of 21.	$6.03		Before
DNTL612	Dental Incentive when member is under the age of 21.	$6.12		Before
DNTL613	Dental Incentive when member is under the age of 21.	$6.13		Before
DNTL6411	Dental Incentive when member is under the age of 21.	$64.11		Before
DNTL647	Dental Incentive when member is under the age of 21.	$6.47		Before
DNTL650	Dental Incentive when member is under the age of 21.	$6.50		Before
DNTL66	Dental Incentive when member is under the age of 21.	$0.66		Before

BAF Code	BAF Description	Rate	Percent in Decimal	Calculate Code (Before/ After)
DNTL6728	Dental Incentive when member is under the age of 21.	$67.28		Before
DNTL683	Dental Incentive when member is under the age of 21.	$6.83		Before
DNTL702	Dental Incentive when member is under the age of 21.	$7.02		Before
DNTL7099	Dental Incentive when member is under the age of 21.	$70.99		Before
DNTL7637	Dental Incentive when member is under the age of 21.	$76.37		Before
DNTL78	Dental Incentive when member is under the age of 21.	$0.78		Before
DNTL806	Dental Incentive when member is under the age of 21.	$8.06		Before
DNTL809	Dental Incentive when member is under the age of 21.	$8.09		Before
DNTL8292	Dental Incentive when member is under the age of 21.	$82.92		Before
DNTL8485	Dental Incentive when member is under the age of 21.	$84.85		Before
DNTL862	Dental Incentive when member is under the age of 21.	$8.62		Before
DNTL8626	Dental Incentive when member is under the age of 21.	$86.26		Before
DNTL878	Dental Incentive when member is under the age of 21.	$8.78		Before
DNTL893	Dental Incentive when member is under the age of 21.	$8.93		Before
DNTL90	Dental Incentive when member is under the age of 21.	$0.90		Before
DNTL915	Dental Incentive when member is under the age of 21.	$9.15		Before
DNTL929	Dental Incentive when member is under the age of 21.	$9.29		Before
DNTL9478	Dental Incentive when member is under the age of 21.	$94.78		Before

BAF Code	BAF Description	Rate	Percent in Decimal	Calculate Code (Before/ After)
DNTL952	Dental Incentive when member is under the age of 21.	$9.52		Before
DNTL965	Dental Incentive when member is under the age of 21.	$9.65		Before
DNTL98	Dental Incentive when member is under the age of 21.	$0.98		Before
DNTL984	Dental Incentive when member is under the age of 21.	$9.84		Before
DNTL999	Dental Incentive when member is under the age of 21.	$9.99		Before
BIRTHTO3	Birth to 3 incentive when modifier TL is present. Applicable Contracts: THERP and REHAB	$21.50		After
FFPMH5938	Federal share percentage—Mental Health. Date of process from 2008-10-01		.5938	After
FFPCSMG08	Federal share percentage—Case Management (T2023/9). Date of process from 2008-10-01		.5938	Before
FFPCMKID08	Federal share percentage—Case Management (T2023/9). Date of process from 2008-10-01		.5938	Before
FFPRCC04	Federal share percentage—Residential Care Center. Date of service from 01/10/2004		.5832	Before
FFPRCC05	Federal share percentage—Residential Care Center. Date of service from 01/01/2005		.5815	Before
FFPRCC06	Federal share percentage—Residential Care Center. Date of service from 01/01/2006		.5761	Before
FFPRCC07	Federal share percentage—Residential Care Center. Date of service from 01/01/2007		.5751	Before
FFPRCC08	Federal share percentage—Residential Care Center. Date of service from 1/1/2008		.5906	Before
FFPSBS60	Federal share percentage—School Based services 60% WI percent. Date of process from 2004-01-01		.60	Before
FFPSBS1029	Federal share percentage—School Based Services add 2.9% Global Insights. Date of process from 07/01/2007		1.029	Before

BAF Code	BAF Description	Rate	Percent in Decimal	Calculate Code (Before/ After)
FFPSBS5938	Federal share percentage—School Based Services 59.38% Federal percent. Date of process from 10/01/2008		.5938	Before
TJ12963	Group, child, and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.2963	Before
TJ13225	Group, child, and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV and CHIRO		1.3225	Before
TJ13342	Group, child, and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.3342	Before
TJ13607	Group, child, and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.3607	Before
TJ14826	Group, child, and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.4826	Before
TJ15126	Group, child, and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.5126	Before
TJ15074	Group, child, and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.5074	Before
TJ15374	Group, child, and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.5374	Before
TJ16372	Group, child, and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.6372	Before
TJ16701	Group, child, and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.6701	Before
TJ10767	Group, child, and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.0767	Before

BAF Code	BAF Description	Rate	Percent in Decimal	Calculate Code (Before/ After)
TJ10768	Group, child, and/or adolescent incentive when modifier TJ is present. Applicable Contracts: MEDSV		1.0768	Before
TJ10770	Group, child, and/or adolescent incentive when modifier TJ is present. Applicable Contracts: MEDSV		1.0770	Before
TJ11950	Group, child, and/or adolescent incentive when modifier TJ is present. Applicable Contracts: MEDSV		1.195	Before
TJ10768	Group, child, and/or adolescent incentive when modifier TJ is present. Applicable Contracts: MEDSV		1.0768	Before
TJ15977	Group, child, and/or adolescent incentive when modifier TJ is present. Applicable Contracts: MEDSV		1.5977	Before
TJ12012	Group, child, and/or adolescent incentive when modifier TJ is present. Applicable Contracts: MEDSV		1.2012	Before
TJ20940	Group, child, and/or adolescent incentive when modifier TJ is present. Applicable Contracts: MEDSV		2.094	Before
TJ10769	Group, child, and/or adolescent incentive when modifier TJ is present. Applicable Contracts: MEDSV		1.0769	Before
TJ18357	Group, child, and/or adolescent incentive when modifier TJ is present. Applicable Contracts: MEDSV		1.8357	Before
TJ11330	Group, child, and/or adolescent incentive when modifier TJ is present. Applicable Contracts: MEDSV		1.133	Before
TJ13830	Group, child, and/or adolescent incentive when modifier TJ is present. Applicable Contracts: MEDSV		1.383	Before
TJ17819	Group, child, and/or adolescent incentive when modifier TJ is present. Applicable Contracts: MEDSV		1.7819	Before

BAF Code	BAF Description	Rate	Percent in Decimal	Calculate Code (Before/ After)
TJ34128	Group, child, and/or adolescent incentive when modifier TJ is present. Applicable Contracts: MEDSV		3.4128	Before
TJ34650	Group, child, and/or adolescent incentive when modifier TJ is present. Applicable Contracts: MEDSV		3.4650	Before
HPSA120	HPSA incentive when modifiers AQ, QB, or QU are present.		1.20	Before
HPSA150	HPSA incentive when modifiers AQ, QB, or QU are present.		1.50	Before
HPSA15551	HPSA incentive when modifiers AQ, QB, or QU are present.		1.5551	Before
HPSA15869	HPSA incentive when modifiers AQ, QB, or QU are present.		1.5869	Before
HPSA16015	HPSA incentive when modifiers AQ, QB, or QU are present.		1.6015	Before
HPSA16336	HPSA incentive when modifiers AQ, QB, or QU are present.		1.6336	Before
HPSA17788	HPSA incentive when modifiers AQ, QB, or QU are present.		1.7788	Before
HPSA18149	HPSA incentive when modifiers AQ, QB, or QU are present.		1.8149	Before
HPSA18088	HPSA incentive when modifiers AQ, QB, or QU are present.		1.8088	Before
HPSA18450	HPSA incentive when modifiers AQ, QB, or QU are present.		1.845	Before
HPSA19647	HPSA incentive when modifiers AQ, QB, or QU are present.		1.9647	Before
HPSA20044	HPSA incentive when modifiers AQ, QB, or QU are present.		2.0044	Before
HPSA12926	HPSA incentive when modifiers AQ, QB, or QU are present.		1.2926	Before
HPSA12937	HPSA incentive when modifiers AQ, QB, or QU are present.		1.2937	Before
HPSA12919	HPSA incentive when modifiers AQ, QB, or QU are present.		1.2919	Before

BAF Code	BAF Description	Rate	Percent in Decimal	Calculate Code (Before/ After)
HPSA14978	HPSA incentive when modifiers AQ, QB, or QU are present.		1.4978	Before
HPSA12919	HPSA incentive when modifiers AQ, QB, or QU are present.		1.2919	Before
HPSA19167	HPSA incentive when modifiers AQ, QB, or QU are present.		1.9167	Before
HPSA14381	HPSA incentive when modifiers AQ, QB, or QU are present.		1.4381	Before
HPSA25126	HPSA incentive when modifiers AQ, QB, or QU are present.		2.5126	Before
HPSA12923	HPSA incentive when modifiers AQ, QB, or QU are present.		1.2923	Before
HPSA22028	HPSA incentive when modifiers AQ, QB, or QU are present.		2.2028	Before
HPSA13591	HPSA incentive when modifiers AQ, QB, or QU are present.		1.3591	Before
HPSA16595	HPSA incentive when modifiers AQ, QB, or QU are present.		1.6595	Before
HPSA21382	HPSA incentive when modifiers AQ, QB, or QU are present.		2.1382	Before
HPSA40953	HPSA incentive when modifiers AQ, QB, or QU are present.		4.0953	Before
HPSA41581	HPSA incentive when modifiers AQ, QB, or QU are present.		4.1581	Before

6 Professional Pricing

6.1 Maximum Fee Pricing

Maximum Fee Pricing is identified by the pricing indicator MAXFEE. The maximum fee is a standard, statewide maximum rate that can be paid for a procedure. The following calculation is used:

- The allowed amount is calculated:

  Allowed Amount = (Max Fee Rate * Units Allowed).

- The lesser of the billed amount or allowed amount is used:

  Allowed Amount = Lesser of Billed Amount or Allowed Amount.

6.2 Benefit Adjustment Factor Pricing

The BAF can alter an existing allowed amount by a percentage or a series of percentages. The BAF works with pricing methodologies to apply a percentage that either increases or decreases the allowed amount.

The BAFs can also pay additional set amounts that are not service-related. The set amount for a BAF is added or subtracted from the calculated allowed amount after the specific pricing methodology is applied.

BAF pricing can have up to three BAFs applied, which can be a percentage or flat rate. The BAF provides a flag that controls whether the BAF is applied before or after the allowed amount is compared to the billed amount. If the flag is set to *after*, the BAF is applied to the allowed amount after the allowed amount is set to the lesser of the billed or allowed amount, where applicable. The following calculation is used:

- If the BAF Before/After flag is set to *Before*:
  - Allowed Amount = (Max Fee Rate * Units Allowed).
  - Allowed Amount = (Allowed Amount * BAF Percentage) + BAF Incentive Amount.
  - Allowed Amount = Lesser of Billed Amount or Allowed Amount.
- If the BAF Before/After flag is set to *After*:
  - Allowed Amount = (Max Fee Rate * Units Allowed).
  - Allowed Amount = Lesser of Billed Amount or Allowed Amount.
  - Allowed Amount = (Allowed Amount * BAF Percentage) + BAF Incentive Amount.

Note: Each BAF code can only be assigned either a percentage or an incentive amount. The calculation above is used accordingly. For specific situations, additional criteria are outlined below for applying the BAF.

6.2.1 BIRTHTO3 Code

The BAF amount is added to the allowed amount if the modifier TL is billed and the following are true:

- The POS is 04, 12 or 99.
- The PT/PS is 17/000, 74/000, 77/000, 78/000, or 79/000.
- The member is under the age of 3.

  If the member is age 3 or older, the BAF amount is not added to the allowed amount.

6.2.2 HPSA Codes

If the Health Professional Shortage Area (HPSA) modifiers AQ, QB, or QU are billed for specific codes, and the member's or the billing provider's current address is in the list of allowable HPSA ZIP codes, then the HPSA BAFs will apply.

6.3 Anesthesia Pricing

The pricing indicator code is ANESTH. The max fee rate and relative value are used in the Anesthesia Pricing method. The following calculation is used for this method:

- Billed amount is 1 unit = 1 minute.

  Time Units = (Billed Units / 15.00) (Round to the hundredth).

  - Allowed Amount = Max Fee Rate * (Relative Value + Time Units).
  - Allowed Amount = Lesser of Billed Amount or Allowed Amount.

6.4 Contracted Rate Pricing

The pricing indicator code is MAXFEE. The contracted max fee allowed amount is always paid, even if it is greater than the billed amount. The following is the calculation used for this pricing:

Allowed Amount = Max Fee Rate * Units Allowed.

This pricing applies to the following contracts:

- MHCSP—Mental Health Community Support Program
- MHHC—Mental Health—Mental Health and Substance Abuse Services in the Home or Community for Adults
- CSMGT—Case Management

- MHCI—Mental Health—Crisis Intervention
- SBS—School-Based Services

6.5 Usual and Customary Charge Pricing

For Usual and Customary Charge pricing, the rates will be provided separately to the individual provider. These rates are specific to the provider for specific codes and modifiers and will not be published on the Portal or in the text files.

The following contracts are applicable to this method:

- DTMED—Day Treatment Medical
- REHAB—Therapy—Rehabilitation Centers—Occupational, Physical, and Speech Therapies
- MHRCC—HealthCheck Other—Residential Care Centers

6.6 Manual Pricing

Manual pricing is identified by the pricing indicator code SYSMAN. Manual pricing is used when the procedure code is new or does not have enough charge history to permit determining a reimbursement rate. Manual pricing is also used for "unlisted" procedure codes that are not service-specific and require a review of claim narratives to appropriately reimburse the provider for the services. The following calculation for this method is used:

Allowed Amount = Allowed Amount as determined.

Note*:* For codes in the Benchmark Plan dental contract, there is a supplemental file for max fees on the Downloadable Max Fee Schedules page; however, this file does not contain all the applicable codes.

7 Drug Search Tool

The drug search tool identifies and calculates ingredient reimbursement rates of drugs covered by Wisconsin Medicaid, BadgerCare Plus, SeniorCare, Wisconsin Chronic Disease Program (WCDP), and Wisconsin HIV Drug Assistance Program (HDAP).

7.1 Access the Drug Search Tool

1. Click **Drug Search Tool** at the bottom of the Max Fee Schedules page or under the Quick Links section of the Pharmacy page.

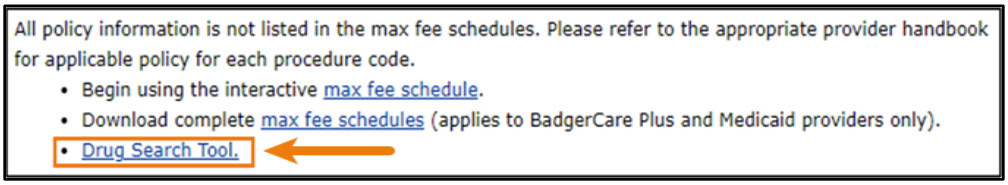


Figure 84 Drug Search Tool Link—Max Fee Schedules Page

Figure 85 Drug Search Tool Link—Pharmacy Page

The Drug Search panel will be displayed.

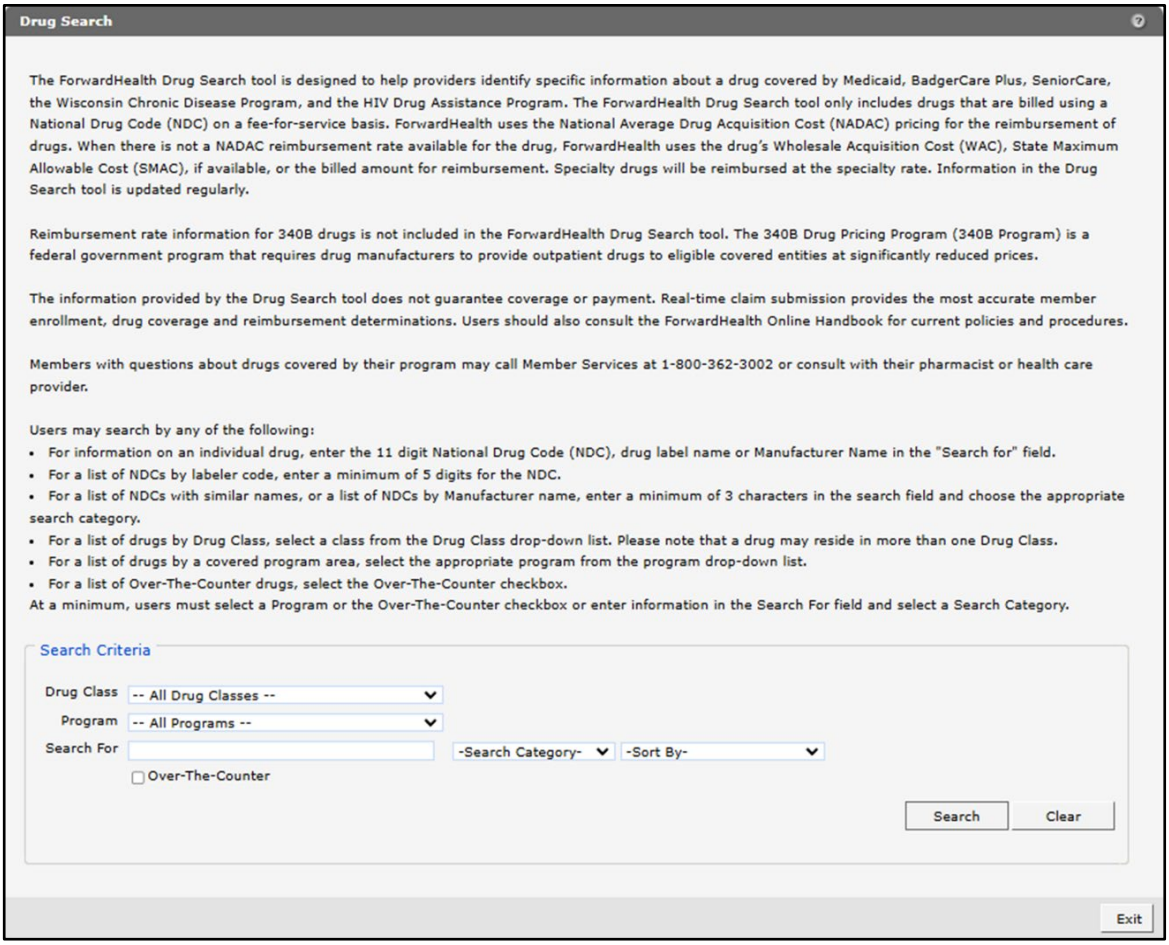


Figure 86 Drug Search Panel

2. To conduct a search, the user can enter a value in any of the following search categories.

   - Select a PDL Drug Class from the drop-down menu.
   - Select a Program from the drop-down menu.
   - Enter information in the Search For field and select a Search Category to conduct a search. The 11-digit National Drug Code (NDC), drug label name, manufacturer name, or generic name can be entered in the Search For field to conduct a search.

     Note: Providers are allowed to bill for certain drugs identified with an NDC and these drugs are listed in the drug search tool. Some of these drugs also have a HCPCS "J" code in addition to the NDC. If both codes are allowed to be billed, or just the NDC, then the drug will be listed in the drug search tool. Drugs that are only billable using a HCPCS "J" code are not payable and are not listed in the drug search tool.

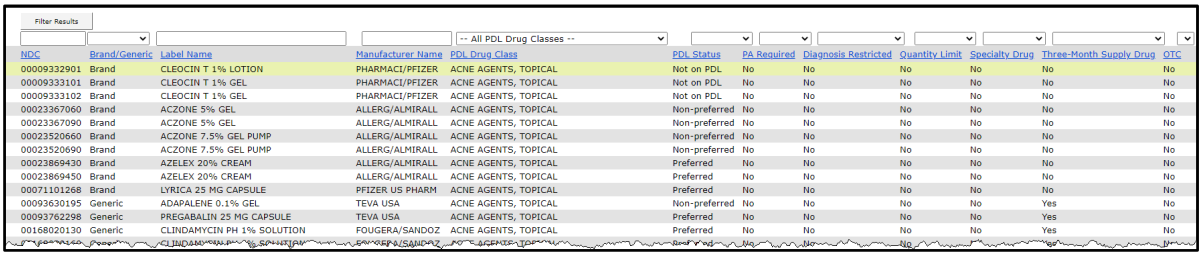
7.1.1 Search by PDL Drug Class

This function allows users to search for drugs by PDL drug class.

1. Select a PDL drug class from the drop-down menu.

   Note: A drug may reside in more than one PDL drug class.

2. Click Search. The search results will be displayed.



Filter Results

-- All PDL Drug Classes --

NDC	Brand/Generic	Label Name	Manufacturer Name	PDL Drug Class	PDL Status	PA Required	Diagnosis Restricted	Quantity Limit	Specialty Drug	Three-Month Supply Drug	OTC
00009332901	Brand	CLEOCIN T 1% LOTION	PHARMACI/PFIZER	ACNE AGENTS, TOPICAL	Not on PDL	No	No	No	No	No	No
00009333101	Brand	CLEOCIN T 1% GEL	PHARMACI/PFIZER	ACNE AGENTS, TOPICAL	Not on PDL	No	No	No	No	No	No
00009333102	Brand	CLEOCIN T 1% GEL	PHARMACI/PFIZER	ACNE AGENTS, TOPICAL	Not on PDL	No	No	No	No	No	No
00023367060	Brand	ACZONE 5% GEL	ALLERG/ALMIRALL	ACNE AGENTS, TOPICAL	Non-preferred	No	No	No	No	No	No
00023367090	Brand	ACZONE 5% GEL	ALLERG/ALMIRALL	ACNE AGENTS, TOPICAL	Non-preferred	No	No	No	No	No	No
00023520660	Brand	ACZONE 7.5% GEL PUMP	ALLERG/ALMIRALL	ACNE AGENTS, TOPICAL	Non-preferred	No	No	No	No	No	No
00023520690	Brand	ACZONE 7.5% GEL PUMP	ALLERG/ALMIRALL	ACNE AGENTS, TOPICAL	Non-preferred	No	No	No	No	No	No
00023869430	Brand	AZELEX 20% CREAM	ALLERG/ALMIRALL	ACNE AGENTS, TOPICAL	Preferred	No	No	No	No	No	No
00023869450	Brand	AZELEX 20% CREAM	ALLERG/ALMIRALL	ACNE AGENTS, TOPICAL	Preferred	No	No	No	No	No	No
00071101268	Brand	LYRICA 25 MG CAPSULE	PFIZER US PHARM	ACNE AGENTS, TOPICAL	Preferred	No	No	No	No	No	No
00093630195	Generic	ADAPALENE 0.1% GEL	TEVA USA	ACNE AGENTS, TOPICAL	Non-preferred	No	No	No	No	Yes	No
00093762298	Generic	PREGABALIN 25 MG CAPSULE	TEVA USA	ACNE AGENTS, TOPICAL	Preferred	No	No	No	No	Yes	No
00168020130	Generic	CLINDAMYCIN PH 1% SOLUTION	FOUGERA/SANDOZ	ACNE AGENTS, TOPICAL	Preferred	No	No	No	No	Yes	No
00168020160	Generic	CLINDAMYCIN PH 1% SOLUTION	FOUGERA/SANDOZ	ACNE AGENTS, TOPICAL	Preferred	No	No	No	No	Yes	No

Figure 87 Search Results

Note: When a drug search populates more than one NDC, each column populated in the search results will have filtering capability. Refer to sections 7.1.7 Filter Results Within a Column and 7.1.8 Filter Results by PDL Drug Class and PDL Status.

3. Click the applicable record. The Drug Information Page will be displayed.

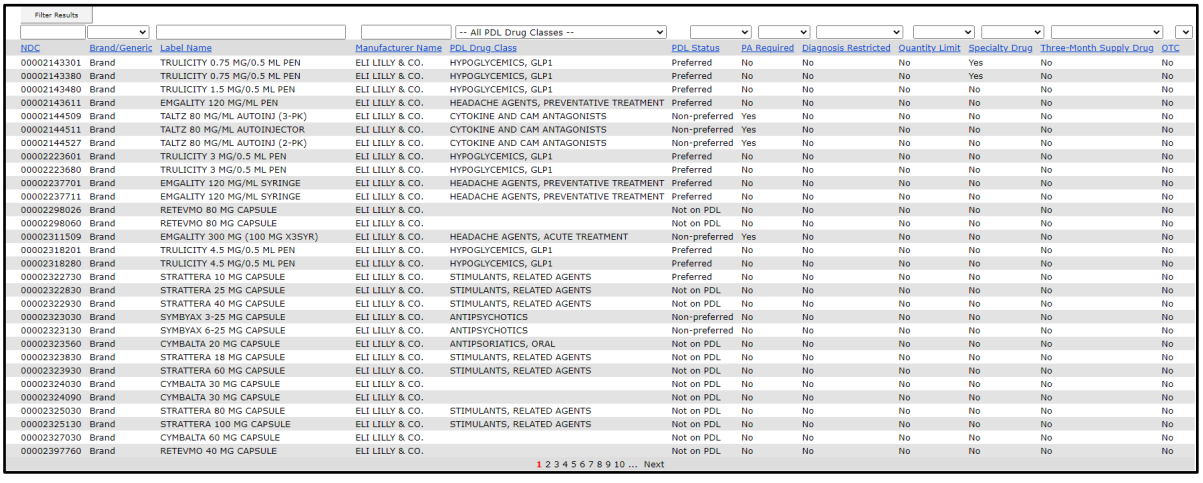
4. Proceed to Section 7.2 Drug Information Page.

7.1.2 Search by Program

This function allows users to search for a list of drugs by a covered program area such as HDAP, SeniorCare, or WCDP.

1. Select a Program from the drop-down menu.

2. Click Search. The search results will be displayed.



Filter Results

-- All PDL Drug Classes --

NDC	Brand/Generic	Label Name	Manufacturer Name	PDL Drug Class	PDL Status	PA Required	Diagnosis Restricted	Quantity Limit	Specialty Drug	Three-Month Supply Drug	OTC
00002143301	Brand	TRULICITY 0.75 MG/0.5 ML PEN	ELI LILLY & CO.	HYPOGLYCEMICS, GLP1	Preferred	No	No	No	Yes	No	No
00002143380	Brand	TRULICITY 0.75 MG/0.5 ML PEN	ELI LILLY & CO.	HYPOGLYCEMICS, GLP1	Preferred	No	No	No	Yes	No	No
00002143480	Brand	TRULICITY 1.5 MG/0.5 ML PEN	ELI LILLY & CO.	HYPOGLYCEMICS, GLP1	Preferred	No	No	No	No	No	No
00002143611	Brand	EMGALITY 120 MG/ML PEN	ELI LILLY & CO.	HEADACHE AGENTS, PREVENTATIVE TREATMENT	Preferred	No	No	No	No	No	No
00002144509	Brand	TALTZ 80 MG/ML AUTOINJ (3-PK)	ELI LILLY & CO.	CYTOKINE AND CAM ANTAGONISTS	Non-preferred	Yes	No	No	No	No	No
00002144511	Brand	TALTZ 80 MG/ML AUTOINJECTOR	ELI LILLY & CO.	CYTOKINE AND CAM ANTAGONISTS	Non-preferred	Yes	No	No	No	No	No
00002144527	Brand	TALTZ 80 MG/ML AUTOINJ (2-PK)	ELI LILLY & CO.	CYTOKINE AND CAM ANTAGONISTS	Non-preferred	Yes	No	No	No	No	No
00002223601	Brand	TRULICITY 3 MG/0.5 ML PEN	ELI LILLY & CO.	HYPOGLYCEMICS, GLP1	Preferred	No	No	No	No	No	No
00002223680	Brand	TRULICITY 3 MG/0.5 ML PEN	ELI LILLY & CO.	HYPOGLYCEMICS, GLP1	Preferred	No	No	No	No	No	No
00002237701	Brand	EMGALITY 120 MG/ML SYRINGE	ELI LILLY & CO.	HEADACHE AGENTS, PREVENTATIVE TREATMENT	Preferred	No	No	No	No	No	No
00002237711	Brand	EMGALITY 120 MG/ML SYRINGE	ELI LILLY & CO.	HEADACHE AGENTS, PREVENTATIVE TREATMENT	Preferred	No	No	No	No	No	No
00002298026	Brand	RETEVMO 80 MG CAPSULE	ELI LILLY & CO.		Not on PDL	No	No	No	No	No	No
00002298060	Brand	RETEVMO 80 MG CAPSULE	ELI LILLY & CO.		Not on PDL	No	No	No	No	No	No
00002311509	Brand	EMGALITY 300 MG (100 MG X3SYR)	ELI LILLY & CO.	HEADACHE AGENTS, ACUTE TREATMENT	Non-preferred	Yes	No	No	No	No	No
00002318201	Brand	TRULICITY 4.5 MG/0.5 ML PEN	ELI LILLY & CO.	HYPOGLYCEMICS, GLP1	Preferred	No	No	No	No	No	No
00002318280	Brand	TRULICITY 4.5 MG/0.5 ML PEN	ELI LILLY & CO.	HYPOGLYCEMICS, GLP1	Preferred	No	No	No	No	No	No
00002322730	Brand	STRATTERA 10 MG CAPSULE	ELI LILLY & CO.	STIMULANTS, RELATED AGENTS	Preferred	No	No	No	No	No	No
00002322830	Brand	STRATTERA 25 MG CAPSULE	ELI LILLY & CO.	STIMULANTS, RELATED AGENTS	Not on PDL	No	No	No	No	No	No
00002322930	Brand	STRATTERA 40 MG CAPSULE	ELI LILLY & CO.	STIMULANTS, RELATED AGENTS	Not on PDL	No	No	No	No	No	No
00002323030	Brand	SYMBYAX 3-25 MG CAPSULE	ELI LILLY & CO.	ANTIPSYCHOTICS	Non-preferred	No	No	No	No	No	No
00002323130	Brand	SYMBYAX 6-25 MG CAPSULE	ELI LILLY & CO.	ANTIPSYCHOTICS	Non-preferred	No	No	No	No	No	No
00002323560	Brand	CYMBALTA 20 MG CAPSULE	ELI LILLY & CO.	ANTIPSORIATICS, ORAL	Not on PDL	No	No	No	No	No	No
00002323830	Brand	STRATTERA 18 MG CAPSULE	ELI LILLY & CO.	STIMULANTS, RELATED AGENTS	Not on PDL	No	No	No	No	No	No
00002323930	Brand	STRATTERA 60 MG CAPSULE	ELI LILLY & CO.	STIMULANTS, RELATED AGENTS	Not on PDL	No	No	No	No	No	No
00002324030	Brand	CYMBALTA 30 MG CAPSULE	ELI LILLY & CO.		Not on PDL	No	No	No	No	No	No
00002324090	Brand	CYMBALTA 30 MG CAPSULE	ELI LILLY & CO.		Not on PDL	No	No	No	No	No	No
00002325030	Brand	STRATTERA 80 MG CAPSULE	ELI LILLY & CO.	STIMULANTS, RELATED AGENTS	Not on PDL	No	No	No	No	No	No
00002325130	Brand	STRATTERA 100 MG CAPSULE	ELI LILLY & CO.	STIMULANTS, RELATED AGENTS	Not on PDL	No	No	No	No	No	No
00002327030	Brand	CYMBALTA 60 MG CAPSULE	ELI LILLY & CO.		Not on PDL	No	No	No	No	No	No
00002397760	Brand	RETEVMO 40 MG CAPSULE	ELI LILLY & CO.		Not on PDL	No	No	No	No	No	No

1 2 3 4 5 6 7 8 9 10 ... Next

Figure 88 Search Results

3. Click the applicable record. The Drug Information Page will be displayed.

4. Proceed to Section 7.2 Drug Information Page.

7.1.3 Search by National Drug Code

Note: The drug search tool only works for drugs billed by an NDC. It does not work for J-code (physician-administered) drugs.

Searching by NDC is the most direct way to search for an individual drug.

1. Enter at least the first five numbers of a valid NDC in the Search For field.
2. Select **NDC** from the Search Category drop-down menu.

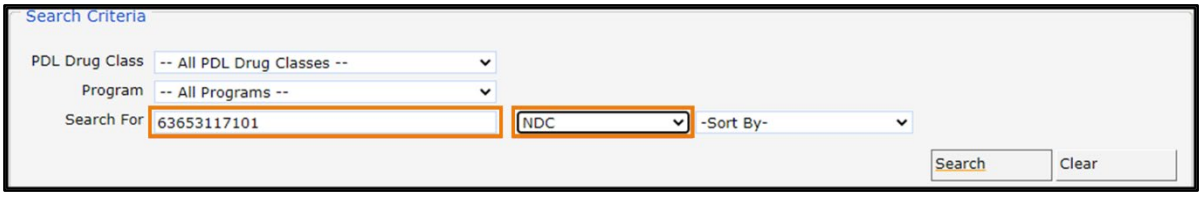


Figure 89 Search by National Drug Code

3. Click **Search**. The Drug Information page will be displayed.
4. Proceed to Section 7.2 Drug Information Page.

7.1.4 Search by Label Name—Brand Name

The label name is the combination of the drug name appearing on the package label, the strength description, and the dosage for a specified product; however, it is not necessary to enter all of this information in a search. Entering a full name or at least the first three characters of the drug name will yield a list of covered drugs with various strengths and doses.

1. Enter at least the first three characters of a label name in the Search For field.

2. Select **Label Name** from the Search Category drop-down menu.

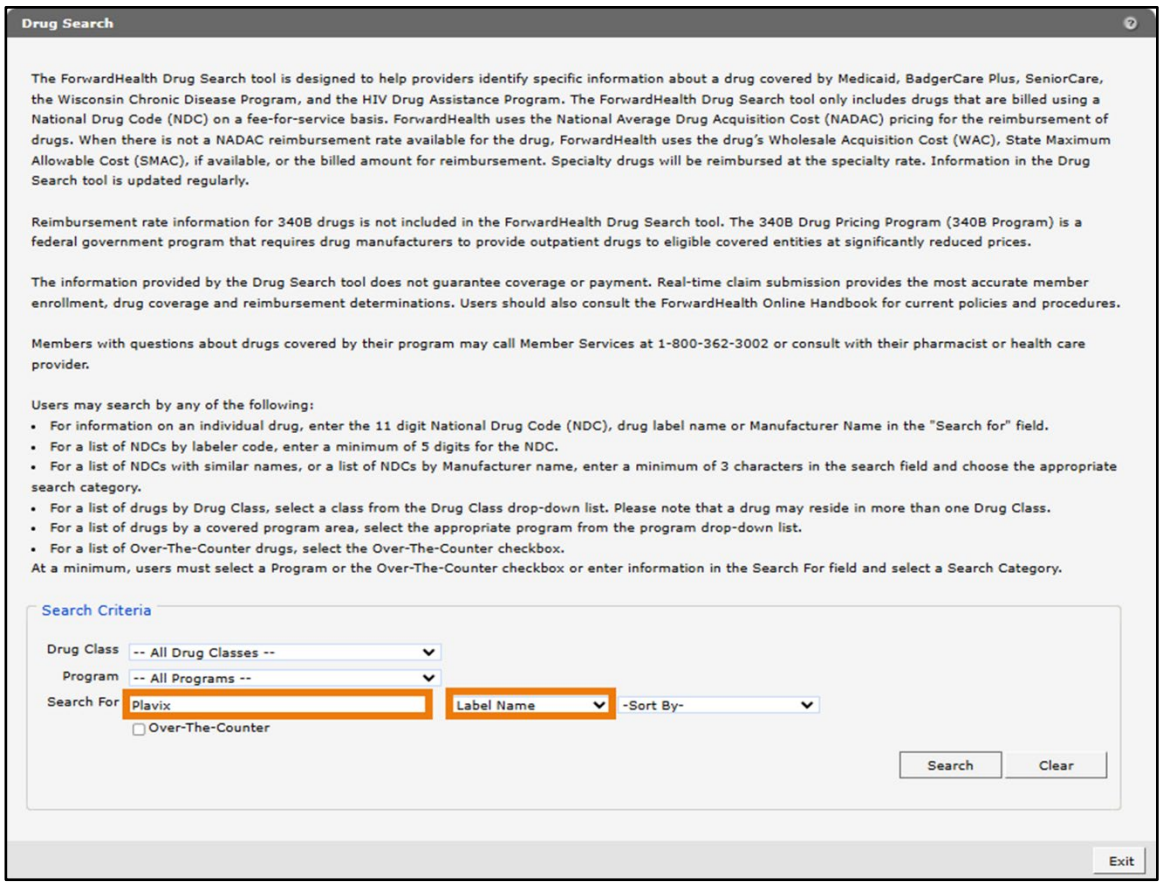


Figure 90 Search by Label Name

3. Click **Search**. The search results will be displayed.

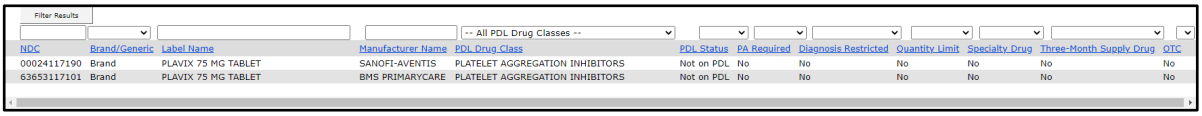


Figure 91 Search Results

Since the search was for a brand-name drug, the search results will show all covered formulations of the drug. The results will normally be limited to only one manufacturer unless other manufacturers are licensed to produce the drug under the brand name.

4. Click the applicable record. The Drug Information page will be displayed.

5. Proceed to Section 7.2 Drug Information Page.

7.1.5 Search by Label Name—Generic

1. Enter at least the first three characters of a label name in the Search For field.

2. Select **Label Name** from the Search Category drop-down menu.

3. If the user expects the search to return a large number of results, they can sort the results by brand or generic name, label name, manufacturer name, PDL drug class, or NDC using the Sort By drop-down menu.

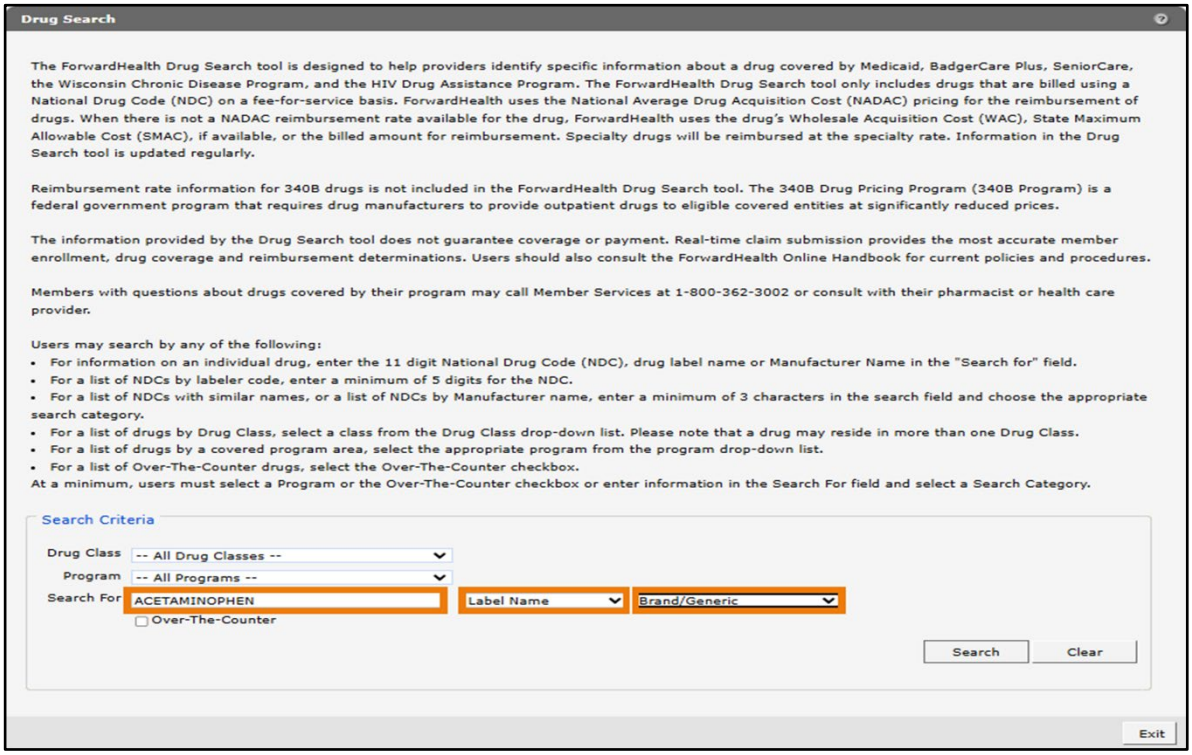
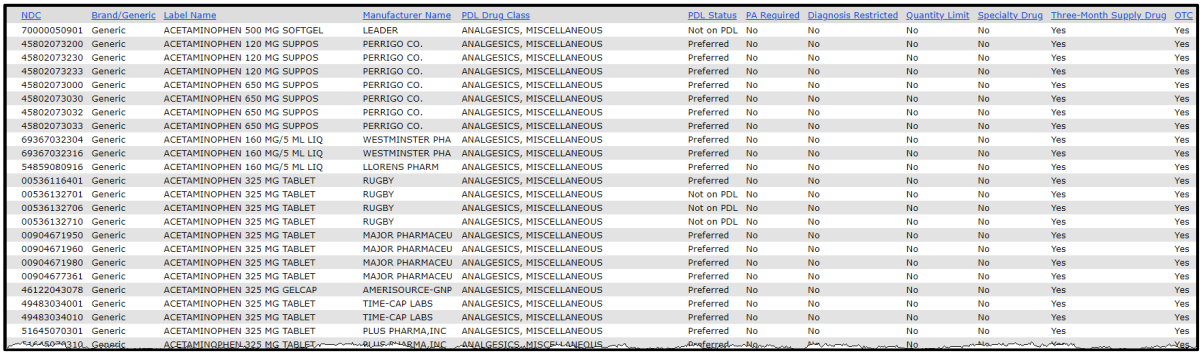


Figure 92 Search by Label Name

4. Click **Search**. The search results will be displayed.



NDC	Brand/Generic	Label Name	Manufacturer Name	PDL Drug Class	PDL Status	PA Required	Diagnosis Restricted	Quantity Limit	Specialty Drug	Three-Month Supply Drug	OTC
70000050901	Generic	ACETAMINOPHEN 500 MG SOFTGEL	LEADER	ANALGESICS, MISCELLANEOUS	Not on PDL	No	No	No	No	Yes	Yes
45802073200	Generic	ACETAMINOPHEN 120 MG SUPPOS	PERRIGO CO.	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
45802073230	Generic	ACETAMINOPHEN 120 MG SUPPOS	PERRIGO CO.	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
45802073233	Generic	ACETAMINOPHEN 120 MG SUPPOS	PERRIGO CO.	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
45802073000	Generic	ACETAMINOPHEN 650 MG SUPPOS	PERRIGO CO.	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
45802073030	Generic	ACETAMINOPHEN 650 MG SUPPOS	PERRIGO CO.	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
45802073032	Generic	ACETAMINOPHEN 650 MG SUPPOS	PERRIGO CO.	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
45802073033	Generic	ACETAMINOPHEN 650 MG SUPPOS	PERRIGO CO.	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
69367032304	Generic	ACETAMINOPHEN 160 MG/5 ML LIQ	WESTMINSTER PHA	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
69367032316	Generic	ACETAMINOPHEN 160 MG/5 ML LIQ	WESTMINSTER PHA	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
54859080916	Generic	ACETAMINOPHEN 160 MG/5 ML LIQ	LLORENS PHARM	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
00536116401	Generic	ACETAMINOPHEN 325 MG TABLET	RUGBY	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
00536132701	Generic	ACETAMINOPHEN 325 MG TABLET	RUGBY	ANALGESICS, MISCELLANEOUS	Not on PDL	No	No	No	No	Yes	Yes
00536132706	Generic	ACETAMINOPHEN 325 MG TABLET	RUGBY	ANALGESICS, MISCELLANEOUS	Not on PDL	No	No	No	No	Yes	Yes
00536132710	Generic	ACETAMINOPHEN 325 MG TABLET	RUGBY	ANALGESICS, MISCELLANEOUS	Not on PDL	No	No	No	No	Yes	Yes
00904671950	Generic	ACETAMINOPHEN 325 MG TABLET	MAJOR PHARMACEU	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
00904671960	Generic	ACETAMINOPHEN 325 MG TABLET	MAJOR PHARMACEU	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
00904671980	Generic	ACETAMINOPHEN 325 MG TABLET	MAJOR PHARMACEU	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
00904677361	Generic	ACETAMINOPHEN 325 MG TABLET	MAJOR PHARMACEU	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
46122043078	Generic	ACETAMINOPHEN 325 MG GELCAP	AMERISOURCE-GNP	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
49483034001	Generic	ACETAMINOPHEN 325 MG TABLET	TIME-CAP LABS	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
49483034010	Generic	ACETAMINOPHEN 325 MG TABLET	TIME-CAP LABS	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
51645070301	Generic	ACETAMINOPHEN 325 MG TABLET	PLUS PHARMA,INC	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes
51645070310	Generic	ACETAMINOPHEN 325 MG TABLET	PLUS PHARMA,INC	ANALGESICS, MISCELLANEOUS	Preferred	No	No	No	No	Yes	Yes

Figure 93 Search Results

5. Scroll through the results by clicking a page number or Next at the bottom of the panel.

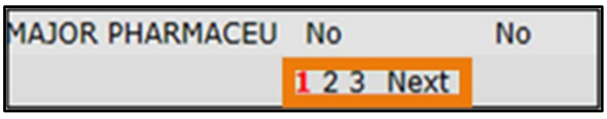


Figure 94 Page Numbers and Next Links

6. Click the applicable record. The Drug Information page will be displayed.

7. Proceed to Section 7.2 Drug Information Page.

7.1.6 Search by Partial Name

Partial names can be used to search for label names or manufacturer names.

1. Enter at least the first three characters of a label or manufacturer name in the Search For field.
2. Select **Label Name** or **Manufacturer Name** from the Search Category drop-down menu.
3. If the user expects the search to return a large number of results, they can sort the results by brand or generic name, label name, manufacturer name, PDL drug class, or NDC from the Sort By drop-down menu.

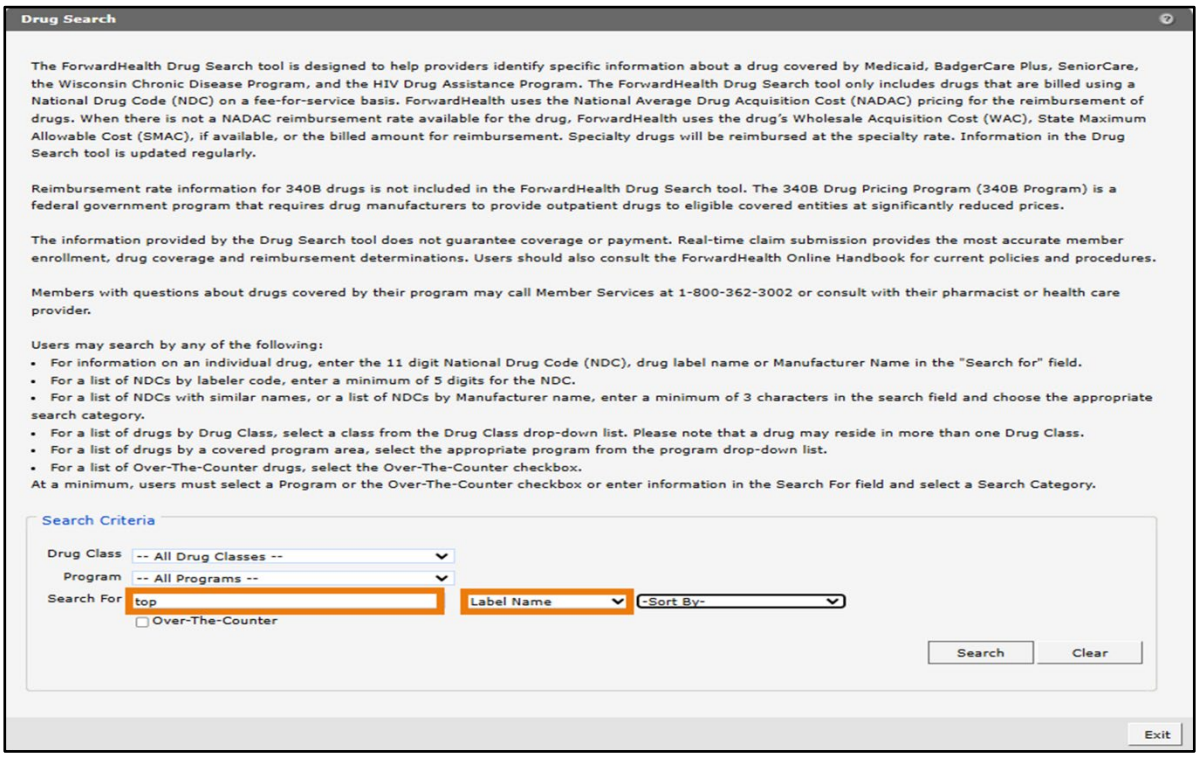


Figure 95 Search by Partial Name

4. Click **Search**. The search results will be displayed.

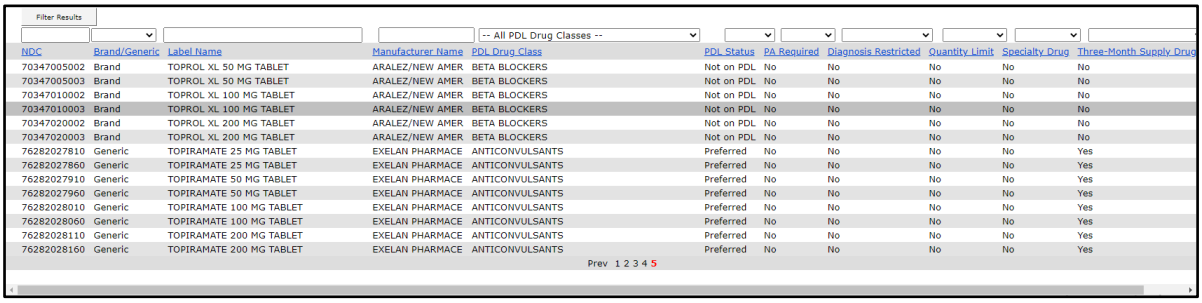


Figure 96 Search Results

The results show all possible label names that begin with the letters entered.

5. Click a column heading to sort the results. Clicking a column heading once will sort the results in ascending order by that column. Clicking the column a second time will sort the results in descending order.

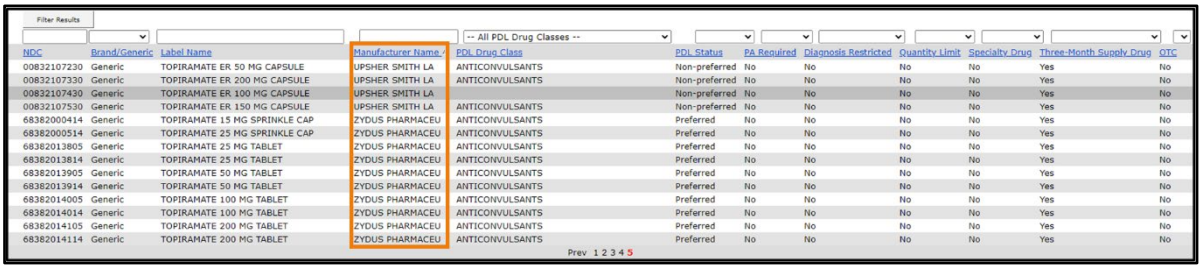


Figure 97 Sort the Results

6. Scroll through the results by clicking a page number or Next at the bottom of the panel.

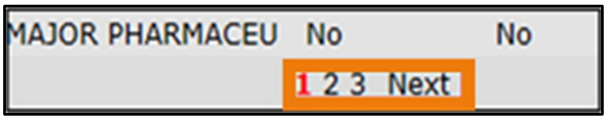


Figure 98 Page Numbers and Next Links

7. Click the applicable record. The Drug Information page will be displayed.

8. Proceed to Section 7.2 Drug Information Page.

7.1.7 Filter Results Within a Column

When a drug search populates more than one NDC, each column populated in the search results will have filtering capability.

1. To filter results within a column, perform a search by PDL drug class, program, NDC, label name, or partial name. When search results include more than one NDC, the user has the ability to filter the results within each column (NDC, Brand/Generic, Label Name, Manufacturer Name, PA Required, Diagnosis Restricted, Quantity Limit, Specialty Drug, Three-Month Supply Drug, OTC) using the filter boxes located above the corresponding column of the search results.

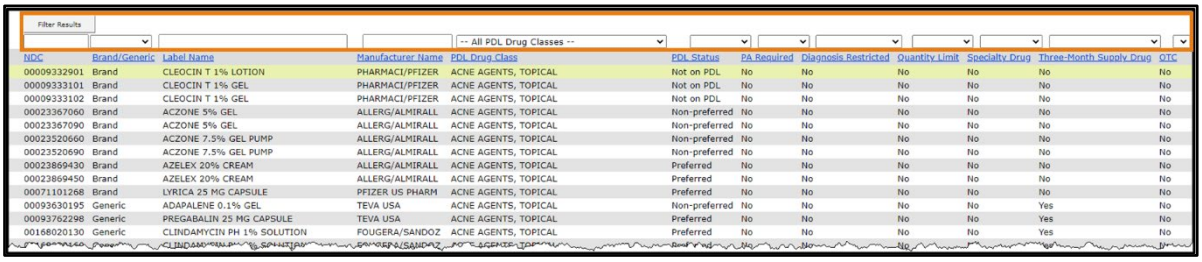


Figure 99 Search Results

2. Enter the information or choose an option from a drop-down menu in the appropriate filter box and click **Filter Results**. The filter results will be displayed.

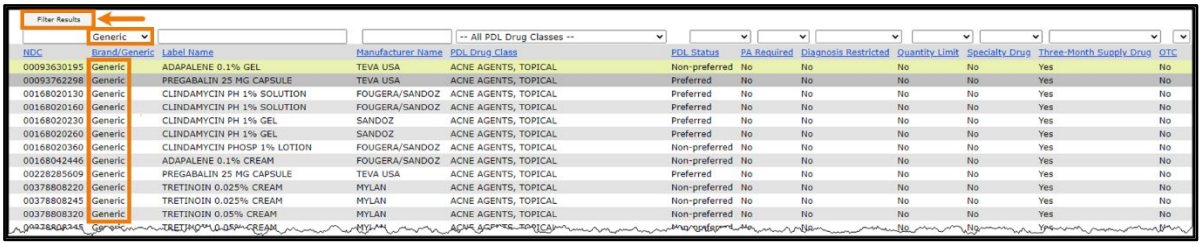


Figure 100 Filter Results

To further filter the results, the user can populate additional filter categories or populate multiple filter categories.

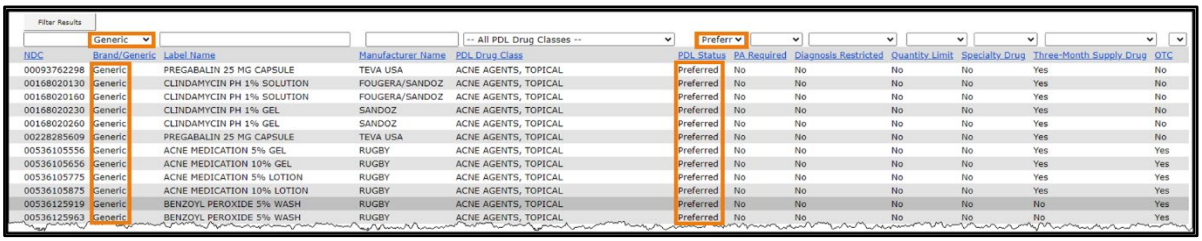


Figure 101 Filter Results

7.1.8 Filter Results by PDL Drug Class and PDL Status

1. To filter results by PDL drug class and PDL status, perform a search.
2. If multiple NDCs are listed, choose an option from the PDL Drug Class and PDL Status filter boxes located above the corresponding column of the search results.
3. Click **Filter Results**. The filter results will be displayed.

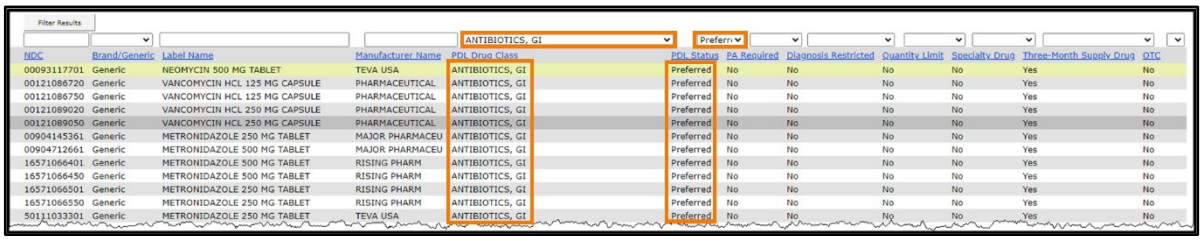


Figure 102 Filter Results

Note: If the chosen filter option(s) for a drug is not available, the filter results will not change. For example, if topical high steroids are selected for the PDL drug class and preferred is selected for the PDL status, but there are no drugs in the PDL drug class with a preferred status, the filter results will not change.

7.2 Drug Information Page

The Drug Information page helps users identify and calculate ingredient reimbursement rates of drugs covered by Wisconsin Medicaid, BadgerCare Plus, SeniorCare, WCDP, and HDAP.

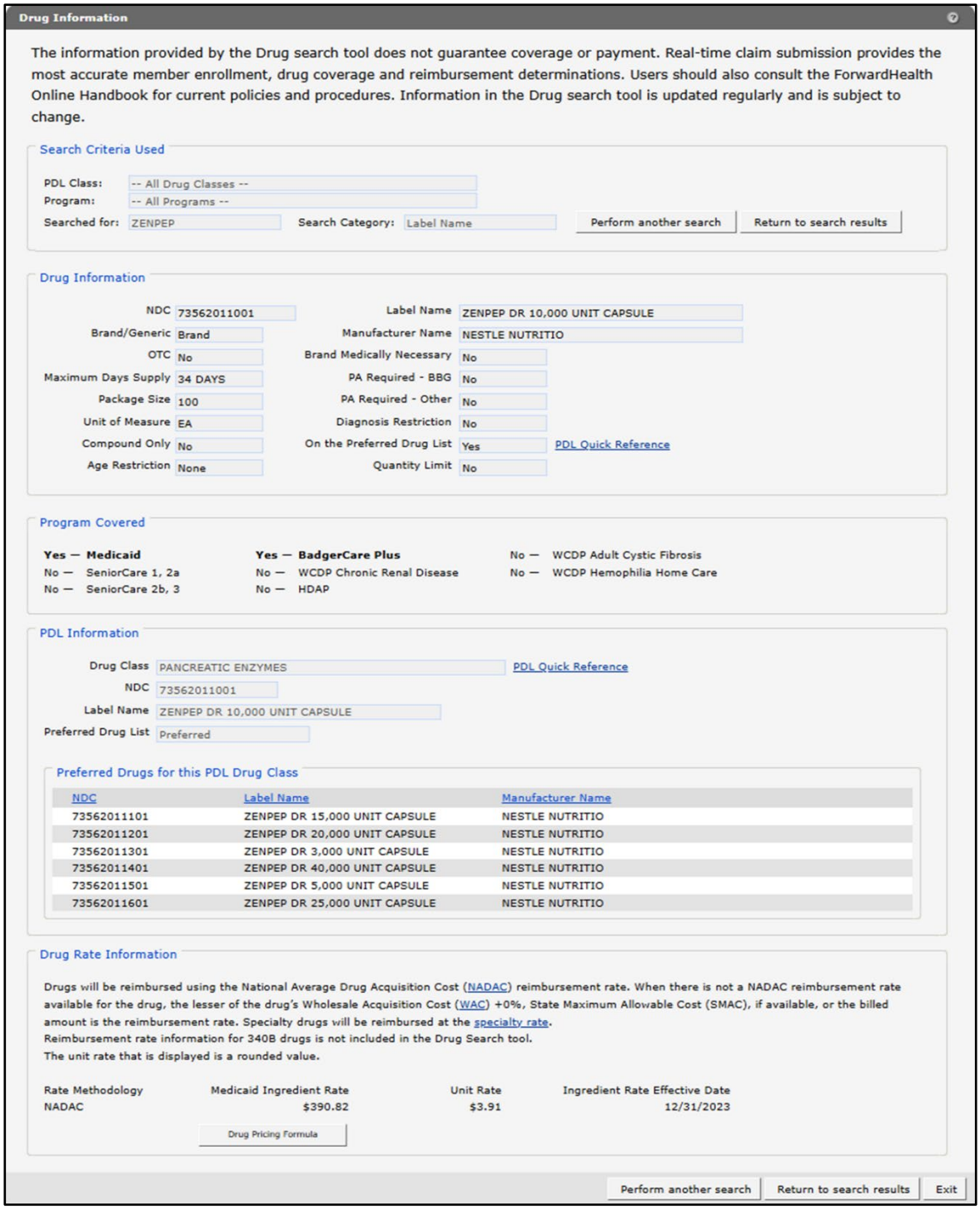


Figure 103 Drug Information Page

The “Drug Information” section may display the following information:

- The combination of the NDC, label name, and manufacturer name that specifically identifies the drug for which the reimbursement rate applies
- If the drug is brand or generic
- If the NDC is an over-the-counter drug
- The maximum days’ supply covered by the indicated rate
- The package size covered by the indicated rate
- The type of billing unit to be used for an NDC
- If the drug is a compound only
- Age restrictions on the drug
- If the drug is brand medically necessary

  If yes, a link to the Brand Medically Necessary Drugs and Brand Before Generic Drugs data table will be available.
- If PA is required because the NDC falls under the Brand Before Generic policy

  If yes, a link to the Brand Medically Necessary Drugs and Brand Before Generic Drugs data table will be available.
- If clinical PA is required for the NDC

  If yes, a link to the ForwardHealth Online Handbook topics for services requiring PA will be available.
- If the NDC is on the PDL

  If yes, a link to the Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List–Quick Reference will be available and a PDL Information section will be displayed on the Drug Information page.
- Diagnosis restrictions for the drug

  If yes, a link to the ForwardHealth Diagnosis Restricted Drugs list will be available.
- Quantity limit for the drug

  If yes, a link to the Pharmacy Resources page of the Portal where users can access the Quantity Limit Drugs and Diabetic Supplies data table will be available.

The “Program Covered” section indicates the plans under which the drug is covered.

The “PDL Information” section provides the status for the selected NDC and the preferred drugs for the PDL drug class of the selected NDC.

The “Drug Rate Information” section displays the reimbursement rate information for the selected NDC. The reimbursement rate information includes the following components:

- The rate methodology indicates how the rate is calculated.
- The Medicaid ingredient rate indicates the reimbursement rate for the package size indicated in the “Drug Information” section.
- The unit rate indicates the per unit rate of the NDC.
- The ingredient rate effective date indicates when the information for this NDC went into effect.

The Drug Pricing Formulary button gives further information on how reimbursement is determined, as displayed in the following example.

Drug Pricing Formula:

Medicaid Ingredient Rate/Package Size = Unit Price

Unit Price x Quantity Dispensed + Professional Dispensing Fee = Allowed Amount

Reimbursement will be based on the lesser of the following amounts:

- Allowed Amount
- Usual and Customary Charge

Figure 104 Drug Pricing Formula

Note: For any questions regarding coverage for an individual drug, refer to the Pharmacy service area of the Online Handbook for policies, procedures, and reimbursement information.

1. To perform another search, click **Perform another search**. The Drug Search panel will be displayed.
2. To return to the search results, click **Return to search results**. The search results will be displayed.