

## **PHYSICIANS, PHYSICIAN ASSISTANTS, AND PHARMACISTS TERMS OF REIMBURSEMENT**

The Wisconsin Department of Health Services (DHS) will establish maximum allowable fees for all covered physician and pharmacist services. The maximum allowable fees shall be based on various factors including a review of usual and customary charges submitted to Wisconsin Medicaid, the Wisconsin State Legislature's Medicaid budgetary constraints, and other relevant economic limitations. Maximum allowable fees may be adjusted to reflect reimbursement limits or limits on the availability of federal funding specified in federal law.

For each covered service, DHS shall pay the lesser of a provider's usual and customary charge or the maximum fee established by DHS.

Physician assistants must work in collaboration with physicians consistent with state law and regulations.

Reimbursement for services provided by a (Medicaid-enrolled) physician assistant will be made as a percentage of the collaborating physician's payment for a specific procedure. Specifically, payment will be made at the lesser of the usual and customary charge or no more than 90% of the physician fee for that procedure, except for immunization injections, HealthCheck visits, and select diagnostic procedures, which are paid at the physician fee.

Pharmacist services must be within the pharmacist's scope of practice or an active collaborative practice agreement consistent with state laws and regulations. Pharmacists do not need to bill under the Medicaid billing number of a physician or clinic.

Reimbursement for services provided by a (Medicaid-enrolled) pharmacist will be made as a percentage of a physician's payment for a specific procedure. Specifically, payment will be made at the lesser of the usual and customary charge or no more than 90% of the physician fee for that procedure, except for immunization injections, HealthCheck visits, and select diagnostic procedures, which are paid at the physician fee.

Providers are required to bill their usual and customary charges for services provided, that charge being the amount charged by the provider for the same service when provided to non-Medicaid patients as defined by Wis. Admin. Code § [DHS 101.03\(181\)](#). For providers who have not established usual and customary charges, the charge should be reasonably related to the provider's cost for providing the service.

DHS shall adjust payments made to providers to reflect the amounts of any allowable copays that providers are required to collect pursuant to Wis. Stat. ch. [49](#).

Payments for deductibles and coinsurance payable on an assigned Medicare claim shall be made in accordance with Wis. Stat. § [49.46\(2\)\(c\)](#).

In accordance with federal regulations contained in 42 C.F.R. § 447.205, DHS will provide public notice in advance of the effective date of any significant proposed change in its methods and standards for setting payment rates for services.



**WISCONSIN DEPARTMENT  
of HEALTH SERVICES**

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