



## WISEWOMAN Program Billing and Reimbursement Policy

Only Current Procedural Terminology (CPT) Codes included in the Current Fiscal Year WISEWOMAN Unit Cost Reimbursement Rate Schedule are eligible for reimbursement. The most current Rate Schedule information is available online at:

<http://www.michigancancer.org/bcccp/wisewomanprogram>.

### **WISEWOMAN Organizations/ Providers can bill for the following services for each program participant during each one-year cycle:**

1. Administration and Interpretation of Health Risk Assessment Instrument.
2. One Total Cholesterol Screening.
3. One High Density Lipoprotein Cholesterol Screening.
4. A second Total Cholesterol Screening **if the first measurement is >400**. Note that two units should be billed if a second measurement is necessary.
5. One Glucose Screening for participants who have not previously been diagnosed with diabetes.
6. One Glycated Hemoglobin (HbA1c) Test for participants who have previously been diagnosed with diabetes.
7. One Diagnostic Exam if screening results for blood pressure, cholesterol, and/or glucose warrant a referral. **Note:** In the past, a second Diagnostic Exam was eligible for reimbursement under certain circumstances. There are now no circumstances under which MDCH will reimburse for a second diagnostic exam.
8. One fasting lipoprotein panel (lipid panel) if cholesterol screening results warrant a referral. Lab results must be entered into the MBCIS WISEWOMAN module.
9. One follow-up fasting plasma glucose (FPG) and/or one oral glucose tolerance test (OGTT) if glucose screening results warrant a referral. Lab results must be entered into the MBCIS WISEWOMAN module. **(If participant requires both a fasting lipoprotein panel and a fasting plasma glucose, both tests should be conducted at the same time.)**
10. One venipuncture charge for the blood draw associated with the fasting lipoprotein panel (lipid panel) and/or the fasting plasma glucose (FPG) when the lipid panel and/or FPG is NOT performed on the Cholestech Machine.
11. One 30, 45 or 60 minute face-to-face Preventative Medicine Counseling contact for development of goals using the Healthy Lifestyle Goals form for Intervention Level 3 program participants. (See Lifestyle Counseling Protocols for description of intervention levels and Healthy Lifestyle Goals development.)
12. Up to four Preventative Medicine Counseling contacts for Intervention Level 3 program participants. (See Lifestyle Counseling Protocols for description of intervention levels and Lifestyle Counseling Contacts.)  
*NOTE: WISEWOMAN funds may not be used to reimburse for smoking cessation classes or for diabetes self-management training.*
13. Up to two Preventative Medicine Counseling contacts for Intervention Level 2 program participants. (See Lifestyle Counseling Protocols for description of intervention levels

and Lifestyle Counseling Contacts.)

***NOTE:** WISEWOMAN funds may not be used to reimburse for smoking cessation classes or for diabetes self-management training.*

14. Medical Care Case Management for all program participants with Alert values for Blood Pressure or Cholesterol (one time per participant per annual cycle). **When billing for Medical Care Case Management, the date of service should be the same as the screening date.** MDCH will enter the data and authorization related to Medical Care Case Management.



## Third Party Administrator Procedures for WISEWOMAN Program Services

### Responsibilities of Provider

#### **Provider of Diagnostic Examination**

- Complete the bottom half of the Referral for Diagnostic Exam Form including the date of the diagnostic exam and the plan of care.
- On the bottom of the Referral for Diagnostic Exam Form, check the box of the Office Visit CPT Code for which you plan to bill.
- Submit the completed Referral for Diagnostic Exam Form to the referring agency.
- Bill the Third Party Administrator (TPA) for the Office Visit CPT Code at the **Usual And Customary Rate** on a HCFA 1500 or UB-92 claim form. Billing should follow the same procedures as for BCCCP. (See BCCCP website for most current billing manual: <http://www.michigancancer.org/bcccp/PDFs/Manuals/BillingServiceManual.pdf> )
  - It is important that the service date and CPT code on the claim match the date of diagnostic exam and Office Visit CPT code checked on the Referral for Diagnostic Exam Form.

#### **Provider of Laboratory Services**

- Submit the results of the Lipid Panel, Fasting Plasma Glucose, or Hemoglobin A1C to the referring agency.
- Bill the TPA for all reimbursable lab services provided at the **Usual and Customary Rate** on a HCFA 1500 or UB-92 claim form. (See the current fiscal year WISEWOMAN Unit Cost Reimbursement Rate Schedule for a list of allowable CPT codes.) Billing should follow the same procedures as for BCCCP. (See Section II of the Third Party Administrator Provider Manual 2005.)
  - It is important that the service date on the claim matches the service date on the Laboratory Results submitted to MDCH. MDCH will use the “date collected” as the authorization date for all laboratory procedures.

### Responsibilities of WISEWOMAN Program Implementation Site

- Enter WISEWOMAN data into the WISEWOMAN module of the Michigan Breast and Cervical Cancer Information System (MBCIS).
  - Failure to enter data in a timely manner will delay payment to the agency or service provider.
- Bill the TPA for all WISEWOMAN services at the **Usual And Customary Rate** on a HCFA 1500 claim form. Billing should follow the same procedures as for BCCCP. (See BCCCP website for most current billing manual: <http://www.michigancancer.org/bcccp/PDFs/Manuals/BillingServiceManual.pdf>)
  - ⇒ See the current fiscal year WISEWOMAN Unit Cost Reimbursement Rate Schedule for a list of allowable CPT Codes and reimbursement rates for the WISEWOMAN program.
  - ⇒ When billing for Case Management, CPT Code 99429, the service date on the claim must match the Screening Date.

**Third Party Administrator Procedure**  
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**Note:** The TPA matches claims to authorizations based on the participant MBCIS number, service date and CPT code. In order to avoid delays in payment, it is important that the participant information, service date and CPT code on the claim match the paperwork submitted to MDCH.