

# wisconsin Medicaid update

## and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:  
Audiologists  
Federally Qualified  
Health Centers  
Rehabilitation  
Agencies  
Rural Health  
Clinics  
Speech and  
Hearing Clinics  
Speech-Language  
Pathologists  
Therapy Groups  
HMOs and Other  
Managed Care  
Programs

## Maximum allowable fees increase for speech-language pathology services

Effective for dates of service on and after July 1, 2001, Wisconsin Medicaid is increasing its maximum allowable fees for speech-language pathology (SLP) services.

### **Speech-language pathology services rate increase**

Wisconsin Act 16, the 2001-2003 biennial budget, authorized rate increases in maximum allowable fees for most Wisconsin Medicaid non-institutional providers.

Wisconsin Act 16 specifically allocated funds to increase reimbursement for providers with the lowest paid-to-billed ratios. This means that both independent providers and many rehabilitation agencies (those with the lowest paid-to-billed ratios) will receive rate increases *up to* the new minimum base speech-language pathology (SLP) rates. Rehabilitation agencies with current rates that are higher than Wisconsin Medicaid's minimum rates will be reimbursed at their current rate plus 1.065%.

This policy is effective for dates of service on and after July 1, 2001. Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a list of procedure codes affected by the new maximum allowable fee.

Wisconsin Medicaid is retaining its current three SLP procedure codes. Providers should continue to use the three SLP procedure codes until they are notified by an *Update* of any further changes to procedure codes.

Providers may obtain updated maximum allowable fee schedules from Wisconsin Medicaid. Refer to the All-Provider Handbook for ordering instructions. Fee schedules, provider handbooks, and *Updates* are also located on the Medicaid Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

The reimbursement rates for rehabilitation agencies are determined separately for each agency. Rehabilitation agencies may contact Provider Services at (800) 947-9627 or (608) 221-9883 with any questions regarding these rates.

### **Automatic Claim Adjustments**

Wisconsin Medicaid will automatically adjust claims if the amount billed exceeded the previous maximum allowable fee. Wisconsin Medicaid will not automatically adjust paid claims on which the billed amount was equal to or less than the previous maximum allowable fee.

Providers are reminded that:

- They are required to bill Wisconsin Medicaid their usual and customary charges.
- Wisconsin Medicaid will reimburse providers the lesser of either the billed amount or the maximum allowable fee.

### Recipient copayments

For those services that require recipient copayments, the copayment amount for a particular service may change if the Medicaid maximum allowable fee for that service increases to the next highest copayment level.

Providers should verify that they are charging the correct copayment amount for each unit of service. The following chart lists the copayment for SLP services regardless of the provider performing these services.

| Procedure Code | Copayment |
|----------------|-----------|
| 92506          | \$2.00    |
| 92507          | \$1.00    |
| 92508          | \$1.00    |

For more detailed information about copayments (including copayment guidelines and exemptions) refer to the All-Provider Handbook and to the appropriate service-specific handbook.

### Managed care disclaimer

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

# ATTACHMENT

## Minimum base fees for speech-language pathology services effective July 1, 2001

The following table shows the new minimum base fees for speech-language pathology (SLP) services, effective for dates of service on and after July 1, 2001. The type of service codes are “1” (medical) or “9” (rehabilitation agency).

| <b>Speech-language pathology minimum base fees</b> |  |                              |  |                         |
|--|--|------------------------------|--|-------------------------|
| <b>Procedure code</b>                              | <b>Description</b>   | <b>Maximum allowable fee</b> | <b>Copayment (per unit of service)</b> | <b>Treatment units*</b> |
| 92506  | Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status                        | \$29.76                      | \$2.00                                 | 1                       |
| 92507  | Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual | \$23.63                      | \$1.00                                 | 1                       |
| 92508  | Group, two or more individuals   | \$14.08                      | \$1.00                                 | 1                       |

\*One treatment unit of service (1.0) for SLP services is 30 minutes.

Providers should note that rehabilitation agencies with rates above the minimum base rates will receive a 1.065% rate increase over their current rates.