

Wisconsin Medicaid update and BadgerCare

June 2002 • No. 2002-29

PHC 1876

Wisconsin Medicaid and BadgerCare Information for Providers

To:
Case Management
Providers
Community
Support
Programs
County
Departments of
Community
Programs
County Human
Service
Departments
County Mental
Health
Coordinators
County-Owned
Mental Health/
Substance
Abuse Clinics
County Social
Service
Departments
County Substance
Abuse
Coordinators
County/Tribal
Aging Units
Crisis Intervention
Providers
Tribal Human
Service
Facilitators
HMOs and Other
Managed Care
Programs

Rate changes for services receiving only federal funds

This *Wisconsin Medicaid and BadgerCare Update* describes changes to contracted hourly rates and federal share reimbursement rates for certain services.

Contracted hourly rates increase 3.2%, effective July 1, 2002

Effective for dates of service on and after July 1, 2002, Wisconsin Medicaid-contracted hourly rates increase 3.2% for the following services:

- Case management services.
- Community support program services.
- Crisis intervention services.
- Mental health/substance abuse outpatient services in the home or community.

The contracted hourly rate is the uniform hourly rate determined by the Department of Health and Family Services and required by the Medicaid state plan.

Federal share decreases 0.14%, effective October 1, 2002

Effective for claims processed on and after October 1, 2002, the federal share for the services listed above will decrease from 58.57% to 58.43%. Wisconsin Medicaid will pay only the federal share of the contracted hourly rates when reimbursing these services.

Updated fee schedules

Attached are the updated Wisconsin Medicaid fee schedules reflecting these changes.

Information regarding Medicaid HMOs

This *Wisconsin Medicaid and BadgerCare 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/.

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Wisconsin Medicaid Fee Schedule
Case Management Services

Effective for dates of service on and after July 1, 2002

Procedure Code	Description	Contracted Hourly Rate	Reimbursement (federal share) Processed through 09/30/02	Reimbursement (federal share) Processed on and after 10/01/02
W7051	Assessment	\$43.27	\$25.34	\$25.28
W7061	Case Planning	\$43.27	\$25.34	\$25.28
W7062	Institutional Discharge Planning	\$43.27	\$25.34	\$25.28
W7071	Ongoing Monitoring and Service Coordination	\$43.27	\$25.34	\$25.28

Wisconsin Medicaid Fee Schedule Case Management Services

Effective for dates of service on and after July 1, 2002

This is your Wisconsin Medicaid Fee Schedule. Wisconsin Medicaid-certified providers will be reimbursed the rates listed on this schedule for covered services provided to eligible recipients.

This fee schedule contains the following information:

Effective Date	The effective date of service on and after which the reimbursement rate applies.
Procedure Code	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
Description	An abbreviated description of the procedure code.
Contracted Hourly Rate	The uniform hourly rate determined by the DHCF.
Reimbursement (federal share)	The federal share of the contracted hourly rate. This is the amount paid per hour by Wisconsin Medicaid.

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third-party liability, copayment, age restrictions, prior authorization, etc.).

The preceding information is intended to help you understand the Wisconsin Medicaid fee schedule. If you have questions about the fee schedule, please call Provider Services at (800) 947-9627 or (608) 221-9883. If you have questions about rates, please contact the Division of Health Care Financing by writing to:

Case Management Services Policy Analyst
Division of Health Care Financing
PO Box 309
Madison WI 53701-0309

Wisconsin Medicaid Fee Schedule
Community Support Programs (CSP)

Effective for dates of service on and after July 1, 2002

Service/Skill Level (Procedure Code)	Contracted Hourly Rate	Reimbursement (federal share) Processed through 09/30/02	Reimbursement (federal share) Processed on and after 10/01/02
CSP/MD — individual (W8200, W8210, W8220, W8230, W8240, W8250, W8290)	\$150.04	\$87.88	\$87.67
CSP/MD — group (W8280)	\$37.51	\$21.97	\$21.92
CSP/PhD — individual (W8201, W8211, W8221, W8241, W8251, W8271)	\$112.53	\$65.91	\$65.75
CSP/PhD — group (W8281)	\$28.11	\$16.46	\$16.42
CSP/Masters — individual (W8202, W8212, W8222, W8232, W8242, W8252, W8262, W8272, W8292)	\$90.04	\$52.74	\$52.61
CSP/Masters (registered nurse only) — individual (W8232, W8292)	\$90.04	\$52.74	\$52.61
CSP/Masters — group (W8282)	\$22.51	\$13.18	\$13.15
CSP/Professional — individual (W8203, W8213, W8233, W8243, W8253, W8263, W8273, W8293)	\$60.00	\$35.14	\$35.06
CSP/Professional (registered nurse only) — individual (W8233, W8293)	\$60.00	\$35.14	\$35.06
CSP/Professional — group (W8283)	\$15.00	\$8.79	\$8.76
CSP/Technical — individual (W8274, W8294)	\$22.51	\$13.18	\$13.15

Wisconsin Medicaid Fee Schedule Community Support Programs

Effective for dates of service on and after July 1, 2002

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Procedure Code	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
Description	An abbreviated description of the procedure code.
Contracted Hourly Rate	The uniform hourly rate determined by the DHCF.
Reimbursement (federal share)	The federal share of the contracted hourly rate. This is the amount paid per hour by Wisconsin Medicaid.

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Community Support Programs Policy Analyst
Division of Health Care Financing
PO Box 309
Madison WI 53701-0309

Wisconsin Medicaid Fee Schedule

Crisis Intervention Services

Effective for dates of service on and after July 1, 2002

Provider Type	Procedure Code and Description	Contracted Hourly Rate	Reimbursement (federal share) Processed through 09/30/02	Reimbursement (federal share) Processed on and after 10/01/02
MD	W9551 __ Initial assessment and planning	\$148.16	\$86.78	\$86.57
MD	W9555 __ Crisis linkage and follow-up	\$148.16	\$86.78	\$86.57
MD	W9559 __ Crisis stabilization	\$148.16	\$86.78	\$86.57
Ph.D.	W9552 __ Initial assessment and planning	\$110.23	\$64.56	\$64.41
Ph.D.	W9556 __ Crisis linkage and follow-up	\$110.23	\$64.56	\$64.41
Ph.D.	W9560 __ Crisis stabilization	\$110.23	\$64.56	\$64.41
MS/RN	W9553 __ Initial assessment and planning	\$88.90	\$52.07	\$51.94
MS/RN	W9557 __ Crisis linkage and follow-up	\$88.90	\$52.07	\$51.94
MS/RN	W9561 __ Crisis stabilization	\$88.90	\$52.07	\$51.94
Other	W9554 __ Initial assessment and planning	\$47.42	\$27.77	\$27.71
Other	W9558 __ Crisis linkage and follow-up	\$47.42	\$27.77	\$27.71
Other	W9562 __ Crisis stabilization	\$47.42	\$27.77	\$27.71
All	W9563 __ Crisis stabilization alternate care, per diem	\$139.54	\$81.73	\$81.53

Bill all services using type of service (TOS) code "1" (medical).

Wisconsin Medicaid Fee Schedule Crisis Intervention Services

Effective for dates of service on and after July 1, 2002

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Procedure Code	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
Description	An abbreviated description of the procedure code.
Contracted Hourly Rate	The uniform hourly rate determined by the DHCF.
Reimbursement (federal share)	The federal share of the contracted hourly rate. This is the amount paid per hour by Wisconsin Medicaid.

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third-party liability, copayment, age restrictions, prior authorization, etc.).

The preceding information is intended to help you understand the Wisconsin Medicaid fee schedule. If you have questions about the fee schedule, please call Provider Services at (800) 947-9627 or (608) 221-9883. If you have questions about rates, please contact the Division of Health Care Financing by writing to:

Crisis Intervention Services Policy Analyst
Division of Health Care Financing
PO Box 309
Madison WI 53701-0309

Wisconsin Medicaid Fee Schedule

Mental Health/Substance Abuse Outpatient Services in the Home or Community

Effective for dates of service on and after July 1, 2002

Procedure Code (TOS)	Procedure Code Description	Contracted Hourly Rate	Reimbursement (federal share) Processed through 09/30/02	Reimbursement (federal share) Processed on and after 10/01/02
W7400 (1)	Psychiatric Diagnostic Interview Exam — Home or Community by Psychiatrist	\$150.04	\$87.88	\$87.67
W7401 (9)	Psychiatric Diagnostic Interview Exam — Home or Community by Ph.D.	\$112.53	\$65.91	\$65.75
W7402 (9)	Psychiatric Diagnostic Interview Exam — Home or Community by Master's	\$90.04	\$52.74	\$52.61
W7403 (1)	Individual Psychotherapy/Substance Abuse Therapy — Home or Community by Psychiatrist	\$150.04	\$87.88	\$87.67
W7404 (9)	Individual Psychotherapy/Substance Abuse Therapy — Home or Community by Ph.D.	\$112.53	\$65.91	\$65.75
W7405 (9)	Individual Psychotherapy/Substance Abuse Therapy — Home or Community by Master's	\$90.04	\$52.74	\$52.61
W7406 (1)	Individual Substance Abuse Therapy — Home or Community by AODA Counselor	\$60.00	\$35.14	\$35.06
W7407 (1)	Individual Substance Abuse Therapy — Home or Community by M.D. other than Psychiatrist	\$150.04	\$87.88	\$87.67
W7408 (1)	Group Psychotherapy/Substance Abuse Therapy — Home or Community by Psychiatrist	\$37.51	\$21.97	\$21.92
W7409 (9)	Group Psychotherapy/Substance Abuse Therapy — Home or Community by Ph.D.	\$28.11	\$16.46	\$16.42

Procedure Code (TOS)	Procedure Code Description	Contracted Hourly Rate	Reimbursement (federal share) Processed through 09/30/02	Reimbursement (federal share) Processed on and after 10/01/02
W7410 (9)	Group Psychotherapy/ Substance Abuse Therapy — Home or Community by Master's	\$22.51	\$13.18	\$13.15
W7411 (1)	Group Substance Abuse Therapy — Home or Community by AODA Counselor	\$15.01	\$8.79	\$8.77
W7412 (1)	Group Substance Abuse Therapy — Home or Community M.D. other than Psychiatrist	\$37.51	\$21.97	\$21.92
W7413 (1)	Pharmacologic Management — Home or Community by M.D./N.P./P.A. (Quantity 1 = 15 minutes)	\$37.51*	\$21.97*	\$21.92*
W7414 (9)	Pharmacologic Management — Home or Community by Psychiatric Nurse (Quantity 1 = 15 minutes)	\$22.52*	\$13.19*	\$13.16*

*For Pharmacologic Management (W7413 and W7414), this is the rate for 15 minutes.

Wisconsin Medicaid Fee Schedule Mental Health/Substance Abuse Outpatient Services in the Home or Community

Effective for dates of service on and after July 1, 2002

This is your Wisconsin Medicaid Fee Schedule. Wisconsin Medicaid-certified providers will be reimbursed the rates listed on this schedule for covered services provided to eligible recipients.

This fee schedule contains the following information:

Effective Date	The effective date of service on and after which the reimbursement rate applies.
Procedure Code	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
Description	An abbreviated description of the procedure code.
Contracted Hourly Rate	The uniform hourly rate determined by the DHCF. For Medication Management (W7413 and W7414), this is the rate for 15 minutes.
Reimbursement (federal share)	The federal share of the contracted hourly rate. This is the amount paid per hour by Wisconsin Medicaid.

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third-party liability, copayment, age restrictions, prior authorization, etc.).

The preceding information is intended to help you understand the Wisconsin Medicaid fee schedule. If you have questions about the fee schedule, please call Provider Services at (800) 947-9627 or (608) 221-9883. If you have questions about rates, please contact the Division of Health Care Financing by writing to:

Mental Health/Substance Abuse Services Policy Analyst
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