

Wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:

School-Based
Services

Providers

HMOs and Other
Managed Care
Programs

Rate changes for school-based services

This *Wisconsin Medicaid and BadgerCare Update* describes changes to the federal share reimbursement rates for school-based services.

increments. The reimbursement rate has been adjusted accordingly.

Although the billing unit will be changing from a 10- to a 15-minute rate, the same conversion chart will be used for the nursing task method. (Refer to the April 2003 *Wisconsin Medicaid and BadgerCare Update*, titled “Covered nursing services provided under the school-based services benefit,” for the Medicaid reimbursement conversion chart.) For instance, a G-Tube feeding will remain billed as .5 units, which will be 7.5 minutes as of October 1, 2003.

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

Nonprofessionals performing delegated nursing tasks

When nonprofessionals perform delegated nursing tasks, use the licensed practical nursing procedure code **T1003** with modifier “**TM**” for billing after October 1, 2003.

Updated fee schedules

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for the updated Wisconsin Medicaid fee schedules.

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/.

PHC 1250

Changes to federal share

On April 1, 2003, the federal share for school-based services increased from 58.43% to 61.52%. This increase is effective for claims processed and paid April 1, 2003, through September 30, 2003.

Effective for claims processed and paid on and after October 1, 2003, the federal share for school-based services will decrease from 61.52% to 61.38%. Wisconsin Medicaid will pay only the federal share of the contracted rates for school-based services.

Automatic claim adjustments

Wisconsin Medicaid will automatically adjust claims that were processed and paid at the lower percentage from April 2003, through September 2003. Providers do not need to request an adjustment.

Contracted rates remain unchanged

The contracted rates for school-based services remain unchanged. Note that the hourly rate for nursing services has remained unchanged but starting October 1, 2003, the billing unit has shifted from 10-minute to 15-minute

ATTACHMENT

Wisconsin Medicaid fee schedule for school-based services

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:

Procedure Code	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
Description	A description of the procedure code.
Contracted Rate	The uniform rate determined by the Division of Health Care Financing (DHCF).
Reimbursement (federal share)	The federal share of the contracted rate. This is the amount paid per unit 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, and prior authorization).

The preceding information is intended to help providers understand the Wisconsin Medicaid fee schedule. For questions about the fee schedule, providers should contact Provider Services at (800) 947-9627 or (608) 221-9883. For questions about rates, providers should contact the DHCF by writing to:

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

Wisconsin Medicaid fee schedule for school-based services

Procedure code	Description	Contracted rate for dates of service 7/1/02 through 9/30/03	Reimbursement (federal share) paid 10/1/02 through 3/31/03	Reimbursement (federal share) paid 4/1/03 through 9/30/03	Reimbursement (federal share) paid on and after 10/1/03
W6050	Individualized Education Program (IEP) speech, language, audiology, and hearing service: individual	\$25.22	\$8.84	\$9.31	\$9.29
W6051	IEP speech, language, audiology, and hearing service: group	\$8.33	\$2.92	\$3.07	\$3.07
W6052	Speech, language, audiology, and hearing service: face-to-face M-team assessment and IEP	\$25.22	\$8.84	\$9.31	\$9.29
W6053	IEP occupational therapy service: individual	\$21.84	\$7.66	\$8.06	\$8.04
W6054	IEP occupational therapy service: group	\$7.20	\$2.52	\$2.66	\$2.65
W6055	Occupational therapy: face-to-face IEP team assessment and IEP plan development	\$21.84	\$7.66	\$8.06	\$8.04
W6056	IEP physical therapy service: individual	\$25.28	\$8.86	\$9.33	\$9.31
W6057	IEP physical therapy service: group	\$8.35	\$2.93	\$3.08	\$3.08
W6058	Physical therapy: face-to-face IEP team assessment and IEP plan development	\$25.28	\$8.86	\$9.33	\$9.31
W6059	IEP psychological service: individual	\$22.53	\$7.90	\$8.32	\$8.30
W6060	IEP psychological service: group	\$7.43	\$2.60	\$2.74	\$2.74
W6061	Psychological service: face-to-face IEP team assessment and IEP plan development	\$22.53	\$7.90	\$8.32	\$8.30
W6062	IEP counseling service: individual	\$21.61	\$7.58	\$7.98	\$7.96
W6063	IEP counseling service: group	\$7.13	\$2.50	\$2.63	\$2.63

Wisconsin Medicaid fee schedule for school-based services

Procedure code	Description	Contracted rate for dates of service 7/1/02 through 9/30/03	Reimbursement (federal share) paid 10/1/02 through 3/31/03	Reimbursement (federal share) paid 4/1/03 through 9/30/03	Reimbursement (federal share) paid on and after 10/1/03
W6064	Counseling: face-to-face IEP team assessment and IEP plan development	\$21.61	\$7.58	\$7.98	\$7.96
W6065	IEP social work service: individual	\$21.72	\$7.61	\$8.02	\$8.00
W6066	IEP social work service: group	\$7.17	\$2.51	\$2.65	\$2.64
W6067	Social work: face-to-face IEP team assessment and IEP plan development	\$21.72	\$7.61	\$8.02	\$8.00
W6068	IEP nursing service: care and treatment	\$12.14	\$4.26	\$4.48	\$4.47
W6069	Nursing: face-to-face IEP team assessment and IEP plan development	\$12.14	\$4.26	\$4.48	\$4.47
W6070	Face-to-face IEP team assessment and IEP plan development: other staff	\$22.61	\$7.93	\$8.35	\$8.33
W6072	Durable medical equipment	Individually priced	Individually priced	Individually priced	Individually priced
W6074	Special transport, daily base rate (first 20 miles included). Unloaded bus-barn miles cannot be counted.	\$29.34	\$10.29	\$10.83	\$10.81
W6075	Special transport, per mile rate (for miles over 20-mile base). Unloaded bus-barn miles cannot be counted.	\$3.35	\$1.17	\$1.24	\$1.23

Wisconsin Medicaid fee schedule for school-based services

Procedure code	Description	Modifier and modifier description	Contracted rate for dates of service on and after 10/1/03	Reimbursement (federal share) paid on and after 10/1/03
92506 with modifier "TM"	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	TM — Individualized education program (IEP)	\$25.22	\$9.29
92507 with modifier "TM"	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	TM — Individualized education program (IEP)	\$25.22	\$9.29
92508 with modifier "TM"	group, two or more individuals	TM — Individualized education program (IEP)	\$8.33	\$3.07
97110 with modifiers "TM" and "GO"	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	TM — Individualized education program (IEP)	\$21.84	\$8.04
		GO — Services delivered under an outpatient occupational therapy plan of care		
97150 with modifiers "TM" and "GO"	Therapeutic procedure(s), group (2 or more individuals)	TM — Individualized education program (IEP)	\$7.20	\$2.65
		GO — Services delivered under an outpatient occupational therapy plan of care		
97003 with modifier "TM"	Occupational therapy evaluation	TM — Individualized education program (IEP)	\$21.84	\$8.04
97110 with modifiers "TM" and "GP"	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	TM — Individualized education program (IEP)	\$25.28	\$9.31
		GP — Services delivered under an outpatient physical therapy plan of care		
97150 with modifiers "TM" and "GP"	Therapeutic procedure(s), group (2 or more individuals)	TM — Individualized education program (IEP)	\$8.35	\$3.08
		GP — Services delivered under an outpatient physical therapy plan of care		

Wisconsin Medicaid fee schedule for school-based services

Procedure code	Description	Modifier and modifier description	Contracted rate for dates of service on and after 10/1/03	Reimbursement (federal share) paid on and after 10/1/03
97001 with modifier "TM"	Physical therapy evaluation (per 15 min)	TM — Individualized education program (IEP)	\$25.28	\$9.31
T1024 with modifier "U2"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U2 — Individual IEP, psychological service	\$22.53	\$8.30
T1024 with modifier "U3"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U3 — Group IEP, psychological service	\$7.43	\$2.74
T1024 with modifier "U1"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U1 — M-team assessment and IEP, psychological service	\$22.43	\$8.26
T1024 with modifier "U5"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U5 — Individual IEP, counseling service	\$21.61	\$7.96
T1024 with modifier "U6"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U6 — Group IEP, counseling service	\$7.13	\$2.63

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Procedure code	Description	Modifier and modifier description	Contracted rate for dates of service on and after 10/1/03	Reimbursement (federal share) paid on and after 10/1/03
T1024 with modifier "U4"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U4 — M-team assessment and IEP, counseling service	\$21.61	\$7.96
T1024 with modifier "U8"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U8 — Individual IEP, social work service	\$21.72	\$8.00
T1024 with modifier "U9"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U9 — Group IEP, social work service	\$7.17	\$2.64
T1024 with modifier "U7"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U7 — M-team assessment and IEP, social work service	\$21.72	\$8.00
T1002 with modifier "TM"	RN services, up to 15 minutes	TM — Individualized education program (IEP)	\$18.21	\$6.71
T1003 with modifier "TM"	LPN/LVN services, up to 15 minutes	TM — Individualized education program (IEP)	\$18.21	\$6.71
T1001 with modifier "TM"	Nursing assessment/evaluation	TM — Individualized education program (IEP)	\$18.21	\$6.71

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Procedure code	Description	Modifier and modifier description	Contracted rate for dates of service on and after 10/1/03	Reimbursement (federal share) paid on and after 10/1/03
T1024 with modifier "UA"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	UA — M-team assessment and IEP, other staff	\$22.61	\$8.33
E1399 with modifier "TM"	Durable medical equipment, miscellaneous	TM — Individualized education program (IEP)	Individually priced	Individually priced
T2003 with modifier "TM"	Non-emergency transportation; encounter/trip	TM — Individualized education program (IEP)	\$29.34	\$10.81
A0425 with modifier "TM"	Ground mileage; per statute mile	TM — Individualized education program (IEP)	\$3.35	\$1.23