

To:

School-Based
Services
Providers

HMOs and Other
Managed Care
Programs

Rate Changes for School-Based Services

This *Wisconsin Medicaid and BadgerCare Update* describes the following two rate changes for school-based services in 2005:

- Contracted hourly rates.
- Federal share reimbursement rates.

Rate Changes in 2005

School-Based Services (SBS) providers are receiving two rate changes this year. The rates that are affected and the rationale for the changes are as follows:

- Contracted hourly rates are increasing slightly based on increasing costs of medical care. This percent increase was taken from the first Quarter 2005 Global Insight's Health Care Cost Review.
- Federal share reimbursement rates are decreasing slightly due to a decrease in federal matching funds.

Contracted Hourly Rates Increase 2.8 Percent Effective July 1, 2005

Effective for dates of service on and after July 1, 2005, Wisconsin Medicaid-contracted hourly rates increase 2.8 percent for school-based services.

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

Federal Share Decreases 0.67 Percent Effective October 1, 2005

Effective for claims processed on and after October 1, 2005, the federal share for school-

based services has been decreased from 58.32 percent to 57.65 percent. Since Wisconsin Medicaid reimburses SBS providers 60 percent of the federal share, this proportionately decreases the Medicaid reimbursement an SBS provider receives and increases the amount the SBS provider must obtain from local matching funds.

Updated Fee Schedule

Attached is the Wisconsin Medicaid fee schedule that reflects these changes.

Information Regarding Medicaid HMOs

This *Wisconsin Medicaid and BadgerCare Update* contains Medicaid policy to recipients both enrolled in HMOs and in fee-for-service Medicaid.

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 dhfs.wisconsin.gov/medicaid/.

PHC 1250

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. |
| Modifier and Modifier Description | The modifier recognized by Wisconsin Medicaid and the description of the modifier. |
| 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
School-Based Services
PO Box 309
Madison WI 53701-0309

**Procedure Codes for School-Based Services on and After July 1, 2005
(Valid for Dates of Service on and After July 1, 2005)**

| Procedure Code | Description | Modifier and Modifier Description | Contracted Rate | Reimbursement (Federal Share) Paid 7/1/05 to 9/30/05 | Reimbursement (Federal Share) Paid on and After 10/1/05 |
|------------------------------------|---|---|------------------------|---|--|
| 92506 with modifier "TM" | Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status | TM — Individualized education program (IEP) | \$25.93 | \$9.07 | \$8.97 |
| 92507 with modifier "TM" | Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual | TM — Individualized education program (IEP) | \$25.93 | \$9.07 | \$8.97 |
| 92508 with modifier "TM" | group, two or more individuals | TM — Individualized education program (IEP) | \$8.56 | \$3.00 | \$2.96 |
| 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) | \$22.45 | \$7.86 | \$7.77 |
| | | 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) | \$7.40 | \$2.59 | \$2.56 |
| | | GO — Services delivered under an outpatient occupational therapy plan of care | | | |
| 97003 with modifier "TM" | Occupational therapy evaluation | TM — Individualized education program (IEP) | \$22.45 | \$7.86 | \$7.77 |
| 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) | \$25.99 | \$9.09 | \$8.99 |
| | | GP — Services delivered under an outpatient physical therapy plan of care | | | |

**Procedure Codes for School-Based Services on and After July 1, 2005
(Valid for Dates of Service on and After July 1, 2005)**

| Procedure Code | Description | Modifier and Modifier Description | Contracted Rate | Reimbursement (Federal Share) Paid 7/1/05 to 9/30/05 | Reimbursement (Federal Share) Paid on and After 10/1/05 |
|------------------------------------|--|---|------------------------|---|--|
| 97150 with modifiers "TM" and "GP" | Therapeutic procedure(s), group (2 or more individuals) | TM — Individualized education program (IEP) | \$8.58 | \$3.00 | \$2.97 |
| | | GP — Services delivered under an outpatient physical therapy plan of care | | | |
| 97001 with modifier "TM" | Physical therapy evaluation (per 15 min) | TM — Individualized education program (IEP) | \$25.99 | \$9.09 | \$8.99 |
| 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 | \$23.16 | \$8.10 | \$8.01 |
| 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 | \$7.64 | \$2.67 | \$2.64 |
| 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 | \$23.16 | \$8.10 | \$8.01 |

**Procedure Codes for School-Based Services on and After July 1, 2005
(Valid for Dates of Service on and After July 1, 2005)**

| Procedure Code | Description | Modifier and Modifier Description | Contracted Rate | Reimbursement (Federal Share) Paid 7/1/05 to 9/30/05 | Reimbursement (Federal Share) Paid on and After 10/1/05 |
|--------------------------|--|--|------------------------|---|--|
| 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 | \$22.22 | \$7.77 | \$7.69 |
| 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 | \$7.33 | \$2.56 | \$2.54 |
| 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 | \$22.22 | \$7.77 | \$7.69 |
| 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 | \$22.33 | \$7.81 | \$7.72 |

**Procedure Codes for School-Based Services on and After July 1, 2005
(Valid for Dates of Service on and After July 1, 2005)**

| Procedure Code | Description | Modifier and Modifier Description | Contracted Rate | Reimbursement (Federal Share) Paid 7/1/05 to 9/30/05 | Reimbursement (Federal Share) Paid on and After 10/1/05 |
|--------------------------|--|---|------------------------|---|--|
| 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 | \$7.37 | \$2.58 | \$2.55 |
| 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 | \$22.33 | \$7.81 | \$7.72 |
| T1002 with modifier "TM" | RN services, up to 15 minutes | TM — Individualized education program (IEP) | \$18.72 | \$6.55 | \$6.48 |
| T1003 with modifier "TM" | LPN/LVN services, up to 15 minutes | TM — Individualized education program (IEP) | \$18.72 | \$6.55 | \$6.48 |
| T1001 with modifier "TM" | Nursing assessment/evaluation | TM — Individualized education program (IEP) | \$18.72 | \$6.55 | \$6.48 |
| 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 | \$23.24 | \$8.13 | \$8.04 |

**Procedure Codes for School-Based Services on and After July 1, 2005
(Valid for Dates of Service on and After July 1, 2005)**

| Procedure Code | Description | Modifier and Modifier Description | Contracted Rate | Reimbursement (Federal Share) Paid 7/1/05 to 9/30/05 | Reimbursement (Federal Share) Paid on and After 10/1/05 |
|--------------------------|--|---|------------------------|---|--|
| E1399 with modifier "TM" | Durable medical equipment, miscellaneous | TM — Individualized education program (IEP) | Individually priced | Individually priced | Individually priced |
| T2003 with modifier "TM" | Non-emergency transportation; encounter/trip | TM — Individualized education program (IEP) | \$30.16 | \$10.55 | \$10.43 |
| A0425 with modifier "TM" | Ground mileage; per statute mile | TM — Individualized education program (IEP) | \$3.44 | \$1.21 | \$1.19 |