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Quantity and Reimbursement Changes for Physical Therapy and Occupational Therapy Evaluations

Effective for dates of service (DOS) on and after March 1, 2006, a quantity of “1.0” will equal a complete physical therapy or occupational therapy evaluation.

When submitting claims, providers will now be required to indicate a quantity of “1.0” for each evaluation instead of indicating a unit of “1.0” for every 15 minutes. As a reminder, claims for evaluations and re-evaluations may be submitted only upon completion regardless of the number of days needed to complete the evaluation.

When submitting prior authorization requests, providers should continue to indicate a quantity of “1.0” for each evaluation. Amendment requests do *not* need to be submitted for PA requests that are currently in effect.

Independent Therapists

Effective for DOS on and after March 1, 2006, maximum allowable fees will be as follows for independent therapists:

- 97001 (Physical therapy evaluation) will be \$57.19 per evaluation.
- 97002 (Physical therapy re-evaluation) will be \$24.70 per evaluation.
- 97003 (Occupational therapy evaluation) will be \$57.19 per evaluation.
- 97004 (Occupational therapy re-evaluation) will be \$24.70 per evaluation.

Outpatient Hospital Therapy Providers and Rehabilitation Agencies

Effective for DOS on and after March 1, 2006, maximum allowable fees will be as follows for outpatient hospital therapy providers and rehabilitation agencies:

- 97001 will be \$60.04 per evaluation.
- 97002 will be \$26.00 per evaluation.
- 97003 will be \$60.04 per evaluation.
- 97004 will be \$26.00 per evaluation.

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 dhfs.wisconsin.gov/medicaid/.

PHC 1250