wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:

Nursing Homes

Occupational Therapists

Outpatient Hospital Therapy Providers

Physical Therapists

Rehabilitation Agencies

Speech and Hearing Clinics

Speech-Language Pathologists

Therapy Groups

HMOs and Other Managed Care Programs

Procedure Code Changes for Therapy Services

Effective for dates of service on and after January 1, 2006, Wisconsin Medicaid has updated physical therapy, occupational therapy, and speech and language pathology procedure codes to reflect the 2006 *Current Procedural Terminology* code changes.

Physical Therapy and Occupational Therapy

Due to code changes effective for dates of service (DOS) on and after January 1, 2006, Wisconsin Medicaid is *discontinuing* the following procedure code for physical therapy (PT) and occupational therapy (OT) services.

Discontinued Procedure Code		Replacement Procedure Code	
Procedure Code	**Description**	**Procedure Code**	**Description**
97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes

Attachments 1 and 2 of this *Wisconsin Medicaid and BadgerCare Update include changes to the descriptions* for procedure code 97024 for PT services and procedure code 97542 for PT and OT services. Refer to Attachments 1 and 2 for a complete list of allowable procedure codes for PT and OT services. Refer to the Medicaid Web site at *dhfs.wisconsin.gov/medicaid/* for the maximum allowable fee schedules.

Prior Authorization

Physical therapy and OT providers will *not* need to submit a new prior authorization (PA) request or amendment request for previously approved PA requests submitted with procedure code 97520 for anticipated DOS on and after January 1, 2006. Wisconsin Medicaid will convert the discontinued code to the replacement code for DOS on and after January 1, 2006.

Claims Submission

Providers are required to use procedure code 97520 for DOS prior to January 1, 2006, and procedure code 97761 for DOS on and after January 1, 2006.

Speech and Language Pathology

Due to code changes effective for DOS on and after January 1, 2006, Wisconsin Medicaid is *discontinuing* the following procedure code for speech and language pathology (SLP) services.

Discontinued Procedure Code		Replacement Procedure Codes		
Procedure Code	**Description**	**Procedure Code**	**Modifier**	**Description**
92510	Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming	92506		Evaluation of speech, language, voice, communication, and/or auditory processing
		92507	UC	Treatment of speech, language, voice, communication, and/or auditory processing disorder

Attachment 3 includes *changes to the descriptions* for procedure codes 92506, 92507, and 92520; refer to Attachment 3 for a complete list of allowable procedure codes for SLP services. Refer to the Medicaid Web site for the fee schedules.

Prior Authorization

Speech and language pathology providers will *not* need to submit a new PA request or amendment request for previously approved PA requests submitted with procedure code 92510 for anticipated DOS on and after January 1, 2006. Wisconsin Medicaid will convert the discontinued code to the replacement codes for DOS on and after January 1, 2006.

When requesting PA for aural rehabilitation following a cochlear implant, providers are required to use procedure code 92507 plus the "UC" (therapy following a cochlear implant) modifier.

Claims Submission

Providers are required to use procedure code 92510 for DOS prior to January 1, 2006, and the replacement procedure codes of 92506 and 92507 for DOS on and after January 1, 2006.

Information Regarding Medicaid HMOs

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 *dhfs.wisconsin.gov/medicaid/*.

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ATTACHMENT 1
Allowable Procedure Code Changes for Physical Therapy Services

Effective for Dates of Service on and After January 1, 2006

Evaluations			
Procedure Code	**Description**	**Limit Per Day**	**Service May Be Provided by a Physical Therapist Assistant**
97001	Physical therapy evaluation	1 per day	No
97002	Physical therapy re-evaluation	1 per day	No

Modalities			
Procedure Code	**Description**	**Limit Per Day***	**Service May Be Provided by a Physical Therapist Assistant**
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care	1 per day	Yes
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	1 per day	Yes
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	1 per day	Yes
90901	Biofeedback training by any modality	Not applicable	Yes
97012	Application of a modality to one or more areas; traction, mechanical	1 per day	Yes
97016	vasopneumatic devices	1 per day	Yes
97018	paraffin bath	1 per day	Yes
97022	whirlpool	1 per day	Yes
97024	diathermy (eg, microwave)	1 per day	Yes
97026	infrared	1 per day	Yes
97028	ultraviolet	1 per day	Yes
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	Not applicable	Yes
97033	iontophoresis, each 15 minutes	Not applicable	Yes
97034	contrast baths, each 15 minutes	Not applicable	Yes
97035	ultrasound, each 15 minutes	Not applicable	Yes
97036	Hubbard tank, each 15 minutes	Not applicable	Yes
97039	Unlisted modality (specify type and time if constant attendance)	1 per day	Yes

Therapeutic Procedures			
Procedure Code	**Description**	**Limit Per Day**	**Service May Be Provided by a Physical Therapist Assistant**
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Not applicable	Yes
97112	neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Not applicable	Yes
97113	aquatic therapy with therapeutic exercises	Not applicable	Yes
97116	gait training (includes stair climbing)	Not applicable	Yes
97124	massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	Not applicable	Yes
97139	Unlisted therapeutic procedure (specify)	Not applicable	Yes
97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	Not applicable	When appropriate**
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	Not applicable	Yes
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes	Not applicable	Yes
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	Not applicable	Yes
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	Not applicable	Yes
97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters	1 per day	No
97598	total wound(s) surface area greater than 20 square centimeters	1 per day	No
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	Not applicable	Yes

Other Procedures			
Procedure Code	**Description**	**Limit Per Day**	**Service May Be Provided by a Physical Therapist Assistant**
93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	1 per day	No
93798	with continuous ECG monitoring (per session)	1 per day	No
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	1 per day	No
94668	subsequent	1 per day	No

* The same modality may not be reimbursed as a physical therapy (PT) service and an occupational therapy service on the same date of service for the same recipient.

** When provided by certified physical therapist assistants, Medicaid reimbursement is not available for myofascial release/soft tissue mobilization for one or more regions or joint mobilization for one or more areas (peripheral or spinal).

Notes: Procedure codes for many PT services are defined as 15 minutes. One unit of these codes = 15 minutes. If less than 15 minutes is used, bill in decimals. For example, 7.5 minutes = .5 units.

All other procedure codes for PT services do not have a time increment indicated in their description. For these procedure codes, a quantity of "1" indicates a complete service.

ATTACHMENT 2
Allowable Procedure Code Changes for Occupational Therapy Services

Effective for Dates of Service on and After January 1, 2006

Evaluations			
Procedure Code	**Description**	**Limit Per Day**	**Service May Be Provided by a Certified Occupational Therapy Assistant**
97003	Occupational therapy evaluation	1 per day	No
97004	Occupational therapy re-evaluation	1 per day	No

Therapeutic Procedures			
Procedure Code	**Description**	**Limit Per Day**	**Service May Be Provided by a Certified Occupational Therapy Assistant**
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Not applicable	Yes
97112	neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Not applicable	Yes
97124	massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	Not applicable	Yes
97139	Unlisted therapeutic procedure (specify)	Not applicable	Yes
97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	Not applicable	When appropriate*
97150	Therapeutic procedure(s), group (2 or more individuals)	Not applicable	Yes
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	Not applicable	Yes
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes	Not applicable	Yes
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes	Not applicable	Yes
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	Not applicable	Yes
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	Not applicable	Yes

Therapeutic Procedures (continued)			
Procedure Code	**Description**	**Limit Per Day**	**Service May Be Provided by a Certified Occupational Therapy Assistant**
97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters	1 per day	No
97598	total wound(s) surface area greater than 20 square centimeters	1 per day	No
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	Not applicable	Yes

Modalities			
Procedure Code	**Description**	**Limit Per Day****	**Service May Be Provided by a Certified Occupational Therapy Assistant**
90901	Biofeedback training by any modality	Not applicable	Yes
97016	Application of modality to one or more areas; vasopneumatic devices	1 per day	Yes
97018	paraffin bath	1 per day	Yes
97022	whirlpool	1 per day	Yes
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	Not applicable	Yes
97033	iontophoresis, each 15 minutes	Not applicable	Yes
97034	contrast baths, each 15 minutes	Not applicable	Yes
97035	ultrasound, each 15 minutes	Not applicable	Yes

* When provided by certified occupational therapy assistants, Medicaid reimbursement is not available for myofascial release/soft tissue mobilization for one or more regions or joint mobilization for one or more areas (peripheral or spinal).

** The same modality may not be reimbursed as a physical therapy service and an occupational therapy (OT) service on the same date of service for the same recipient.

Notes: Procedure codes for many OT services are defined as 15 minutes. One unit of these codes = 15 minutes. If less than 15 minutes is used, bill in decimals. For example, 7.5 minutes = .5 units.

All other procedure codes for OT services do not have a time increment indicated in their description. For these procedure codes, a quantity of "1" indicates a complete service.

ATTACHMENT 3
Allowable Procedure Code Changes for Speech and Language Pathology Services

Effective for Dates of Service on and After January 1, 2006

Procedure Code	Description	Billing Limitations	Additional Conditions
31575	Laryngoscopy, flexible fiberoptic; diagnostic		Use this code if the speech-language pathologist actually inserts a laryngoscope. Do not use this code if the speech-language pathologist is providing an analysis and does not insert the laryngoscope; instead, use code 92506 or 92610, as appropriate. For treatment, use 92507 or 92526, as appropriate. This service is to be performed according to the American Speech-Language-Hearing Association (ASHA) Code of Ethics and ASHA Training Guidelines for Laryngeal Videoendoscopy/Stroboscopy.
31579	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy		Use this code if the speech-language pathologist actually inserts a laryngoscope. Do not use this code if the speech-language pathologist is providing an analysis and does not insert the laryngoscope; instead, use code 92506 or 92610 as appropriate. This service is to be performed according to the ASHA Code of Ethics and ASHA Training Guidelines for Laryngeal Videoendoscopy/Stroboscopy.
92506	Evaluation of speech, language, voice, communication, and/or auditory processing	Cannot use on the same date of service (DOS) as 96105.	This code is to be used for re-evaluation. Use this code for evaluation of auditory rehabilitation status.
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder		This code should be used for therapy services that address communication/cognitive impairments, voice prosthetics, and auditory rehabilitation.
92507 + UC*	Treatment of speech, language, voice, communication, and/or auditory processing disorder		Use this code for aural rehabilitation following a cochlear implant.
92508	group, two or more individuals		"Group speech/language pathology treatment" means the delivery of speech/language pathology treatment procedures limited to the areas of expressive language, receptive language, and hearing/auditory training (auditory training, lip reading, and hearing-aid orientation), in a group setting for up to four Medicaid recipients (per HFS 101.03[69], Wis. Admin. Code).

Procedure Code	Description	Billing Limitations	Additional Conditions
92511	Nasopharyngoscopy with endoscope (separate procedure)		Use this code if the speech-language pathologist actually inserts an endoscope. Do not use this code if the speech-language pathologist is providing an analysis and does not insert the scope; instead, use code 92506 or 92610 as appropriate. Use this code for evaluation of dysphagia or assessment of velopharyngeal insufficiency or incompetence. This service is to be performed according to the ASHA Code of Ethics and ASHA Training Guidelines for Laryngeal Videoendoscopy/Stroboscopy.
92512	Nasal function studies (eg, rhinomanometry)		Use this code if completing aerodynamic studies, oral pressure/nasal airflow, flow/flow studies, or pressure/pressure studies.
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)		Use this code for laryngeal airflow studies, subglottic air pressure studies, acoustic analysis, electroglottography (EGG) laryngeal resistance.
92526	Treatment of swallowing dysfunction and/or oral function for feeding		The recipient must have an identified physiological swallowing and/or feeding problem. This is to be documented using professional standards of practice such as identifying oral phase, esophageal phase, or pharyngeal phase dysphagia, baseline of current swallowing and feeding skills not limited to signs of aspiration, an oral mechanism exam, report of how nutrition is met, current diet restrictions, compensation strategies used, and level of assistance needed.
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	Cannot use on the same DOS as 96105.	This code describes the services to evaluate a patient for the use of a voice prosthetic device (e.g., electrolarynx, tracheostomy-speaking valve). Evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead, use code 92506.
92607**	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	Cannot use on the same DOS as 96105.	This code describes the services to evaluate a patient to specify the speech-generating device recommended to meet the patient's needs and capacity. This can also be used for re-evaluations. Evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead, use code 92506.
92608***	each additional 30 minutes (List separately in addition to code for primary procedure)	This code can be billed only in conjunction with 92607.	The maximum allowable number of units for this service is one unit of 92607 and one unit of 92608 (i.e., a maximum of 90 minutes).
92609	Therapeutic services for the use of speech-generating device, including programming and modification		This code describes the face-to-face services delivered to the patient to adapt the device to the patient and train him or her in its use.
92610	Evaluation of oral and pharyngeal swallowing function		

Procedure Code	Description	Billing Limitations	Additional Conditions
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording		Accompanying a recipient to a swallow study is not reimbursable. This code involves participation and interpretation of results from the dynamic observation of the patient swallowing materials of various consistencies. It is observed fluoroscopically and typically recorded on video. The evaluation involves using the information to assess the patient's swallowing function and to develop a treatment.
92612	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;		
92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;	Only allowable when used in conjunction with 92612.	
92700	Unlisted otorhinolaryngological service or procedure		Prior authorization is always required to use this code. Use this code when no other *Current Procedural Terminology* code description appropriately describes the evaluation or treatment.
96105**	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	Cannot use on the same DOS as 92506, 92597, 92607, or 92608.	

* Use 92507 with modifier "UC" for therapy following a cochlear implant.

** The procedure code description defines this code as one hour. One unit of this code = 1 hour. If less than one hour is used, bill in decimals to the nearest quarter hour. For example, 45 minutes = .75 units and 30 minutes = .5 units. If more than one hour of service is provided, up to one unit of code 92608 can be used in combination with this code.

*** The procedure code description defines this code as 30 minutes. One unit of this code = 30 minutes. If less than 30 minutes is used, bill in decimals to the nearest quarter hour. For example, 15 minutes = .5 units.

Notes: All codes listed in this chart, if billed with an applicable place of service code, are eligible for natural environment enhanced reimbursement.

Providers may not submit claims for services for less than eight minutes.

Most procedure codes for speech and language pathology services do not have a time increment indicated in their description. Except as previously noted, a quantity of "1" indicates a complete service. The daily service limitation for these codes is one.