

# Wisconsin Medicaid and BadgerCare update

June 2006 • No. 2006-51

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 the following two rate changes for school-based services in 2006: contracted hourly rates and federal share reimbursement rates.

### Rate Changes in 2006

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 second quarter 2006 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 3.3 Percent Effective July 1, 2006

Effective for dates of service on and after July 1, 2006, Medicaid-contracted hourly rates increase 3.3 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 by 0.18 Percentage Points Effective October 1, 2006

Effective for claims processed on and after October 1, 2006, the federal share for school-

based services will decrease from 57.65 percent to 57.47 percent. Since Wisconsin Medicaid reimburses SBS providers 60 percent of the federal share, this will proportionately decrease the Medicaid reimbursement an SBS provider receives and increases the amount the SBS provider is required to obtain from local matching funds.

### Updated Fee Schedule

Attached is the Wisconsin Medicaid fee schedule that reflects these changes. The contracted rates listed in the Attachment of this *Wisconsin Medicaid and BadgerCare Update* are interim rates that SBS providers will receive for applicable services rendered.

### Cost Reports

School-Based Services providers are now required to submit cost reports to Wisconsin Medicaid. Wisconsin Medicaid will use the reports to certify costs of medical and transportation services, as well as determine the final service rates for which Wisconsin Medicaid will reimburse SBS providers.

Submitting cost reports is a federal requirement issued by the Centers for Medicare and Medicaid Services. Refer to the June 2006 *Update* (2006-48), titled "Cost Reporting Required of School-Based Services Providers," for more information on cost reporting.

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/](http://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:

<b>Procedure Code</b>	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
<b>Description</b>	A description of the procedure code.
<b>Modifier and Modifier Description</b>	The modifier recognized by Wisconsin Medicaid and the description of the modifier.
<b>Contracted Rate</b>	The uniform rate determined by the Division of Health Care Financing (DHCF).
<b>Reimbursement (Federal Share)</b>	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 the following address:

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, 2006  
(Valid for Dates of Service on and After July 1, 2006)**

Procedure Code	Description	Modifier and Modifier Description	Contracted Rate	Reimbursement (Federal Share) Paid 7/1/06 to 9/30/06	Reimbursement (Federal Share) Paid on and After 10/1/06
92506 with modifier "TM"	Evaluation of speech, language, voice, communication, and/or auditory processing	TM — Individualized education program (IEP)	\$26.78	\$9.26	\$9.23
92507 with modifier "TM"	Treatment of speech, language, voice, communication, and/or auditory processing disorder	TM — Individualized education program (IEP)	\$26.78	\$9.26	\$9.23
92508 with modifier "TM"	group, two or more individuals	TM — Individualized education program (IEP)	\$8.85	\$3.06	\$3.05
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)	\$23.19	\$8.02	\$8.00
		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)	\$7.65	\$2.64	\$2.64
		GO — Services delivered under an outpatient occupational therapy plan of care			
97003 with modifier "TM"	Occupational therapy evaluation	TM — Individualized education program (IEP)	\$23.19	\$8.02	\$8.00
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)	\$26.85	\$9.29	\$9.26
		GP — Services delivered under an outpatient physical therapy plan of care			

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97150 with modifiers "TM" and "GP"	Therapeutic procedure(s), group (2 or more individuals)	TM — Individualized education program (IEP)	\$8.87	\$3.07	\$3.06
		GP — Services delivered under an outpatient physical therapy plan of care			
97001 with modifier "TM"	Physical therapy evaluation	TM — Individualized education program (IEP)	\$26.85	\$9.29	\$9.26
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	\$23.93	\$8.28	\$8.25
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	\$7.89	\$2.73	\$2.72
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	\$23.93	\$8.28	\$8.25

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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	\$22.95	\$7.94	\$7.91
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	\$7.57	\$2.62	\$2.61
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	\$22.95	\$7.94	\$7.91
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	\$23.06	\$7.98	\$7.95

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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	\$7.61	\$2.63	\$2.63
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	\$23.06	\$7.98	\$7.95
T1002 with modifier "TM"	RN* services, up to 15 minutes	TM — Individualized education program (IEP)	\$19.34	\$6.69	\$6.67
T1003 with modifier "TM"	LPN/LVN** services, up to 15 minutes	TM — Individualized education program (IEP)	\$19.34	\$6.69	\$6.67
T1001 with modifier "TM"	Nursing assessment/evaluation	TM — Individualized education program (IEP)	\$19.34	\$6.69	\$6.67
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	\$24.01	\$8.31	\$8.28

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<b>Procedure Code</b>	<b>Description</b>	<b>Modifier and Modifier Description</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid 7/1/06 to 9/30/06</b>	<b>Reimbursement (Federal Share) Paid on and After 10/1/06</b>
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)	\$15.60	\$5.40	\$5.38
A0425 with modifier "TM"	Ground mileage; per statue mile	TM — Individualized education program (IEP)	\$3.56	\$1.23	\$1.23

\*RN = Registered Nurse

\*\*LPN/LVN = Licensed Practical Nurse/Licensed Vocational Nurse