

To:

School-Based
Services
Providers

HMOs and Other
Managed Care
Programs

2007 Rate Changes for School-Based Services

This *Wisconsin Medicaid and BadgerCare Update* describes the following two rate changes for school-based services in 2007:

- Contracted hourly rates.
- Federal share reimbursement rates.

Rate Changes in 2007

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 increased, based on increasing costs of medical care.
- Federal share reimbursement rates are increasing slightly due to an increase in federal matching funds.

Contracted Hourly Rates Increased 2.9 Percent

Effective for dates of service on and after July 1, 2007, Medicaid-contracted hourly rates increased 2.9 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 Increasing to 57.62 Percent

Effective for claims processed on and after October 1, 2007, the federal share for school-based services will increase from 57.47 percent to 57.62 percent. Since Wisconsin Medicaid reimburses SBS providers 60 percent of the

federal share, this will proportionately increase the Medicaid reimbursement an SBS provider receives and will decrease 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. The reimbursement rates determine interim payments, which will be reconciled to cost based on cost reports. Providers may refer to the May 2007 *Update* (2007-38), titled “Mandatory School-Based Services Cost Report Available,” for more information about cost reports.

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 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
(Valid for Dates of Service on and After July 1, 2007)**

Procedure Code	Description	Modifier and Modifier Description	Contracted Rate	Reimbursement (Federal Share) Paid 7/1/07 to 9/30/07	Reimbursement (Federal Share) Paid on and After 10/1/07
92506 with modifier "TM"	Evaluation of speech, language, voice, communication, and/or auditory processing	TM — Individualized education program (IEP)	\$27.56	\$9.50	\$9.53
92507 with modifier "TM"	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	TM — Individualized education program (IEP)	\$27.56	\$9.50	\$9.53
92508 with modifier "TM"	group, 2 or more individuals	TM — Individualized education program (IEP)	\$9.10	\$3.14	\$3.15
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)	\$23.87	\$8.23	\$8.25
		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)	\$7.87	\$2.71	\$2.72
		GO — Services delivered under an outpatient occupational therapy plan of care			
97003 with modifier "TM"	Occupational therapy evaluation	TM — Individualized education program (IEP)	\$23.87	\$8.23	\$8.25
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)	\$27.62	\$9.53	\$9.55
		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)	\$9.12	\$3.15	\$3.15
		GP — Services delivered under an outpatient physical therapy plan of care			
97001 with modifier "TM"	Physical therapy evaluation	TM — Individualized education program (IEP)	\$27.62	\$9.53	\$9.55
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	\$24.62	\$8.49	\$8.51
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	\$8.12	\$2.80	\$2.81
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	\$24.62	\$8.49	\$8.51

**Procedure Codes for School-Based Services
(Valid for Dates of Service on and After July 1, 2007)**

Procedure Code	Description	Modifier and Modifier Description	Contracted Rate	Reimbursement (Federal Share) Paid 7/1/07 to 9/30/07	Reimbursement (Federal Share) Paid on and After 10/1/07
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	\$23.61	\$8.14	\$8.16
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	\$7.79	\$2.69	\$2.69
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	\$23.61	\$8.14	\$8.16
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	\$23.73	\$8.18	\$8.21

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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	\$7.83	\$2.70	\$2.71
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	\$23.73	\$8.18	\$8.21
T1002 with modifier "TM"	RN* services, up to 15 minutes	TM — Individualized education program (IEP)	\$19.90	\$6.86	\$6.88
T1003 with modifier "TM"	LPN/LVN** services, up to 15 minutes	TM — Individualized education program (IEP)	\$19.90	\$6.86	\$6.88
T1001 with modifier "TM"	Nursing assessment/evaluation	TM — Individualized education program (IEP)	\$19.90	\$6.86	\$6.88
T2003 with modifier "TM"	Non-emergency transportation; encounter/trip	TM — Individualized education program (IEP)	\$16.05	\$5.53	\$5.55
A0425 with modifier "TM"	Ground mileage; per statute mile	TM — Individualized education program (IEP)	\$3.66	\$1.26	\$1.27

*RN = Registered Nurse

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