ForwardHealth
Wisconsin serving you

Update
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Affected Programs: BadgerCare Plus, Medicaid
To: Audiologists, Hospital Providers, Nursing Homes, Occupational Therapists, Physical Therapists, Rehabilitation Agencies, Speech and Hearing Clinics, Speech-Language Pathologists, Therapy Groups, HMOs and Other Managed Care Programs

Physical Therapy, Occupational Therapy, and Speech and Language Pathology Services Covered Under the BadgerCare Plus Basic Plan

The Department of Health Services will begin accepting applications for enrollment in the BadgerCare Plus Basic Plan on June 1, 2010, with benefits starting on July 1, 2010. This *ForwardHealth Update* describes the coverage and policies for physical therapy, occupational therapy, and speech and language pathology services under the Basic Plan.

Refer to the June 2010 *Update* (2010-42), titled "Introducing the BadgerCare Plus Basic Plan," for general information about covered and noncovered services, reimbursement, copayment, and enrollment.

Overview of BadgerCare Plus Basic Plan Implementation

In October 2009, enrollment in the BadgerCare Plus Core Plan was closed. Enrollment applications submitted to the Core Plan after the cutoff date are not processed, but the individuals are put on a waitlist.

Individuals on the waitlist for the Core Plan can begin enrolling in the BadgerCare Plus Basic Plan on June 1, 2010, with benefits starting on July 1, 2010. The Basic Plan is a self-funded plan that focuses on providing Core Plan waitlist members with access to vital, cost-effective primary and preventive care. This option will allow members to have some minimal form of coverage until space becomes available in the Core Plan and will help prevent bankruptcy due to excessive medical debt.

Member participation or non-participation in the Basic Plan does not affect an individual's status on the Core Plan waitlist.

Services for the Basic Plan will be covered under fee-for-service. Basic Plan members will not be enrolled in state-contracted HMOs.

Covered and Noncovered Services

The Basic Plan covers the same physical therapy (PT), occupational therapy (OT), and speech and language pathology (SLP) services as the Core Plan. Refer to the Online Handbook on the ForwardHealth Portal at *www.forwardhealth.wi.gov/* for covered services, policies, and procedures.

Service Limitations for the Basic Plan

The Basic Plan covers up to 10 visits in each therapy discipline (PT, OT, and SLP) per member, per enrollment year. Cardiac rehabilitation visits are counted towards the 10 visits allowed for PT.

A therapy visit is defined as all therapy services delivered on the same date of service (DOS) by the same rendering provider.

Therapy visits in any discipline that exceed the Basic Plan service limitations are considered noncovered.

Enrollment Year Under the Basic Plan

The Basic Plan enrollment year is the time period used to determine service limitations for members in the Basic Plan.

The Basic Plan enrollment year is defined as the continuous 12-month period beginning on the first day of enrollment (the first day of the month) in the Basic Plan and ending on the last day of the 12th full calendar month. When a member exceeds his or her service limitations, the service is considered noncovered and the member is responsible for payment of the service.

Prior Authorization

There are no prior authorization requirements for any therapy services provided under the Basic Plan. Prior authorization requests submitted for Basic Plan members will be returned to providers without adjudication.

Reimbursement

Providers will be reimbursed for services provided to members enrolled in the Basic Plan at lesser of the provider's usual and customary charge or the Wisconsin Medicaid maximum allowable fee.

Copayments

The copayment amount for PT, OT, and SLP services under the Basic Plan is $10.00 per therapy visit. A therapy visit is defined as all therapy services delivered on the same DOS by the same rendering provider. A single $10.00 copayment applies regardless of the number or types of procedures administered during the visit.

If a member receives therapy services from two different rendering providers during a single day, that counts as two visits and the member is subject to two copayments, one for each visit. However, if a member receives multiple therapy services in the same day from one rendering provider, the member is only subject to one copayment.

There is no copayment maximum limit under the Basic Plan.

Under the Basic Plan, a provider has the right to deny services if the member fails to make his or her copayment.

Enrollment Verification

The Basic Plan offers different covered services, noncovered services, and copayments than the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, or the Core Plan. It is imperative that providers verify a member's enrollment and determine the plan under which he or she is covered. Providers are reminded to *always* verify a member's enrollment *before* providing services to determine enrollment at the current date (since a member's enrollment status may change) and discover any limitations to the member's coverage.

For More Information

For more information or questions regarding the Basic Plan, providers may call Provider Services at (800) 947-9627. Basic Plan members should contact Member Services at (800) 362-2002.