

Affected Programs: BadgerCare Plus, Medicaid

To: School-Based Services Providers, HMOs and Other Managed Care Programs

2010 Rate Changes for School-Based Services

This *ForwardHealth Update* details federal share reimbursement rates for school-based services effective October 1, 2010.

Federal Share 60.16 Percent in 2010

Effective for claims processed on and after October 1, 2010, federal share reimbursement rates for school-based services (SBS) will be 60.16 percent.

The information in this *ForwardHealth Update* applies to members enrolled in Wisconsin Medicaid, the BadgerCare Plus Standard Plan, and the BadgerCare Plus Benchmark Plan.

Procedure Codes and Reimbursement Rates

The Attachment of this *Update* lists procedure codes and reimbursement rates for SBS services effective October 1, 2010. The reimbursement rates are interim rates that SBS providers will receive for applicable services rendered. These rates will be reconciled to costs based on cost reports.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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ATTACHMENT

Procedure Codes and Reimbursement Rates for School-Based Services

Medicaid-certified providers will be reimbursed the rates listed in the table of this Attachment for covered services provided to enrolled members.

This table contains the following information:

Procedure Code	The procedure code that identifies the service provided.
Description	A description of the procedure code.
Modifier and Modifier Description	The modifier and the description of the modifier.
Unit Rate	The uniform rate determined by the Division of Health Care Access and Accountability (DHCAA).
Reimbursement (Federal Share)	The federal share of the unit rate. This is the amount paid per unit.

This reimbursement rate table does not address the various coverage limitations routinely applied before final payment is determined (e.g., member and provider eligibility, billing instructions, frequency of services, third-party liability, copayment, age restrictions, and prior authorization).

For questions about procedure codes, modifiers, or reimbursement, providers may contact Provider Services at (800) 947-9627. For questions about unit rates, providers may contact the DHCAA by writing to the following address:

Policy Analyst
 Division of Health Care Access and Accountability
 School-Based Services
 PO Box 309
 Madison WI 53701-0309

Reimbursement Rates for School-Based Services on and After October 1, 2010				
Procedure Code	Description	Modifier and Modifier Description	Unit Rate	Reimbursement Amount
92506 with modifier "TM"	Evaluation of speech, language, voice, communication, and/or auditory processing	TM — Individualized education program (IEP)	\$28.36	\$10.24
92507 with modifier "TM"	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	TM — Individualized education program (IEP)	\$28.36	\$10.24
92508 with modifier "TM"	group, 2 or more individuals	TM — Individualized education program (IEP)	\$9.37	\$3.38
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) GO — Services delivered under an outpatient occupational therapy plan of care	\$24.56	\$8.87

**Reimbursement Rates for School-Based Services
on and After October 1, 2010**

Procedure Code	Description	Modifier and Modifier Description	Unit Rate	Reimbursement Amount
97150 with modifiers "TM" and "GO"	Therapeutic procedure(s), group (2 or more individuals)	TM — Individualized education program (IEP) GO — Services delivered under an outpatient occupational therapy plan of care	\$8.10	\$2.92
97003 with modifier "TM"	Occupational therapy evaluation	TM — Individualized education program (IEP)	\$24.56	\$8.87
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) GP — Services delivered under an outpatient physical therapy plan of care	\$28.43	\$10.26
97150 with modifiers "TM" and "GP"	Therapeutic procedure(s), group (2 or more individuals)	TM — Individualized education program (IEP) GP — Services delivered under an outpatient physical therapy plan of care	\$9.38	\$3.39
97001 with modifier "TM"	Physical therapy evaluation	TM — Individualized education program (IEP)	\$28.43	\$10.26
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	\$25.33	\$9.14
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	\$25.33	\$9.14

**Reimbursement Rates for School-Based Services
on and After October 1, 2010**

Procedure Code	Description	Modifier and Modifier Description	Unit Rate	Reimbursement Amount
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	\$8.35	\$3.01
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	\$24.30	\$8.77
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	\$24.30	\$8.77
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	\$8.02	\$2.89
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	\$24.42	\$8.81

**Reimbursement Rates for School-Based Services
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Procedure Code	Description	Modifier and Modifier Description	Unit Rate	Reimbursement Amount
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	\$24.42	\$8.81
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	\$8.06	\$2.91
T1001 with modifier "TM"	Nursing assessment/evaluation	TM — Individualized education program (IEP)	\$20.48	\$7.39
T1002 with modifier "TM"	RN* services, up to 15 minutes	TM — Individualized education program (IEP)	\$20.48	\$7.39
T1003 with modifier "TM"	LPN/LVN** services, up to 15 minutes	TM — Individualized education program (IEP)	\$20.48	\$7.39
T2003 with modifier "TM"	Non-emergency transportation; encounter/trip	TM — Individualized education program (IEP)	\$16.52	\$5.96
A0425 with modifier "TM"	Ground mileage; per statute mile	TM — Individualized education program (IEP)	\$3.77	\$1.36
S5125 with modifier "TM"	Attendant care services; per 15 minutes	TM — Individualized education program (IEP)	\$4.02	\$1.45

* RN: Registered nurse.

** LPN: Licensed practical nurse.

LVN: Licensed vocational nurse.