

Affected Programs: BadgerCare Plus, Medicaid
To: Case Management Providers, HMOs and Other Managed Care Programs

Rate Changes for Case Management Services

Effective for claims processed and paid on and after October 1, 2012, the federal share will decrease from 60.53 to 59.74 percent for case management services.

Wisconsin Medicaid will pay up to the federal share of the contracted rates for these services. If the provider's usual and customary charge for the service is less than the contracted rate, Wisconsin Medicaid will pay the federal share of the usual and customary charge. The usual and customary charge is defined as the provider's charge for providing the same services to persons not entitled to Medicaid or BadgerCare Plus benefits.

To ensure that claims are paid at the appropriate level, providers are reminded to bill using their usual and customary charge. Wisconsin Medicaid and BadgerCare Plus calculate the federal share of the usual and customary charge.

Updated Maximum Allowable Fees

Refer to the Attachment of this *ForwardHealth Update* for the updated maximum allowable fees for services provided to Wisconsin Medicaid and BadgerCare Plus Standard Plan members.

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/.

P-1250

ATTACHMENT

Maximum Allowable Fees for Case Management Services

Wisconsin Medicaid-enrolled providers will be reimbursed up to the rates listed in this attachment for covered services provided to members enrolled in Wisconsin Medicaid and the BadgerCare Plus Standard Plan.

This attachment contains the following information:

| | |
|------------------------------|---|
| Procedure Code | The procedure code recognized by Wisconsin Medicaid and BadgerCare Plus to identify the service provided. |
| Description | An abbreviated description of the procedure code. |
| Contracted Rate | The uniform rate determined by the Division of Health Care Access and Accountability (DHCAA). |
| Maximum Allowable Fee | The federal share of the contracted rate. Wisconsin Medicaid will pay up to the maximum allowable fee for covered services. |

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

For questions about the fees, providers should contact Provider Services at (800) 947-9627. For questions about rates, providers should contact the DHCAA by writing to the following address:

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

| Maximum Allowable Fees for Case Management Services | | | | |
|--|---|--|------------------------|--|
| Procedure Code | Procedure Code Description | Modifier and Modifier Description | Contracted Rate | Maximum Allowable Fee (Federal Share) Effective on and After 10/01/12 |
| T1017 | Targeted case management, each 15 minutes | U1 — Assessment | \$10.82 | \$6.46 |
| | | U2 — Case planning | | |
| | | U3 — Ongoing monitoring and service coordination | | |
| | | U4 — Discharge planning | | |