

**Affected Programs:** BadgerCare Plus, Medicaid

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

## Federal Fiscal Year 2015 Rate Changes for School-Based Services

This *ForwardHealth Update* details federal share reimbursement rates for school-based services effective October 1, 2014.

### Annual Rates Available on the ForwardHealth Portal

Beginning with the 2016 federal fiscal year (FFY), ForwardHealth will no longer publish *ForwardHealth Updates* announcing annual rate changes or the federal shares reimbursement rate for school-based services (SBS). Providers should refer to the interactive maximum allowable fee schedule on the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/) for current reimbursement rates. The fee schedule can be accessed by selecting the Fee Schedules link from the Quick Links box on the right side of the Providers home page. As a reminder, rates are updated on October 1 each year.

### Federal Share 58.27 Percent for Federal Fiscal Year 2015

Effective for claims processed on and after October 1, 2014, the federal shares reimbursement rate for SBS is 58.27 percent for FFY 2015. For the current federal shares reimbursement rate, refer to the Federal Medical Assistance Percentages or Federal Financial Participation in State Assistance Expenditures on the U.S. Department of Health and Human Services Web site at [www.aspe.hhs.gov/health/fmap.cfm](http://www.aspe.hhs.gov/health/fmap.cfm).

The information in this *Update* applies to members enrolled in Wisconsin Medicaid and BadgerCare Plus.

### Procedure Codes and Reimbursement Rates

The Attachment of this *Update* lists procedure codes and reimbursement rates for SBS effective October 1, 2014. 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 AIDS Drug Assistance Program and the Wisconsin Well Woman Program are 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/](http://www.forwardhealth.wi.gov/).

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# ATTACHMENT

## Procedure Codes and Reimbursement Rates for School-Based 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 BadgerCare Plus.

This table contains the following information:

<b>Procedure Code</b>	The procedure code recognized by Wisconsin Medicaid and BadgerCare Plus to identify the service provided.
<b>Description</b>	An abbreviated description of the procedure code.
<b>Modifier and Modifier Description</b>	The procedure code modifier and the description of the modifier.
<b>Unit Rate</b>	The uniform rate determined by the Division of Health Care Access and Accountability (DHCAA).
<b>Reimbursement (Federal Share)</b>	The federal share of the unit rate. This is the amount paid per unit.

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 procedure codes, modifiers, or reimbursement, providers may contact Provider Services at (800) 947 9627.

Procedure Codes and Reimbursement Rates for School-Based Services				
Procedure Code	Description	Modifier and Modifier Description	Unit Rate	Reimbursement Amount for Claims Processed on and After October 1, 2014
92507 with modifier TM and GN	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	TM — Individualized education program (IEP) GN — Services delivered under an outpatient speech language pathology plan of care	\$28.36	<b>\$9.92</b>
92508 with modifier TM and GN	group, 2 or more individuals	TM — Individualized education program (IEP) GN — Services delivered under an outpatient speech language pathology plan of care	\$9.37	<b>\$3.28</b>

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<b>Procedure Code</b>	<b>Description</b>	<b>Modifier and Modifier Description</b>	<b>Unit Rate</b>	<b>Reimbursement Amount for Claims Processed on and After October 1, 2014</b>
92521 with modifier TM and GN	Evaluation of speech fluency (eg, stuttering, cluttering)	TM — Individualized education program (IEP) GN — Services delivered under an outpatient speech language pathology plan of care	\$28.36	<b>\$9.92</b>
92522 with modifier TM and GN	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	TM — Individualized education program (IEP) GN — Services delivered under an outpatient speech language pathology plan of care	\$28.36	<b>\$9.92</b>
92523 with modifiers TM and GN	with evaluation of language comprehension and expression (eg, receptive and expressive language)	TM — Individualized education program (IEP) GN — Services delivered under an outpatient speech language pathology plan of care	\$28.36	<b>\$9.92</b>
92523 with modifiers 52, TM, and GN	with evaluation of language comprehension and expression (eg, receptive and expressive language)	52 — Reduced services TM — Individualized education program (IEP) GN — Services delivered under an outpatient speech language pathology plan of care	\$10.64	<b>\$4.96</b>
92524 with modifiers TM and GN	Behavioral and qualitative analysis of voice and resonance	TM — Individualized education program (IEP) GN — Services delivered under an outpatient speech language pathology plan of care	\$28.36	<b>\$9.92</b>
92607 with modifiers TM and GN	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	TM — Individualized education program (IEP) GN — Services delivered under an outpatient speech language pathology plan of care	\$28.36	<b>\$9.92</b>

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92608 with modifiers TM and GN	each additional 30 minutes	TM — Individualized education program (IEP) GN — Services delivered under an outpatient speech language pathology plan of care	\$28.36	<b>\$9.92</b>
92610 with modifiers TM and GN	Evaluation of oral and pharyngeal swallowing function	TM — Individualized education program (IEP) GN — Services delivered under an outpatient speech language pathology plan of care	\$28.36	<b>\$9.92</b>
97110 with modifiers TM and GO	Therapeutic procedure, 1 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	<b>\$8.59</b>
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	<b>\$2.83</b>
97001 with modifiers TM and GP	Physical therapy evaluation	TM — Individualized education program (IEP) GP — Services delivered under an outpatient physical therapy plan of care	\$28.43	<b>\$9.94</b>
97003 with modifiers TM and GO	Occupational therapy evaluation	TM — Individualized education program (IEP) GO — Services delivered under an outpatient occupational therapy plan of care	\$24.56	<b>\$8.59</b>

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Procedure Code	Description	Modifier and Modifier Description	Unit Rate	Reimbursement Amount for Claims Processed on and After October 1, 2014
97110 with modifiers TM and GP	Therapeutic procedure, 1 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	<b>\$9.94</b>
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	<b>\$3.28</b>
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	<b>\$8.86</b>
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	<b>\$8.86</b>

<b>Procedure Codes and Reimbursement Rates for School-Based Services</b>				
<b>Procedure Code</b>	<b>Description</b>	<b>Modifier and Modifier Description</b>	<b>Unit Rate</b>	<b>Reimbursement Amount for Claims Processed on and After October 1, 2014</b>
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	<b>\$2.92</b>
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	<b>\$8.50</b>
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	<b>\$8.50</b>

<b>Procedure Codes and Reimbursement Rates for School-Based Services</b>				
<b>Procedure Code</b>	<b>Description</b>	<b>Modifier and Modifier Description</b>	<b>Unit Rate</b>	<b>Reimbursement Amount for Claims Processed on and After October 1, 2014</b>
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	<b>\$2.80</b>
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	<b>\$8.54</b>
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	<b>\$8.54</b>

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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	\$8.06	<b>\$2.82</b>
T1001 with modifier TM	Nursing assessment/evaluation	TM — Individualized education program (IEP)	\$20.48	<b>\$7.16</b>
T1002 with modifier TM	RN* services, up to 15 minutes	TM — Individualized education program (IEP)	\$20.48	<b>\$7.16</b>
T1003 with modifier TM	LPN/LVN** services, up to 15 minutes	TM — Individualized education program (IEP)	\$20.48	<b>\$7.16</b>
T2003 with modifier TM	Non-emergency transportation; encounter/trip	TM — Individualized education program (IEP)	\$16.52	<b>\$5.78</b>
A0425 with modifier TM	Ground mileage; per statute mile	TM — Individualized education program (IEP)	\$3.77	<b>\$1.32</b>
S5125 with modifier TM	Attendant care services; per 15 minutes	TM — Individualized education program (IEP)	\$4.02	<b>\$1.41</b>

\* RN: Registered nurse.

\*\* LPN: Licensed practical nurse.

LVN: Licensed vocational nurse.