

To:  
Case Management  
Providers  
Community  
Support  
Programs  
Crisis Intervention  
Providers  
HMOs & Managed  
Care Programs

## Rate changes for services receiving only federal funds

This Update describes changes to contracted hourly rates and federal share reimbursement rates. The information in this Update applies to fee-for-service Medicaid claims.

### **Contracted hourly rates increase 3.7%, effective July 1, 1999**

Effective for dates of service on and after July 1, 1999, Wisconsin Medicaid contracted hourly rates increase 3.7% for the following services:

- Case management services.
- Community support program services.
- Crisis intervention services.

The contracted hourly rate is the uniform hourly rate determined by the Division of Health Care Financing (DHCF) and required by the Medicaid state plan.

### **Federal share decreases 0.07%, effective October 1, 1999**

Effective for claims processed on and after October 1, 1999, the federal share for the services listed above decreases from 58.85% to 58.78%. Wisconsin Medicaid pays only the federal share when reimbursing these services. This federal share change will result in a slight decrease in Medicaid reimbursement.

### **Updated fee schedules**

Attached are the updated Wisconsin Medicaid fee schedules.

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

Wisconsin Medicaid is administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For more information, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our web site at [www.dhfs.state.wi.us/medicaid](http://www.dhfs.state.wi.us/medicaid).

**Wisconsin Medicaid Fee Schedule**  
**Case Management Services**

Effective for dates of service on and after July 1, 1999

Procedure Code	Description	Contracted Hourly Rate	Reimbursement (federal share) Processed through 9/30/99	Reimbursement (federal share) Processed on and after 10/01/99
W7051	Assessment	\$38.77	\$22.82	\$22.79
W7061	Case Planning	\$38.77	\$22.82	\$22.79
W7062	Institutional Discharge Planning	\$38.77	\$22.82	\$22.79
W7071	Ongoing Monitoring and Service Coordination	\$38.77	\$22.82	\$22.79

# Wisconsin Medicaid Fee Schedule Case Management Services

Effective for dates of services on and after July 1, 1999

This is your Wisconsin Medicaid Fee Schedule. 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:

<b>Effective Date</b>	The effective date of service on or after which the reimbursement rate applies.
<b>Procedure Code</b>	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
<b>Description</b>	An abbreviated description of the procedure code.
<b>Contracted Hourly Rate</b>	The uniform hourly rate determined by the DHCF.
<b>Reimbursement (federal share)</b>	The federal share of the contracted hourly rate. This is the amount paid per hour 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, prior authorization, etc.).

The preceding information is intended to help you understand the Wisconsin Medicaid fee schedule. If you have questions about the fee schedule, please call Provider Services at (800) 947-9627 or (608) 221-9883. If you have questions about rates, please contact the DHCF by writing to:

Case Management Services Policy Analyst  
Division of Health Care Financing  
PO Box 309  
Madison, WI 53701-0309

**Wisconsin Medicaid Fee Schedule**  
**Community Support Programs (CSP)**

Effective for dates of service on and after July 1, 1999

Service/Skill Level (Procedure Code)	Contracted Hourly Rate	Reimbursement (federal share) Processed through 9/30/99	Reimbursement (federal share) Processed on and after 10/01/99
<b>CSP/MD-individual</b> (W8200, W8210, W8220, W8230, W8240, W8250)	\$134.42	\$79.11	\$79.01
<b>CSP/MD-group</b> (W8280)	\$33.61	\$19.78	\$19.76
<b>CSP/PhD-individual</b> (W8201, W8211, W8221, W8241, W8251, W8271)	\$100.82	\$59.33	\$59.26
<b>CSP/PhD-group</b> (W8281)	\$25.19	\$14.82	\$14.81
<b>CSP/Masters-individual</b> (W8202, W8212, W8222, W8242, W8252, W8262, W8272)	\$80.66	\$47.47	\$47.41
<b>CSP/Masters-group</b> (W8282)	\$20.16	\$11.86	\$11.85
<b>CSP/Professional-individual</b> (W8203, W8213, W8233, W8243, W8253, W8263, W8273)	\$53.75	\$31.63	\$31.59
<b>CSP/Professional-group</b> (W8283)	\$13.45	\$7.92	\$7.91
<b>CSP/Technician-individual</b> (W8274)	\$20.16	\$11.86	\$11.85

# Wisconsin Medicaid Fee Schedule Community Support Programs

Effective for dates of services on and after July 1, 1999

This is your Wisconsin Medicaid Fee Schedule. 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:

<b>Effective Date</b>	The effective date of service on or after which the reimbursement rate applies.
<b>Procedure Code</b>	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
<b>Description</b>	An abbreviated description of the procedure code.
<b>Contracted Hourly Rate</b>	The uniform hourly rate determined by the DHCF.
<b>Reimbursement (federal share)</b>	The federal share of the contracted hourly rate. This is the amount paid per hour 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, prior authorization, etc.).

The preceding information is intended to help you understand the Wisconsin Medicaid fee schedule. If you have questions about the fee schedule, please call Provider Services at (800) 947-9627 or (608) 221-9883. If you have questions about rates, please contact the DHCF by writing to:

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Division of Health Care Financing  
PO Box 309  
Madison, WI 53701-0309

**Wisconsin Medicaid Fee Schedule**  
**Crisis Intervention Services**

Effective for dates of service on and after July 1, 1999

<b>Provider Type</b>	<b>Procedure Code and Description</b>	<b>Contracted Hourly Rate</b>	<b>Reimbursement (federal share) Processed through 9/30/99</b>	<b>Reimbursement (federal share) Processed on and after 10/01/99</b>
MD	W9551-Initial assessment and planning	\$132.74	\$78.12	\$78.02
MD	W9555-Crisis linkage and follow-up	\$132.74	\$78.12	\$78.02
MD	W9559-Crisis stabilization	\$132.74	\$78.12	\$78.02
PhD	W9552-Initial assessment and planning	\$98.75	\$58.11	\$58.05
PhD	W9556-Crisis linkage and follow-up	\$98.75	\$58.11	\$58.05
PhD	W9560-Crisis stabilization	\$98.75	\$58.11	\$58.05
MS/RN	W9553-Initial assessment and planning	\$79.64	\$46.87	\$46.81
MS/RN	W9557-Crisis linkage and follow-up	\$79.64	\$46.87	\$46.81
MS/RN	W9561-Crisis stabilization	\$79.64	\$46.87	\$46.81
Other	W9554-Initial assessment and planning	\$42.48	\$25.00	\$24.97
Other	W9558-Crisis linkage and follow-up	\$42.48	\$25.00	\$24.97
Other	W9562-Crisis stabilization	\$42.48	\$25.00	\$24.97

Bill all services using type of service (TOS) code "1" (medical).

# Wisconsin Medicaid Fee Schedule Crisis Intervention Services

Effective for dates of services on and after July 1, 1999

This is your Wisconsin Medicaid Fee Schedule. 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:

<b>Effective Date</b>	The effective date of service on or after which the reimbursement rate applies.
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<b>Description</b>	An abbreviated description of the procedure code.
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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, prior authorization, etc.).

The preceding information is intended to help you understand the Wisconsin Medicaid fee schedule. If you have questions about the fee schedule, please call Provider Services at (800) 947-9627 or (608) 221-9883. If you have questions about rates, please contact the DHCF by writing to:

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Division of Health Care Financing  
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