THERAPY MAXIMUM ALLOWABLE FEE SCHEDULE

THIS IS YOUR WISCONSIN MEDICAID MAXIMUM ALLOWABLE FEE SCHEDULE, WHICH IS IN EFFECT AS OF THE DATE OF THIS REPORT. WISCONSIN MEDICAID CERTIFIED PROVIDERS WILL BE REIMBURSED FOR SERVICES PROVIDED TO PROGRAM RECIPIENTS AT THE LOWER OF THEIR USUAL AND CUSTOMARY CHARGE, OR THE MAXIMUM ALLOWABLE FEE.

SERVICES REIMBURSED BASED ON PROVIDER SPECIFIC (CONTRACTED RATES) AND REGIONAL OR SPECIALTY BASED RATES ARE NOT INCLUDED IN THIS FEE SCHEDULE.

ALTHOUGH 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.), IT DOES CONTAIN THE FOLLOWING INFORMATION:

PROC/M1/M2/TM

PROC - THE PROCEDURE CODE RECOGNIZED BY WISCONSIN MEDICAID TO IDENTIFY THE SERVICE PROVIDED.
M1/M2 - ONE OR TWO APPLICABLE MODIFIER(S) AFFECTING REIMBURSEMENT AMOUNT.
TM - DESCRIPTIVE MODIFIER USED TO CONVEY INFORMATION FORMERLY CONVEYED BY TOS.

NOTE: IN CERTAIN INSTANCES THE MODIFIER LISTED IS BEING USED BOTH TO CONVEY INFORMATION FORMERLY CONVEYED BY TOS AND TO AFFECT THE REIMBURSEMENT AMOUNT. IN THESE INSTANCES THE MODIFIER WILL BE DISPLAYED TWICE, ONCE IN THE M1 OR M2 COLUMN AND ONCE IN THE TM COLUMN, EVEN THOUGH IT WILL ONLY BE BILLED ONCE ON THE CLAIM DETAIL.

DESCRIPTION - AN ABBREVIATED DESCRIPTION OF THE PROCEDURE CODE

PROVIDER TYPE - ALL APPLICABLE PERFORMING PROVIDER TYPES FOR THE PROCEDURE CODE. SEE TABLE I FOR A LISTING OF PROVIDER TYPES APPLICABLE TO THIS SCHEDULE.

PAC - THE PRICING ACTION CODE IDENTIFIES NON-COVERED SERVICES OR THE SOURCE AND METHOD OF PRICING THE PROCEDURE (REFER TO TABLE II).

EFFECT DATE - THE EFFECTIVE DATE OF SERVICE ON OR AFTER WHICH THE MAXIMUM ALLOWABLE FEE APPLIES.

MAX FEE - MAXIMUM ALLOWABLE FEES FOR THE PROCEDURE CODES LISTED. IF A MAX FEE IS NOT INDICATED, USE THE PAC AND TABLE II TO DETERMINE THE REASON (E.G., PAC 220 INDICATES SERVICE NOT COVERED; PAC 21J INDICATES INDIVIDUAL CONSIDERATION, ETC.).

THIS INFORMATION IS INTENDED TO HELP YOU UNDERSTAND THE WISCONSIN MEDICAID MAXIMUM ALLOWABLE FEE SCHEDULE. IF YOU HAVE QUESTIONS, PLEASE CONTACT WISCONSIN MEDICAID PROVIDER SERVICES AT:
(608) 221-9883 OR (800) 947-9627*

*WHEN REQUESTING INFORMATION, PLEASE BE SPECIFIC AS TO WHICH PROVIDER TYPE YOU ARE REFERRING (I.E. PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST, THERAPY GROUP, REHABILITATION AGENCY, OR SPEECH PATHOLOGY/ THERAPY.

TABLE I

PROVIDER TYPES

34 - PHYSICAL THERAPIST
35 - OCCUPATIONAL THERAPIST
38 - THERAPY GROUP
65 - REHABILITATION AGENCY
78 - SPEECH PATHOLOGY/THERAPY

TABLE II
PRICING ACTION CODES
(PAC)

11J, 21J - INDIVIDUAL CONSIDERATION, MEDICAL CONSULTANT
120, 220 - NON-COVERED SERVICE, NOT A WISCONSIN MEDICAID BENEFIT
170, 270 - PAID AT THE LOWER OF THE BILLED AMOUNT OR MAXIMUM ALLOWABLE FEE ACCORDING TO PROVIDER TYPE

TABLE III
MODIFIERS

MODIFIER	DESCRIPTION
TF	INTERMEDIATE LEVEL OF CARE

PROC DESCRIPTION

PROC	M1	M2	TM	PROVIDER TYPE	PAC	EFFECT DATE	MAX FEE
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC, DIAGNOSTIC						
31575				65	270	10/01/02	74.51
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC						
31575				78	270	10/01/02	70.96
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY						
31579				78	270	10/01/02	113.92
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY						
31579				65	270	10/01/02	119.62
90901	BIOFEEDBACK TRAINING BY ANY MODALITY 15 MINUTES						
90901				34 35 38	270	07/01/02	30.30
90901	TF			34 35 38	270	07/01/02	27.27
92506	EVAL OF SPEECH, LANG, VOICE, COMMUN, AUDITORY PRCESSING, A/O AURAL REHAB STATUS						
92506				65	270	10/01/02	60.04
92506	EVAL OF SPEECH, LANG, VOICE, COMMUNICATION, AUDITORY PROCESSING, A/O AURAL REHAB STATUS						
92506				78	270	10/01/02	57.19
92507	TREAT OF SPEECH, LANG, VOICE, COMMUNIC, A/O AUDITORY PRCSSING DISORDER; INDIVIDUAL						
92507				78	270	10/01/03	45.18
92507	TREAT OF SPEECH, LANG, VOICE, COMMUNIC, A/O AUDITORY PRCSSING DISORDER; INDIVIDUAL						
92507				65	270	10/01/03	47.44
92508	TREAT OF SPEECH, LANG, VOICE, COMMUN, A/O AUDITORY PRCSSING DISORDER; 2 OR MORE INDIVIDU						
92508				78	270	10/01/02	26.68
92508	TREAT OF SPEECH, LANG, VOICE, COMMUN, A/O AUDITORY PRCSSING DISORDER; 2 OR MORE INDIVIDU						
92508				65	270	10/01/02	28.01
92510	AURAL REHAB FOLLOWING COCHLEAR IMPLANT W/WO SPEECH PROCESSOR PROGRAMMING						
92510				65	270	10/01/02	79.75
92510	AURAL REHABILITATION FOLLOWING COCHLEAR IMPLANT (INCLUDES EVAL OF AURAL REHAB STATUS & H						
92510				78	270	10/01/02	75.95
92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)						
92511				65	270	10/01/02	48.99
92511	NASOPHARYNGOSCOPY WITH ENDOSCOPY (SEPARATE PROCEDURE)						
92511				78	270	10/01/02	46.65
92512	NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)						
92512				78	270	10/01/02	36.02

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92512  NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)
92512             65                       270  10/01/02      37.82
92520  LARYNGEAL FUNCTION STUDIES
92520             78                       270  10/01/02      29.29
92520  LARYNGEAL FUNCTION STUDIES
92520             65                       270  10/01/02      30.76
92526  TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING
92526             78                       270  07/01/02      46.03
92526  TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING
92526             65                       270  07/01/02      48.34
92597  EVAL FOR USE &/OR FITTING OF VOICE PROSTHETIC OR AUGMENTATIVE/ALTERNATIVE COMMUNICATION
92597             78                       270  10/01/03      71.61
92597  EVALUATION OF PATIENT FOR PRESCRIPTION OF VOICE PROSTHETIC
92597             65                       270  10/01/03      75.19
92607  EVAL FOR PRESCRIP FOR SPEECH-GENERATING AUGMENTATVE & ALT COMMUN DEVICE,FACE TO FACE,1HR
92607             78                       270  10/01/03      59.97
92607  EVAL FOR PRESCRIP FOR SPEECH-GENERATING AUGMENTATVE & ALT COMMUN DEVICE,FACE TO FACE,1HR
92607             65                       270  10/01/03      62.97
92608  EVAL FOR PRESCRIP FOR SPEECH-GENERATG AUGMNTVE & ALT COMM DEVCE,FACE TO FACE,EA ADD 30MN
92608             78                       270  10/01/03      29.99
92608  EVAL FOR PRESCRIP FOR SPEECH-GENERTG AUGMENTVE & ALT COMM DEVCE,FACE TO FACE,EA ADD 30MN
92608             65                       270  10/01/03      31.48
92609  THERAPEUTIC SVCS FOR THE USE OF SPEECH GENERATING DEVICE,INCL PROGRAMMING & MODIFICATION
92609             65                       270  10/01/03      47.17
92609  THERAPEUTIC SVCS FOR THE USE OF SPEECH-GENERATING DEVICE,INCL PROGRAMMING & MODIFICATION
92609             78                       270  10/01/03      44.92
92610  EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION
92610             78                       270  10/01/03      68.10
92610  EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION
92610             65                       270  10/01/03      71.51
92611  MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING
92611             78                       21J  10/01/03
92611  MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING
92611             65                       21J  10/01/03
92612  ENDOSCOPIC STUDY OF SWALLOWING FUNCTION (ALSO FIBEROPTIC ENDOSCOPIC EVAL OF SWALLOW (FEE
92612             78                       21J  10/01/03
92612  ENDOSCOPIC STUDY OF SWALLOWING FUNCTION (ALSO FIBEROPTIC ENDOSCOPIC EVAL OF SWALLOW (FEE
92612             65                       21J  10/01/03
92614  SENSORY TESTING DURING ENDOSCOPIC STUDY OF SWALLOWING (ADD ON CODE) REFERRED TO AS FEEST
92614             78                       21J  10/01/03
92614  SENSORY TESTING DURING ENDOSCOPIC STUDY OF SWALLOWING (ADD ON CODE) REFERRED TO AS FEEST
92614             65                       21J  10/01/03
92616  FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TESTING
92616             78                       21J  01/01/03
92616  FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TESTING
92616             65                       21J  01/01/03
92700  UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE
92700             34 35 38 78              21J  10/01/03
92700  UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE
92700             65                       21J  10/01/03
93797  PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION (15 MINUTES)
93797             34 38                    270  07/01/02      18.22
93798  PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION (15 MINUTES)
93798             34 38                    270  07/01/02      28.78
94667  MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND  (15 MINUTES)
94667             34 38                    270  07/01/02      10.93
94668  MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND (15 MINUTES)
94668             34 38                    270  07/01/02       6.75
94668  TF         34 38                    270  07/01/02       6.08
96105  ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUA
96105             78                       270  10/01/02      41.23
96105  ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUA
96105             65                       270  10/01/02      43.29
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97001  PHYSICAL THERAPY EVALUATION (15 MINUTES)
97001             34 38                    270  07/01/02      11.91
97002  PHYSICAL THERAPY RE-EVALUATION 15 MINUTES
97002             34 38                    270  07/01/02       8.92
97003  OCCUPATIONAL THERAPY EVALUATION 15 MINUTES
97003             35 38                    270  07/01/02      11.91
97004  OCCUPATIONAL THERAPY RE-EVALUATION 15 MINUTES
97004             35 38                    270  07/01/02       8.92
97010  APPLICATION HOT OR COLD PACKS (15 MINUTES)
97010             34 35 38                 270  07/01/02      11.04
97010  TF         34 35 38                 270  07/01/02       9.94
97012  TRACTION/ MECHANICAL (15 MINUTES)
97012             34 38                    270  07/01/02      16.75
97012  TF         34 38                    270  07/01/02      15.08
97016  VASOPNEUMATIC DEVICES (15 MINUTES)
97016             34 35 38                 270  07/01/02      16.40
97016  TF         34 35 38                 270  07/01/02      14.76
97018  PARAFFIN BATH (15 MINUTES)
97018             34 35 38                 270  07/01/02      12.31
97018  TF         34 35 38                 270  07/01/02      11.08
97020  MICROWAVE (15 MINUTES)
97020             34 38                    270  07/01/02      12.03
97020  TF         34 38                    270  07/01/02      10.83
97022  WHIRLPOOL (15 MINUTES)
97022             34 35 38                 270  07/01/02      16.75
97022  TF         34 35 38                 270  07/01/02      15.08
97024  DIATHERMY (15 MINUTES)
97024             34 38                    270  07/01/02      12.39
97024  TF         34 38                    270  07/01/02      11.15
97026  INFRARED (15 MINUTES)
97026             34 38                    270  07/01/02      11.66
97026  TF         34 38                    270  07/01/02      10.49
97028  ULTRAVIOLET (15 MINUTES)
97028             34 38                    270  07/01/02      14.57
97028  TF         34 38                    270  07/01/02      13.11
97032  APPLICATION OF A MODALITY TO ONE OR MORE AREAS;ELECTRICAL STIMULATION(MANUAL),EACH 15 MI
97032             34 35 38                 270  07/01/02      14.57
97032  TF         34 35 38                 270  07/01/02      13.11
97033  APPLICATION OF A MODALITY TO ONE OR MORE AREAS;IONTOPHORESIS, EACH 15 MINUTES
97033             34 35 38                 270  07/01/02      15.31
97033  TF         34 35 38                 270  07/01/02      13.78
97034  APPLICATION OF A MODALITY TO ONE OR MORE AREAS;CONTRAST BATHS, EACH 15 MINUTES
97034             34 35 38                 270  07/01/02      10.37
97034  TF         34 35 38                 270  07/01/02       9.33
97035  APPLICATION OF A MODALITY TO ONE OR MORE AREAS;ULTRASOUND, EACH 15 MINUTES
97035             34 35 38                 270  07/01/02      12.03
97035  TF         34 35 38                 270  07/01/02      10.83
97036  APPLICATION OF A MODALITY TO ONE OR MORE AREAS;HUBBARD TANK, EACH 15 MINUTES
97036             34 38                    270  07/01/02      22.22
97036  TF         34 38                    270  07/01/02      20.00
97039  UNLISTED MODALITY(SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE) (15 MINUTES)
97039             34 38                    270  07/01/02      20.40
97039  TF         34 38                    270  07/01/02      18.36
97110  THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVE
97110             34 35 38                 270  07/01/02      19.44
97110  TF         34 35 38                 270  07/01/02      17.50
97112  THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MIN; NEUROMUSCULAR REEDUCATION OF MOVE
97112             34 35 38                 270  07/01/02      19.13
97112  TF         34 35 38                 270  07/01/02      17.22
97113  THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;AQUATIC THERAPY WITH THERAPEUT
97113             34 38                    270  07/01/02      24.04
97113  TF         34 38                    270  07/01/02      21.64
97116  THERAPEUTIC PROC,1 OR MORE AREA,15 MIN EACH;GAIT TRAIN(INCL TRNSFR TRAIN & STAIR CLIMB)
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97116             34 38                    270  07/01/02      18.94
97116  TF         34 38                    270  07/01/02      17.05
97124  THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE
97124             34 35 38                 270  07/01/02      15.24
97124  TF         34 35 38                 270  07/01/02      13.72
97139  THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; UNLISTED THERAPEUTIC PROCEDUR
97139             34 35 38                 270  07/01/02      12.64
97139  TF         34 35 38                 270  07/01/02      11.38
97140  MANUAL THERAPY TECHNIQUES, ONE OR MORE REGIONS, EACH 15 MINUTES
97140             65                       270  07/01/02      25.28
97140  TF         65                       270  07/01/02      22.75
97140  MANUAL THERAPY TECHNIQUES,ONE OR MORE REGIONS,EACH 15 MINUTES
97140             34 35 38                 270  07/01/02      25.28
97140  TF         34 35 38                 270  07/01/02      22.75
97150  THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS) EACH 15 MINUTES
97150             35 38                    270  07/01/02       3.96
97150  TF         35 38                    270  07/01/02       3.56
97504  ORTHOTIC(S) FITTING AND TRAINING, UPPER/LOWER EXTREMITY(IES), EACH 15 MINUTES
97504             78                       21J  01/01/97
97520  PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITIES, EACH 15 MINUTES
97520             34 35 38                 270  07/01/02      11.50
97520  TF         34 35 38                 270  07/01/02      10.35
97530  THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNA
97530             34 35 38                 270  07/01/02      20.41
97530  TF         34 35 38                 270  07/01/02      18.37
97532  DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION,MEMORY,PROBLEM SOLV,DIRECT PATIENT
97532             35 38                    270  07/01/02      17.19
97532  TF         35 38                    270  07/01/02      15.47
97532  DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION,MEMORY,PROBLEM SOLV,DIRECT PATIENT
97532             65                       270  07/01/02      17.19
97532  TF         65                       270  07/01/02      15.47
97533  SENSORY INTEGRATIVE TCHNQS TO ENHANCE SENSORY PROCESSING & PROMOTE ADAPTIVE RESPONSES TO
97533             65                       270  07/01/02      18.68
97533  TF         65                       270  07/01/02      16.81
97533  SENSORY INTEGRATIVE TCHNQU TO ENHANCE SENSORY PROCESSING & PROMOTE ADAPTIVE RESPONSES TO
97533             34 35 38                 270  07/01/02      18.68
97533  TF         34 35 38                 270  07/01/02      16.81
97535  SELF CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATOR
97535             34 35 38                 270  07/01/02      19.64
97535  TF         34 35 38                 270  07/01/02      17.68
97535  SELF CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATOR
97535             65                       270  07/01/02      20.72
97535  TF         65                       270  07/01/02      18.65
97542  WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MIN
97542             34 35 38                 270  07/01/02      17.67
97542  TF         34 35 38                 270  07/01/02      15.90
97542  WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MIN
97542             65                       270  07/01/02      18.75
97542  TF         65                       270  07/01/02      16.88
97601  REMOVAL OF DEVITALIZED TISSUE FROM WOUND; SELECTIVE DEBRIDEMENT,W/O ANESTHESIA,INC TOPIC
97601             65                       270  07/01/02      26.01
97601  REMOVAL OF DEVITALIZED TISSUE FROM WOUND;SELECTIVE DEBRIDEMENT,W/O ANESTHESIA,INC TOPICA
97601             34 35 38                 270  07/01/02      26.01
97602  REMOVAL OF DEVITALIZED TISSUE FROM WOUND;NON-SELECTIVE DEBRIDEMENT,W/O ANESTHESIA(EG,WET
97602             35                       270  07/01/02      17.84
97750  PHYSICAL PERFORMANCE TEST OR MEASUREMENT(EG, MUSCULOSKELETAL, FUNCTIONAL CAPACITY),WITH
97750             78                       270  07/01/02      24.32
97755  ASSISTIVE TECH ASSESSMENT, DIRECT ONE-ON-ONE CONTACT BY PROV W/WRITTEN REPRT/EACH 15 MIN
97755             34 35                    220  01/01/04
G0281  ELECTRICL STIMULATN,(UNATTENDED),TO 1 OR MORE AREAS,FOR CHRONIC STAGE III & IV ULCERS,AS
G0281             34 38                    270  10/01/03      14.57
G0281  TF         34 38                    270  10/01/03      13.11
G0282  ELECT. STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, WOUND CARE OTHER THAN IN G0281
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G0282              34 38                    270  10/01/03      14.57
G0282  TF          34 38                    270  10/01/03      13.11
G0283  ELECTRICL STIMULATN,(UNATTENDED),1 OR MORE AREAS FOR INDICATN(S) OTHER THAN WOUND CARE,
G0283              34 38                    270  10/01/03      14.57
G0283  TF          34 38                    270  10/01/03      13.11
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END OF REPORT