

New Minimum Fee Schedule for Home and Community-Based Services

The Wisconsin Department of Health Services (DHS) has created a minimum fee schedule (MFS) for home and community-based services (HCBS) in Wisconsin. The minimum fee schedule is a list of the minimum rates managed care organizations (MCO) can pay providers of certain adult long-term care services. This applies to:

- Supportive home care services
 - Agency
 - Member self-directed
- Residential facilities
 - 1-2 bed adult family homes (AFHs)—owner occupied and corporate owned
 - 3-4 bed AFHs
 - Residential care apartment complexes (RCACs)
 - Community based residential facilities (CBRFs)

The minimum rates are effective October 1, 2024. DHS has provided that managed care organizations (MCOs) are to pay all claims in accordance with the new rates for dates of service October 1 through November 30 that MCOs receive by November 30, by December 31, 2024. Thereafter claims will be paid in accordance with the new rates following normal timely filing requirements. iCare will make every effort to process claims at the new rate timely to avoid reprocessing of claims.

This change impacts both iCare Family Care (branded Inclusa) and Family Care Partnership (iCare) programs.

Family Care Partnership/iCare Authorizations

With the new MFS effective 10/1/2024, all residential authorizations will now require the addition of a procedure code and modifiers and must be updated.

Authorizations with dates of service beyond 10/1/2024 will be closed and new authorizations will be created starting 10/1/2024.

The following information is required on all authorization's effective 10/1/2024

- Revenue Code
- Procedure Code
- Modifier 1
- Modifier 2
- Modifier 3 – 4 when applicable
- Member Tier from LTCFS
- Date LTCFS was calculated

Residential authorization example with new start date 10/1/2024:

Name: ██████████ **DOB:** ██████████ **Gender:** Female
Member ID: ██████████ **Age:** 67
BHP: iCare > Govt Programs > Medicare > WI > Partnership > iCare FCP SNP and SSI

Service Request Summary

Service Request: SR0017324523 **Status:** Approve **State:** Open
Start Date: 10/01/2024 **End Date:** 01/31/2025 **Closed Date:**
Funding Source: Partnership/SNP
Total Cost: \$34,095.60

SR Line Item # 1

Start Date: 10/01/2024 **End Date:** 01/31/2025

Procedure Name: Daily Support Services **Code:** 0241

Modifier Codes:

Service Name: Residential Services-Care and Supervision U3: T2031 Tier 3 U6: Corp Owned U8: 3-4 Bed AFH per Day

Service Location:

Details: Daily Supports & Services - Tier 3

~~██████████~~
~~██████████~~

Recurrence Pattern: 1.00 Unit 1 time every 1 day

Calculated Quantity: 123.00 Units

Provider: ~~██████████~~ Health and Supportive Care Services LLC **Contact:**

Address: ~~██████████~~ Brown Deer, WI 53223 **Phone:** ~~(414) 940-8100~~
 United States

Rate: \$238.08 **Units:** Units

Negotiated Rate:

Estimated Cost: \$29,283.84 **Status:** <N/A>

Determined Quantity: <N/A>

Request Date:

The table below outlines the corresponding code structures.

DHS Medical Coding Changes for Family Care and Family Care Partnership Residential Services

Allowable Service Codes, Effective 10/1/2024:

Revenue Code	National Definition	Notes	Required Procedure Code	Required Modifiers
0240	All Inclusive Ancillary General Classification	Use for 1-2 Bed AFH.	T2031 (Assisted Living; Waiver, Per Diem)	-U1, U2, or U3 as the first modifier. -U5 or U6 as the second modifier. -U7 as the third modifier. -U4 as the fourth modifier if applicable.
0241	All Inclusive Ancillary Basic	Use for 3-4 Bed AFH.	T2031 (Assisted Living; Waiver, Per Diem)	-U1, U2, or U3 as the first modifier. -U5 or U6 as the second modifier. -U8 as the third modifier. -U4 as the fourth modifier if applicable.
0242	All Inclusive Ancillary Comprehensive	Use for a CBRF with 8 beds or fewer.	T2033 (Residential Care, Not Otherwise Specified, Waiver; Per Diem)	-U1, U2, or U3 as the first modifier. -U7 as the second modifier. -U4 as the third modifier if applicable.
0243	All Inclusive Ancillary Specialty	Use for a CBRF with more than 8 beds.	T2033 (Residential Care, Not Otherwise Specified, Waiver; Per Diem)	-U1, U2, or U3 as the first modifier. -U8 as the second modifier. -U4 as the third modifier if applicable.
0670	Outpatient Special Residence Charges General Classification	Use for a RCAC.	T2033 (Residential Care, Not Otherwise Specified, Waiver; Per Diem)	-U9 as the first modifier. -U4 as the second modifier if applicable.

Modifiers for Residential Care

Modifier	Notes for Modifier Usage
U1	Use to indicate that the member meets the criteria for Level of Need (Acuity) Tier 1, based on elements from the member's Long-Term Care Functional Screen.
U2	Use to indicate that the member meets the criteria for Level of Need (Acuity) Tier 2, based on elements from the member's Long-Term Care Functional Screen.
U3	Use to indicate that the member meets the criteria for Level of Need (Acuity) Tier 3, based on elements from the member's Long-Term Care Functional Screen.
U4	Use to indicate the member received 24-hour 1-on-1 (or greater) care.
U5	Use to indicate that the Adult Family Home is owner-occupied.
U6	Use to indicate that the Adult Family Home is corporate owned.
U7	For AFH, use to indicate 1-2 bed Adult Family Home. For CBRF, use for Community Based Residential Facilities with 5-8 beds.

U8	For AFH, use to indicate 3-4 bed Adult Family Home. For CBRF, use for Community Based Residential Facilities with 9 or more beds.
U9	For RCAC, use to indicate Residential Care Apartment Complex.

Residential Claims

To be paid promptly, it is important to submit claims correctly for the new MFS effective 10/1/2024. Claims must be submitted within the approved date range on the authorization.

- **Sample of Claim with DOS and SR Prior to 10/1/2024 MFS**
 - SR00123456 1/1/2024 – 12/31/2024
 - Claims can be submitted weekly or monthly
 - Weekly with DOS 9/29-10/5/2024
 - Monthly with DOS 9/1-9/30/2024 or 10/1-10/31/2024

- Weekly Examples:

HIPAA Service Code (5 digits)	*Revenue Code (4 digits)	* Modifier(s)	* Billing Period From Date (mm/dd/yyyy)	* Billing Period To Date (mm/dd/yyyy)	* Number of Days/Units	* Rate Per Day/Unit	* Total Billed
	0120		9/29/2024	10/05/2024	7	50.00	350.00
	0240		9/29/2024	10/05/2024	7	100.00	700.00

- Monthly Examples:

HIPAA Service Code (5 digits)	*Revenue Code (4 digits)	* Modifier(s)	* Billing Period From Date (mm/dd/yyyy)	* Billing Period To Date (mm/dd/yyyy)	* Number of Days/Units	* Rate Per Day/Unit	* Total Billed
	0120		9/1/2024	9/30/2024	30	50.00	1500.00
	0240		9/1/2024	9/30/2024	30	100.00	3000.00

HIPAA Service Code (5 digits)	*Revenue Code (4 digits)	* Modifier(s)	* Billing Period From Date (mm/dd/yyyy)	* Billing Period To Date (mm/dd/yyyy)	* Number of Days/Units	* Rate Per Day/Unit	* Total Billed
	0120		10/1/2024	10/31/2024	31	50.00	1550.00
	0240		10/1/2024	10/31/2024	31	100.00	3100.00

- **Sample of Claim and SR with update MFS effective 10/1/2024**
 - SR00123456 1/1/2024 – 9/30/2024 (new end date)
 - SR00123489 10/1/2024 (new start date) – 12/31/2024
 - **Weekly claim must be split for September and October DOS**
 - 9/29-9/30/2024
 - 10/1-10/5/2024

- Weekly Example:

HIPAA Service Code (5 digits)	*Revenue Code (4 digits)	* Modifier(s)	* Billing Period From Date (mm/dd/yyyy)	* Billing Period To Date (mm/dd/yyyy)	* Number of Days/Units	* Rate Per Day/Unit	* Total Billed
T2031	241	U1,U6,U8	9/29/2024	9/30/2024	2	203.50	407.00

HIPAA Service Code (5 digits)	*Revenue Code (4 digits)	* Modifier(s)	* Billing Period From Date (mm/dd/yyyy)	* Billing Period To Date (mm/dd/yyyy)	* Number of Days/Units	* Rate Per Day/Unit	* Total Billed
T2031	241	U1,U6,U8	10/1/2024	10/5/2024	5	203.50	1017.50

- Monthly claim must be split by month
 - 9/1/2024 – 9/30/2024
 - 10/1/2024 – 10/31/2024
- Monthly Example:

HIPAA Service Code (5 digits)	*Revenue Code (4 digits)	* Modifier(s)	* Billing Period From Date (mm/dd/yyyy)	* Billing Period To Date (mm/dd/yyyy)	* Number of Days/Units	* Rate Per Day/Unit	* Total Billed
T2031	241	U1,U6,U8	9/1/2024	9/30/2024	30	203.50	6105.00
T2031	241	U1,U6,U8	10/1/2024	10/31/2024	31	203.50	6308.50

Non-Residential-Supportive Home Care (SHC) and Self-Directed Supports (SDS)

The MFS changes for these services are effective 10/1/2024 as well.

For non-residential services, new authorizations will also be issued with new rates.

Non-Residential Authorization Example:

Member Name: ██████████

DOB: ██████████

Gender: Female

Member ID: ██████████

Age: 81

Service Request: SR0017173538

Service Request: SR0017173538

Status: Approve

State: OPEN

Start Date: 07/27/2024

End Date: 12/31/2024

Close Date:

Provider:

Total Cost: 12362.80

SR Line Item # 1

Start Date: 07/27/2024

End Date: 12/31/2024

Procedure Name: HOMEMAKER SERVICE NOS; PER 15 MIN

Code: S5130

Modifier Codes:

Service Name: Supportive Home Care per .25 hour

Service Location: ██████████

Details: ██████████

Recurrence Pattern: 49 units 1 time every 1 week for a period of 158 days for a total of 1106 units

Calculated Quantity: 1106

Provider: ██████████

Contact:

Address:

Phone:

Rate:

Units:

Negotiated Rate:

Estimated Cost:

Status:

SR Line Item # 2

Start Date: 07/27/2024

End Date: 12/31/2024

Procedure Name: ATTENDANT CARE SERVICES; PER 15 MIN

Code: S5125

Modifier Codes:

Service Name: Supportive Home Care per .25 hour

Service Location: ██████████

Details: Member has complex medical concerns that limits her independences. Member needs help with grooming.

Recurrence Pattern: 37 units 1 time every 1 week for a period of 158 days for a total of 835.14 units

Calculated Quantity: 835.14

Provider: ██████████

Contact:

Non-Residential SHC and SDS Claims

To be paid promptly, it is important to submit claims correctly for the new MFS effective 10/1/2024. Claims must be submitted within the approved date range on the authorization and the rates on the authorization.

- **Sample of Claim with DOS and SR Prior to 10/1/2024 MFS**
 - SR00123456 1/1/2024 – 10/31/2024
 - Claims can be submitted weekly or monthly
 - Weekly with DOS 9/29-10/5/2024
 - Monthly with DOS 9/1-9/30/2024 or 10/1-10/31/2024

- Weekly Example:

* HIPAA/ Service Code	Modifier 1	Modifier 2	* Date of Service From (mm/dd/yyyy)	* Date of Service To (mm/dd/yyyy)	* Rate Per Day/Unit	* # Days/ Units	* Total Billed Amount
S513X			9/29/2024	10/5/2024	5.00	28	140.00
S512X			9/29/2024	10/5/2024	4.00	28	112.00

- Monthly Examples:

* HIPAA/ Service Code	Modifier 1	Modifier 2	* Date of Service From (mm/dd/yyyy)	* Date of Service To (mm/dd/yyyy)	* Rate Per Day/Unit	* # Days/ Units	* Total Billed Amount
S513X			9/1/2024	9/30/2024	5.00	150	750.00
S512X			9/1/2024	9/30/2024	4.00	150	600.00

- **Sample of Claim and SR with update rate effective 10/1/2024**
 - SR00123456 1/1/2024 – 9/30/2024 (new end date)
 - SR00123489 10/1/2024 (new start date) – 12/31/2024
 - **Weekly claim must be split for September and October DOS**
 - 9/29-9/30/2024
 - 10/1-10/5/2024

- Weekly Examples:

* HIPAA/ Service Code	Modifier 1	Modifier 2	* Date of Service From (mm/dd/yyyy)	* Date of Service To (mm/dd/yyyy)	* Rate Per Day/Unit	* # Days/ Units	* Total Billed Amount
S513X			9/29/2024	9/30/2024	5.00	12	60.00
S512X			9/29/2024	9/30/2024	4.00	12	48.00

* HIPAA/ Service Code	Modifier 1	Modifier 2	* Date of Service From (mm/dd/yyyy)	* Date of Service To (mm/dd/yyyy)	* Rate Per Day/Unit	* # Days/ Units	* Total Billed Amount
S513X			10/1/2024	10/5/2024	5.00	20	100.00
S512X			10/1/2024	10/5/2024	4.00	20	80.00

- Monthly Example:

* HIPAA/ Service Code	Modifier 1	Modifier 2	* Date of Service From (mm/dd/yyyy)	* Date of Service To (mm/dd/yyyy)	* Rate Per Day/Unit	* # Days/ Units	* Total Billed Amount
S513X			10/1/2024	10/31/2024	5.00	124	620.00
S512X			10/1/2024	10/31/2024	4.00	124	496.00