

# *ForwardHealth* **UPDATE**

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## **EXPANDED COVERAGE OF GROUP BEHAVIORAL TREATMENT SERVICES**

Effective for dates of service on and after December 1, 2022, ForwardHealth is expanding coverage for group behavioral treatment services to include Current Procedural Terminology (CPT) procedure codes 97154 and 97158. Refer to the table below for the procedure code descriptions and modifiers.

Group behavioral treatment is defined as a single session having a minimum of two and maximum of eight members per group and is facilitated by:

- A single provider servicing multiple members during a single session.
- A secondary assisting provider, who may be reimbursed for a group of four or more members.

## **AFFECTED PROGRAMS**

BadgerCare Plus, Medicaid

## **TO**

Behavioral Treatment Providers

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The information provided in this ForwardHealth Update is published in accordance with CMCS Informational Bulletin, "[Clarification of Medicaid Coverage of Services to Children with Autism](#)."

## CURRENT PROCEDURAL TERMINOLOGY PROCEDURE CODES FOR GROUP BEHAVIORAL TREATMENT

Procedure Code	Description	Modifier
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	TG, TF
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	TG, TF

### Provider and Member Eligibility

Medicaid-enrolled behavioral treatment licensed supervisors and behavioral treatment therapists may render group adaptive behavior treatment with protocol modification as the provider leading the group. A secondary assisting provider may render group adaptive treatment by protocol for group sizes of four or more members. Secondary assisting providers may be a behavioral treatment licensed supervisor, behavioral treatment therapist, or behavioral treatment technician.

Treatment may be authorized for members with diagnoses or conditions associated with deficient adaptive or maladaptive behavior when the provider demonstrates the medical necessity of the proposed group behavioral treatment service for the member via the prior authorization (PA) request process.

### Coverage Limitations

Coverage is limited to no more than eight units (two hours) total per member per day. A member receiving comprehensive treatment must receive one-on-one treatment to be approved for group treatment. However, ForwardHealth may reimburse group treatment exclusively when members receive focused treatment.

Providers may determine the most clinically appropriate place of service for group behavioral treatment services.

## QUICK LINKS

- An Overview topic ([#18978](#))
- Claim Submission for Behavioral Treatment Services topic ([#19637](#))
- Prior Authorization Requirements for Behavioral Treatment Services topic ([#19059](#))
- Procedure Codes topic ([#18959](#))
- Procedure Codes for Claims When Commercial Health Insurance Is the Primary Payer topic ([#18977](#))
- [Interactive maximum allowable fee schedule](#)

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## Prior Authorization

Group behavioral treatment may be authorized for members with sufficient social, language, and adaptive skills to participate effectively in group sessions. Providers are required to substantiate the medical necessity for group behavioral treatment and include all following items with the PA request:

- Specific treatment goals and targeted problem areas
- Documentation of treatment schedule
- Prescription for treatment

For continued authorization, providers must also identify progress toward group treatment goals on the treatment plan.

Group adaptive behavior treatment hours must be requested separately on the Prior Authorization Request Form (PA/RF), F-11018 (05/2013), using CPT procedure code 97158 and modifier TG or TF, as appropriate, on a separate line item. If an assisting secondary provider is also providing service, an additional line of CPT procedure code 97154 must also be requested.

## Claim Submission

Group behavioral treatment must be prior authorized by ForwardHealth to be allowable for reimbursement.

Refer to the Claim Submission for Behavioral Treatment Services topic (#[19637](#)) in the ForwardHealth Online Handbook for additional information about submitting claims for behavioral treatment services.

## Reimbursement

Group behavioral treatment procedure codes are reimbursed fee-for-service in 15-minute units. Refer to the [interactive max fee schedule](#) for reimbursement rates and the Procedure Codes for Claims When Commercial Health Insurance Is the Primary Payer topic (#[18977](#)) for coordination of benefits information.

## Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to the Wisconsin Department of Health Services (DHS) upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify actual

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provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

## Managed Care Organizations

The behavioral treatment benefit is an administered fee-for-service benefit for all Medicaid-enrolled members who demonstrate medical necessity for covered services. The behavioral treatment benefit is separate from managed care organizations, which include BadgerCare Plus and Medicaid SSI HMOs and special managed care plans. Special managed care plans include Children Come First, Wraparound Milwaukee, Care4Kids, Family Care, and Family Care Partnership, with PA requests and claims processed by ForwardHealth instead of the member's HMO.

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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 Medicaid Services within the 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 within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).