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The Online Handbook has not yet been revised to include information in this Update.

ForwardHealth UPDATE

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NEW PROCESS FOR BEHAVIORAL TREATMENT PRIOR AUTHORIZATION REQUESTS AND REAL-TIME REVIEW AND APPROVAL

Effective December 13, 2026, ForwardHealth is making several updates to the behavioral treatment prior authorization (PA) request process, including:

- Retiring the Prior Authorization/Behavioral Treatment Attachment (PA/BTA) form, F-01629.
- Requiring providers to follow a new process for submitting PA requests on their secure ForwardHealth Provider Portal account that could lead to approval in seconds.
- Processing PA requests for certain behavioral treatment codes via real-time review. This change applies only to new PA requests submitted for behavioral treatment services (process type 142) for 26 weeks for:
  - Comprehensive treatment requests for members ages 3–5 years on the requested start date.
  - Focused treatment requests for family treatment guidance only.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Behavioral Treatment Providers, HMOs and Other Managed Care Programs

QUICK LINKS

- Approval Criteria for Initial Prior Authorization Requests topic #19038
- Approval Criteria for Subsequent Prior Authorization Requests topic #19040
- Prior Authorization Requirements for Members Under Age 6 #20477
- Amendments #431

The information provided in this ForwardHealth Update is published in accordance with CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F).

WISCONSIN DEPARTMENT of HEALTH SERVICES

These sections describe the changes to requesting PAs for behavioral treatment:

- Discontinued Prior Authorization/Behavioral Treatment Attachment Form
- New Process for Behavioral Treatment PA Portal Submissions
- Behavioral Treatment Codes and PA Requests on the ForwardHealth Portal (Portal)
- Real-Time Review for Certain Behavioral Treatment Prior Authorization Requests
- Training Available

Discontinued Prior Authorization/Behavioral Treatment Attachment Form

Effective December 13, 2026, ForwardHealth will discontinue the PA/BTA form and will no longer accept it for PA requests. ForwardHealth will remove it from the Forms page of the Portal.

After this date, providers should continue to submit all other required documentation.

New Process for Behavioral Treatment PA Portal Submissions

Effective December 13, 2026, ForwardHealth will update the Portal's PA process to improve the provider experience.

Providers will follow a new order of steps when submitting behavioral treatment PA requests through the Portal:

1. Make sure all required documents are available before starting the PA request.
2. Enter member information.
3. Provide details based on the services needed for the member, the requested Current Procedural Terminology (CPT) codes, and these ForwardHealth Online Handbook topics:
    a. Approval Criteria for Initial Prior Authorization Requests topic #19038
    b. Approval Criteria for Subsequent Prior Authorization Requests topic #19040

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4. Upload all files required for the services requested. Click **Choose File** as many times as needed to upload all required documents. A single file may contain more than one document. Once all required files are uploaded, check the box and click **Submit** to go to the next step.
5. Review responses to make sure no changes need to be made to the PA request, correct any responses needed, and click the **I Attest** checkbox. After clicking Submit, the provider can't make any more changes to the request.
6. Enter the requesting provider signature (first and last name of the person submitting the PA request). Confirm the displayed service information. If the information is not correct, click **Submit a New PA Request** to start over. If the information is correct, click **Next**.
7. Click **Submit** to submit the PA request to ForwardHealth.



An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information.

Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. Providers are expected to abide by all regulative authorities as stated in Wis. Admin. Code § DHS 107.02(3)(i)1.a.

After submitting the request, providers will receive a PA number and can review and print the completed Prior Authorization Request Form (PA/RF), F-11018 (04/2026).

Note: Before the final attestation, providers can return to previous questions and edit their answers. However, the system's questions are based on previous responses, so providers may need to answer questions again based on any changes they make.

Behavioral Treatment Codes and PA Requests on the Portal

Providers will answer questions on the Portal about the behavioral treatment services they plan to render, including CPT codes and modifiers. Providers' responses will automatically generate the PA request on the Portal.

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Providers may submit PA requests for the direct and group treatment codes in addition to family treatment guidance and team meeting codes. **Refer to Attachment A to this ForwardHealth Update for full descriptions of the codes.**

Note: If the member has commercial insurance, the provider's ForwardHealth PA request must use the same billing codes, modifiers, and units as the commercial insurance request. This is required even when the commercial insurance carrier requires different modifiers than ForwardHealth.

Direct Treatment Codes

ForwardHealth may approve PA requests for these direct treatment codes:

- 97151 (PA is not required when using modifier TG or TF.)
- 97152 (PA is not required when using modifier TG or TF.)
- 97153
- 97155

Group Treatment Codes

ForwardHealth may approve PA requests for these group treatment codes:

- 97154
- 97158

Family Treatment Guidance and Team Meetings

ForwardHealth may approve PA requests for these family treatment guidance and team meeting codes:

- 97156
- 97156 with modifier AM (ForwardHealth only covers this code when used with modifier TF or TG.)

Required Documentation for PA Requests for Behavioral Treatment

Providers must submit all required documentation using the Portal. Questions are used to generate a customized list of the documents required for the PA request.

- Attachment B—Required Documentation for Prior Authorization Requests for Behavioral Treatment Services for Members Under Age 6
- Attachment C—Required Documentation for Prior Authorization Requests for Behavioral Treatment Services for Members Age 6 and Older

The PA/RF will be created automatically when providers submit a PA request.

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Real-Time Review for Certain Behavioral Treatment PA Requests

Real-time PA review can greatly reduce processing wait times. PA requests submitted on the Portal for certain behavioral treatment codes may qualify for real-time review. In some cases, **providers may receive approval within seconds**. In others, the request may be sent for manual review.

Services and Types of Requests That Qualify for Real-Time Review

Initial PA requests for certain behavioral treatment CPT procedure codes for up to 26 weeks or six months may qualify for real-time review and approval. This includes PA requests for:

- **Comprehensive treatment** provided to members ages 3–5 years on the requested start date.
- **Focused treatment** requests for family treatment guidance only.

Qualifying for Real-Time Review

To make sure PA requests for certain behavioral treatment codes qualify for real-time review, providers must:

- Gather all clinical documentation necessary for the PA request before starting the PA submission process.
- Upload all required documents during the PA submission process.
- Meet all other applicable criteria for PA.

The real-time review process for behavioral treatment doesn't include amendments. Refer to the Amendments topic #431 for information about amendments to PAs for behavioral treatment services.

Training Available

Video trainings about how to submit PA requests via the Portal, including the Electronic Upload option, are available under the Prior Authorization drop-down menu on the Trainings page.

Refer to the ForwardHealth Provider Portal Prior Authorization User Guide (PDF) for general information about submitting PA requests on the Portal.



Documentation Retention

As a reminder, providers 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

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services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual 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.

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. The benefit is "carved out" of managed care organizations (MCOs), which include BadgerCare Plus and Medicaid SSI HMOs and special managed care plans. Special managed care plans include Care4Kids, Family Care, Family Care Partnership Program, and the Program for All-Inclusive Care for the Elderly (PACE).

All behavioral treatment is billed fee-for-service even for members enrolled in an MCO.

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ATTACHMENT A
Behavioral Treatment Services That Require Prior Authorization

Providers may submit prior authorization (PA) requests for the direct and group treatment codes, in addition to family treatment guidance and team meetings codes. Refer to this table for full Current Procedural Terminology code descriptions.

CURRENT PROCEDURAL TERMINOLOGY CODE	DESCRIPTION
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan) Note: PA is not required for this code when using modifiers TG (Complex/high tech level of care) or TF (Intermediate level of care).
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes Note: PA is not required for this code when using modifiers TG or TF.
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
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

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CURRENT PROCEDURAL TERMINOLOGY CODE	DESCRIPTION
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes Note: PA is required for this code if using: • No modifier • Modifier TG or TF • Modifier TG or TF with AM (Physician, team member service) • H modifiers (used by some commercial insurers)
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

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ATTACHMENT B
Required Documentation for Prior Authorization Requests for Behavioral Treatment Services for Members Under Age 6

This table lists supporting documentation requirements for certain behavioral treatment services. Do not send medical records or expired documents.

SUPPORTING DOCUMENTATION	COMPREHENSIVE TREATMENT		FOCUSED TREATMENT		GROUP TREATMENT	
	INITIAL	SUBSEQUENT	INITIAL	SUBSEQUENT	INITIAL	SUBSEQUENT
Valid prescription for all dates of service[1]	✓	✓	✓	✓	✓	✓
Plan of care[2], including: • Behavioral treatment team • Care collaboration plan • Curriculum-based assessment results • Family training plan • Goals for group treatment, when applicable • Measurable caregiver goals • Measurable member goals • Multi-language plan, when applicable • Previous treatment history	✓	✓	✓	✓	✓	✓

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SUPPORTING DOCUMENTATION	COMPREHENSIVE TREATMENT		FOCUSED TREATMENT		GROUP TREATMENT	
	INITIAL	SUBSEQUENT	INITIAL	SUBSEQUENT	INITIAL	SUBSEQUENT
Diagnostic report[3]	✓		✓			
Provider's initial assessment report, if not included in the plan of care	✓		✓		✓	
Progress summary, if not included in the plan of care		✓		✓		✓

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SUPPORTING DOCUMENTATION	COMPREHENSIVE TREATMENT		FOCUSED TREATMENT		GROUP TREATMENT	
	INITIAL	SUBSEQUENT	INITIAL	SUBSEQUENT	INITIAL	SUBSEQUENT
Treatment schedule, school schedule, schedule for other services, including: • Time in one-on-one direct treatment (only if direct treatment is included) • Time in group treatment (only if group treatment is included) • Time in school or homeschool (any service and member over 6 years old) • Any regularly scheduled activities • Personal care, when applicable			✓	✓	✓	✓

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SUPPORTING DOCUMENTATION	COMPREHENSIVE TREATMENT		FOCUSED TREATMENT		GROUP TREATMENT	
	INITIAL	SUBSEQUENT	INITIAL	SUBSEQUENT	INITIAL	SUBSEQUENT
Member's retroactive eligibility documentation, if the requested start date is more than 14 days in the past	✓	✓	✓	✓	✓	✓

[1] The prescription for group treatment must specify total direct treatment.

[2] The plan of care for group treatment must include a detailed schedule outlining the services being delivered and goals must support group treatment.

[3] An attestation may be accepted for members under age 6, per the ForwardHealth Online Handbook Prior Authorization Requirements for Members Under Age 6 topic #20477.

Key

✓ Required upload on the ForwardHealth Portal during PA submission.

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ATTACHMENT C
Required Documentation for Prior Authorization Requests for Behavioral Treatment Services for Members Ages 6 and Older

Find supporting documentation requirements for certain behavioral treatment services. Do not send medical records or expired documents.

SUPPORTING DOCUMENTATION	TREATMENT	
	INITIAL	SUBSEQUENT
Valid prescription for all dates of service[1]	✓	✓
Plan of care[2], including: • Behavioral treatment team • Care collaboration plan • Curriculum-based assessment results • Family training plan • Goals for group treatment, when applicable • Measurable caregiver goals • Measurable member goals • Multi-language plan, when applicable • Previous treatment history	✓	✓
Diagnostic report	✓	

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SUPPORTING DOCUMENTATION	TREATMENT	
	INITIAL	SUBSEQUENT
Provider's initial assessment report, if not included in the plan of care	✓	
Progress summary, if not included in the plan of care		✓
Treatment schedule, school schedule, schedule for other services, including: • Time in one-on-one direct treatment (only if direct treatment is included) • Time in group treatment (only if group treatment is included) • Time in school or homeschool (any service and member is 6–21 years old) when applicable • Any regularly scheduled activities • Personal care, when applicable	✓	✓

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SUPPORTING DOCUMENTATION	TREATMENT	
	INITIAL	SUBSEQUENT
Individualized Education Program (IEP) for members 6–21 years old (when applicable), including: • Documentation that supports a modified school day • School staff training plans, goals, and plan to fade behavioral treatment at school	✓	✓[3]
Member's retroactive eligibility documentation, if the requested start date is more than 14 days in the past.	✓	✓

[1] The prescription for group treatment must specify total direct treatment.
[2] The plan of care for group treatment must include a detailed schedule outlining the services being delivered and goals must support group treatment.
[3] An IEP is required with a subsequent PA request only if the IEP has been updated since the last time it was submitted for that member.

Key

✓ Required on the ForwardHealth Portal during PA submission only.

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