**County PIHP Guide to Covered Services, Coding, and Reporting**

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## Purpose

This Guide provides information on the Medicaid services that are in scope of the Children Come First (CCF) and Wraparound Milwaukee (WM) programs, including information on coverage policy and billing codes. This Guide includes a separate Service Code Table, which is fully incorporated herein by reference.

## Covered Services

### Medicaid Services In-Scope of CCF/WM

The CCF/WM programs provide coverage of certain Medicaid services related to mental health and substance use disorder.

Medicaid services that are in scope of CCF/WM must:

* Be determined by the child and family treatment team through the process of evaluation and case planning to be necessary for the treatment and rehabilitation of the member to facilitate the maximum reduction of the member’s disability and to restore the member to his or her best possible functional level.
* Be identified on the member’s treatment plan, which must indicate the measurable goal to be achieved through provision of the service and the provider(s) who will administer the service.
* Be provided by Medicaid-enrolled providers. The provider must be enrolled under a provider type that is allowable for the provided service per ForwardHealth policy.
* Meet the requirements for Medicaid covered services as described in the Medicaid State Plan, the applicable service areas of the [ForwardHealth Online Handbooks](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx), ForwardHealth publications, and Wisconsin Administrative Code. Note: Any limitations or requirements described in these sources regarding place of service, amounts of service, collateral contacts, or prior authorization are not applicable to CCF/WM.
* Meet the terms and conditions of the Contract for Services between the Wisconsin Department of Health Services and Dane County/Milwaukee County for the operation of the CCF/WM programs, respectively.

The following Medicaid services related to mental health and substance use disorder are in scope of the CCF/WM programs:

* **Adult Mental Health Day Treatment**. The specific billing codes that represent this service area are listed on the Service Code Table. Additional policy information for this service area can be found in the [ForwardHealth Online Handbook](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx) under the service area titled “Adult Mental Health Day Treatment”.
* **Child/Adolescent Day Treatment**. The specific billing codes that represent this service area are listed on the Service Code Table. Additional policy information for this service area can be found in the [ForwardHealth Online Handbook](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx) under the service area titled “Child/Adolescent Day Treatment, HealthCheck ‘Other Services’”.
* **Hospital Services**: This service area includes coverage of:
	+ The facility component of all inpatient admissions and outpatient visits to a psychiatric hospital. Billing codes that represent the facility component of inpatient admissions and outpatient visits to a psychiatric hospital are not listed on the Service Code Table because all such services are in scope of CCF/WM.
	+ The facility component of inpatient admissions to an acute care hospital for behavioral health, as identified by the Diagnosis-Related Group (DRG) code assigned to the inpatient admission. The specific DRG codes that represent the facility component of behavioral health admissions are listed on the Service Code Table.
	+ The facility component of outpatient visits to an acute care hospital for behavioral health, as identified by a primary diagnosis code indicating a behavioral health diagnosis. Billing codes that represent the facility component of outpatient visits to an acute care hospital for behavioral health are not listed on the Service Code Table because all such services are in scope of CCF/WM.
	+ The professional component of inpatient hospital admissions and outpatient hospital visits for behavioral health, as identified by a primary diagnosis code indicating a behavioral health diagnosis. The specific billing codes that represent these services are listed on the Service Code Table.
* **Intensive In-Home Mental Health and Substance Abuse for Children**: The specific billing codes that represent this service area are listed on the Service Code Table. Additional policy information for this service area can be found in the [ForwardHealth Online Handbook](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx) under the service area titled “In-Home Mental Health/Substance Abuse Treatment Services for Children, HealthCheck ‘Other Services’”.
* **Narcotic Treatment Services (NTS)**: The specific billing codes that represent this service area are listed on the Service Code Table. Additional policy information for this service area can be found in the [ForwardHealth Online Handbook](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx) under the service area titled “Narcotic Treatment”.
* **Outpatient Mental Health and Substance Abuse**: The specific billing codes that represent this service area are listed on the Service Code Table. For purposes of CCF/WM, this service area also includes Evaluation and Management (E/M) procedure codes, as identified on the Service Code Table, that may be billed by certain providers in conjunction with certain psychotherapy procedure codes per national coding guidelines. Additional policy information for this service area can be found in the [ForwardHealth Online Handbook](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx) under the service areas titled “Outpatient Mental Health” and “Outpatient Substance Abuse”.
* **Psychosocial Rehabilitation Services:** This service area includes coverage of:
	+ Employment-Related Skill Training Services
	+ Individual Skill Development and Enhancement Services
	+ Peer Support Services
	+ Physical Health Monitoring Services
	+ Psychoeducation
	+ Wellness Management and Recovery Services

The specific billing codes that represent this service area are listed on the Service Code Table. The descriptions of the above psychosocial rehabilitation services and the allowable provider types for each service are listed in [Topic #17137](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=12&s=2&c=61&nt=Covered+Services) of the ForwardHealth Online Handbook.

* **Substance Abuse Day Treatment**. The specific billing codes that represent this service area are listed on the Service Code Table. Additional policy information for this service area can be found in the [ForwardHealth Online Handbook](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx) under the service area titled “Substance Abuse Day Treatment”.
* **Targeted Case Management**. The specific billing codes that represent this service area are listed on the Service Code Table. Additional policy information for this service area can be found in the [ForwardHealth Online Handbook](https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx) under the service area titled “Case Management, Targeted”.

Provider travel time and documentation time are typically not separately billable under the Wisconsin Medicaid program. CCF/WM should refer to the ForwardHealth Online Handbook for the applicable service area to determine specific Medicaid policy for provider travel time and documentation time. If the applicable ForwardHealth Online Handbook does not address provider travel time and/or documentation time, CCF/WM should refer to national coding standards for the applicable service code.

Member travel to and from in-scope services, even if provided by CCF/WM staff, is not in scope of CCF/WM but is rather available for the member through the non-emergency medical transportation manager.

### Medicaid Services Covered on a Fee-for-Service Basis

All other Medicaid services will be reimbursed by ForwardHealth to the provider for CCF/WM members on a fee-for-service basis, including, but not limited to:

* **Behavioral Treatment (BT)**: The definition of BT services, and the specific billing codes that represent BT services, are included in the ForwardHealth Online Handbook under the service area titled “Behavioral Treatment Services”. Any service that meets the definition of BT, as defined in the ForwardHealth Online Handbook, is not in scope of CCF/WM and is instead covered for CCF/WM members on a fee-for-service basis.
* **Crisis Intervention (CI)**: The definition of CI services, and the specific billing codes that represent CI services, are included in the ForwardHealth Online Handbook under the service area titled “Crisis Intervention”. Any service that meets the definition of CI services, as defined in the ForwardHealth Online Handbook, is not in scope of CCF/WM and is instead covered for CCF/WM members on a fee-for-service basis.
* **Pharmacy:** Pharmacy services, including provider-administered drugs as listed in the ForwardHealth Online Handbook, are not in scope of CCF/WM and are instead covered for CCF/WM members on a fee-for-service basis.
* **Residential Substance Use Disorder (RSUD) Treatment**: The definition of RSUD Treatment, and the specific billing codes that represent RSUD Treatment, are included in the ForwardHealth Online Handbook under the service area titled “Residential Substance Use Disorder Treatment”. Any service that meets the definition of RSUD Treatment, as defined in the ForwardHealth Online Handbook, is not in scope of CCF/WM and is instead covered for CCF/WM members on a fee-for-service basis.

### Additional Services

* 1. The County may cover services for a member that are in addition to those services covered under the state plan; however, those encounters will not be used for determining payment rates, per 42 CFR §438.3(e).
	2. In lieu of services can be covered by the County on a voluntary basis as follows: the Department determines that the alternative service or setting is a medically appropriate and cost effective substitute for the covered service or setting under the state plan; the member is not required by the County to use the alternative service or setting; the approved in lieu of services are identified in the County contract and will be provided at the option of the County; and the utilization and cost of in lieu of services is taken into account in developing the component of the capitation rates that represent the covered state plan services.

Currently, there are no in lieu of services in the County PIHP contract.