

To:
 Community Support Programs
 HMOs and Other Managed Care Programs

Community Support Program Services

This *Wisconsin Medicaid and BadgerCare Update* consolidates all of the information for community support program (CSP) services. Information for clozapine management is also included in this *Update* as CSPs may provide these services. Providers should use this *Update* in conjunction with the General Information section of the Mental Health and Substance Abuse Services Handbook and the All-Provider Handbook.

The purpose of this *Wisconsin Medicaid and BadgerCare Update* is to consolidate all of the information for community support program (CSP) services, including clozapine management provided by CSPs. This *Update* replaces the following CSP publications:

- The October 2005 *Update* (2005-63), titled “Rate Changes for Services Receiving Only Federal Funds.”
- The June 2004 *Update* (2004-47), titled “Revision to CMS 1500 Claim Form Instructions for Clozapine Management Services.”
- The July 2003 *Update* (2003-49), titled “Changes to local codes and paper claims for community support program services as a result of HIPAA.”
- The November 2000 *Update* (2000-52), titled “Community support program coverage of total medication management and other physical health care services.”

- The October 2000 *Update* (2000-32), titled “Community support programs — clarification.”
- The March 1996 *Update* (96-06), titled “Coverage of Social and Recreational Skill Training.”
- The October 1995 *Update* (95-39), titled “Symptom Management/Psychosocial Rehabilitation: Coverage of Medication Compliance Monitoring by CSP Staff Other Than Physicians and Registered Nurses.”
- Part H, Division V, the Community Support Program Handbook.

This *Update* also replaces the following clozapine management publications:

- The July 2003 *Update* (2003-48), titled “Changes to local codes and paper claims for clozapine management services as a result of HIPAA.”

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- The December 1997 *Update* (97-44), titled “Clozapine and Clozapine Management Changes.”

Medicaid State Share Paid by County/ Tribal Social or Human Services Agency

The county/tribal social or human services agency pays the nonfederal share for this benefit.

Certification

According to s. 49.45(30), Wis. Stats, Wisconsin Medicaid may pay only the county/tribal social or human services agencies to provide CSP services.

County/tribal social or human services agencies, or the agencies with which they contract to provide CSP services, must be certified under HFS 63, Wis. Admin. Code.

The county/tribal social or human services agency that does not provide the services but serves only as the billing provider is not required to be certified under HFS 63, Wis. Admin. Code.

Wisconsin Medicaid requires the county/tribal social or human services agency, and all agencies with which it contracts to provide CSP services, to have separate Medicaid CSP certification. Counties must assure that all subcontracted agencies providing services billed under HFS 63, Wis. Admin. Code, are certified separately. Community support program providers may not use provider certification numbers used for other services to bill Wisconsin Medicaid for CSP services.

Division of Disability and Elder Services Certification

To perform CSP services, a provider is first required to be certified by the Department of Health and Family Services (DHFS), Division

of Disability and Elder Services (DDES), Bureau of Quality Assurance for CSP services under HFS 63, Wis. Admin. Code. For information regarding this certification, providers may contact the DDES by telephone at (608) 243-2025 or by mail at the following address:

Division of Disability and Elder Services
Bureau of Quality Assurance
Program Certification Unit
2917 International Ln Ste 300
Madison WI 53704

A provider meeting DHFS, DDES certification may apply for Medicaid certification.

Wisconsin Medicaid Certification

To obtain Medicaid certification, agencies should complete the Wisconsin Medicaid Mental Health/Substance Abuse Agency Certification Packet. Refer to Attachment 1 of this *Update* for Medicaid certification requirements and provider numbers assigned for agencies providing CSP services.

Providers may initiate CSP provider certification by doing one of the following:

- Downloading the mental health certification materials from the Medicaid Web site at dhfs.wisconsin.gov/medicaid/.
- Calling Provider Services at (800) 947-9627 or (608) 221-9883.
- Writing to the following address:

Wisconsin Medicaid
Provider Maintenance
6406 Bridge Rd
Madison WI 53784-0006

Refer to the General Information section of the Mental Health and Substance Abuse Services Handbook for more information about provider

County/tribal social or human services agencies, or the agencies with which they contract to provide CSP services, must be certified under HFS 63, Wis. Admin. Code.

certification, provider numbers, and provider responsibilities.

Subcontracting for Community Support Program Services

A Medicaid-certified CSP provider, as part of its certification under HFS 63, Wis. Admin. Code, may contract with other providers for any part of its CSP service. However, the Medicaid-certified provider retains all legal and fiscal responsibility for the services provided by subcontractors.

Wisconsin Medicaid sends provider materials to Medicaid-certified providers only. It is the certified provider's responsibility to ensure that the contractor provides services and maintains records in accordance with the Medicaid requirements for the provision of CSP services.

The Medicaid-certified provider is responsible for ensuring that its contractors:

- Meet all program requirements.
- Receive copies of Medicaid publications and other appropriate materials.

Although the contracted CSP may submit claims to Wisconsin Medicaid using the certified provider's Medicaid number if the provider has authorized this, Wisconsin Medicaid reimburses only the certified county/tribal social or human services agency.

Billing and Nonbilling Provider Numbers

A provider number is issued to all qualified CSPs certified under Wisconsin Medicaid. Individuals providing CSP services within the CSP do not need to be individually certified.

In most counties, the county CSP is the Medicaid-certified CSP. In several counties, the county CSP contracts with qualified CSPs. In these counties, both the county CSP and the contracted agency must be Medicaid certified.

When the county is the CSP, a billing/performing provider number is issued to the county that is used to submit claims to Wisconsin Medicaid, and no additional provider number is required on the claim form.

In counties where the county CSP contracts with qualified CSPs, the county CSP is issued a billing provider number and the contracted CSP is issued a non-billing/performing provider number. Both the billing provider number and the non-billing/performing provider number are required on the claim form, but Medicaid payment is made only to the county CSP.

Mental Health Technician Training and Education Requirements

For Wisconsin Medicaid reimbursement, a mental health technician must meet the following training and education requirements:

1. Completion of a minimum of 1,000 hours of supervised work experience with long-term mentally ill individuals.
2. At least one of the following:
 - Approval from the DDES's Bureau of Mental Health and Substance Abuse Services of an educational curriculum for the mental health technician. The agency must then provide or purchase the training.
 - Certification by the American Occupational Therapy Association as an occupational therapy assistant.
 - A licensed practical nurse under s. 441.10, Wis. Stats.
 - Completion of the training requirements under HFS 133.17(4), Wis. Admin. Code for a home health aide.
 - Inclusion in the registry of persons under HFS 129.10, Wis. Admin. Code, who have completed a nurse's assistant training and testing program or only a testing program.

Wisconsin Medicaid sends provider materials to Medicaid-certified providers only.

- Satisfaction of the requirements under HFS 105.17(3)(a)1, Wis. Admin. Code, to provide personal care services and completion of an additional 1,000 hours of supervised work experience with long-term mentally ill persons.
3. A mental health technician providing CSP services who does not meet the requirements above must meet these requirements within one year following the effective date of the CSP's Medicaid certification or the mental health technician's date of employment by the CSP, whichever is later. If this requirement is not met, the CSP may no longer submit claims to Wisconsin Medicaid for the mental health technician's services. However, the CSP may submit claims to Wisconsin Medicaid for the mental health technician's services during the one year period.

Recipient Eligibility for Community Support Program Services

Community support program services are covered services for recipients who can benefit from them. Refer to Attachment 5 for a list of allowable diagnoses.

Transition Services for Community Support Program Recipients Who are Patients in a Hospital or Nursing Home

The services listed below are the only CSP services allowed for CSP recipients while they are patients in a hospital or residents of a nursing home. However, CSP services are not reimbursable when delivered to individuals 21-64 years of age when the hospital or nursing home in which they are being treated is an institution for mental disease (IMD). Allowed CSP transitional services include the following:

- Meetings with the recipient during a hospital or nursing home stay to maintain continuity of contact with the CSP

treatment team and to evaluate the recipient's progress toward discharge.

- Meetings in the hospital or nursing home with the recipient to discuss plans for active discharge when there is a tentative discharge date in the CSP record.
- Any covered CSP services (including case management) performed with, or on behalf of, an institutionalized client by qualified CSP staff for the purpose of transition planning.

Recipients Enrolled in Wisconsin Medicaid Managed Care

Wisconsin Medicaid and BadgerCare recipients enrolled in Medicaid-contracted HMOs may receive CSP services on a fee-for-service basis. These services are not part of the HMO's capitation rate. If a recipient is in need of CSP services, recipients should be referred to their county/tribal social or human services agency, which may provide these services on a fee-for-service basis.

Exemptions from HMO enrollment for people in CSP programs may be requested and will be considered on an individual basis.

HMO exemption forms may be obtained from the HMO Enrollment Specialist at (800) 291-2002. The recipient or "case head" completes the request for exemption, forwards the form to the mental health professional treating the client for completion of the clinical areas, and mails or faxes the form to the HMO Control Unit indicated on the form.

Medicaid recipients enrolled in Children Come First or Wraparound Milwaukee must receive CSP services within these managed care programs since this service is part of the programs' capitated rate. Recipients should be referred to their county/tribal social or human

Wisconsin Medicaid and BadgerCare recipients enrolled in Medicaid-contracted HMOs may receive CSP services on a fee-for-service basis.

services agency that may provide these services on a fee-for-service basis.

For Medicaid recipients enrolled in Supplemental Security Income (SSI) managed care programs, only the Dane County SSI managed care program operated by Health Advantage covers CSP services as part of the managed care benefit package. All other SSI managed care programs operating in other counties do not. People enrolled in SSI managed care programs in counties other than Dane may still receive CSP services under fee-for-service.

Wisconsin Medicaid does not allow separate reimbursement for outpatient mental health services, including mental health day treatment and case management services, while a recipient is receiving Medicaid-reimbursed CSP services.

Covered Community Support Program Services

These non-institutional services make medical treatment and related care and rehabilitative services available to enable a recipient to better manage the symptoms of his or her illness, to increase the likelihood of the recipient's independent, effective functioning in the community, and to reduce the incidence and duration of institutional treatment for mental illness.

The following are covered CSP services:

- Assessments.
- Case management.
- Psychological rehabilitation services.
- Treatment planning.
- Treatment services.

Refer to Attachment 2 for a complete description of these services.

Special Circumstances

The following are requirements for covered services:

- A physician's prescription is required.
- Telephone contacts between recipients and CSP staff. Wisconsin Medicaid reimburses for telephone contacts only when they

involve a case management crisis or emergency service or when they are specifically identified in the treatment plan as a necessary element of the recipient's treatment. For instance, if identified in the treatment plan, the CSP may submit claims to Wisconsin Medicaid for calling a recipient in the mornings for the first two weeks of a new job to make sure that the recipient is getting prepared for work and making appropriate plans for traveling to the job.

- Staff travel time to deliver covered CSP services. Travel is billed as part of the covered services. Travel time is not allowable when the recipient is not at home since there is no face-to-face contact.
- An initial assessment is covered only when the recipient is first admitted to the CSP and following discharge from a hospital after a short-term stay, per HFS 107.13(6)(b)2, Wis. Admin. Code.

Community Support Program Limitations

Community Support Programs Include Other Mental Health Services

Wisconsin Medicaid does not allow separate reimbursement for outpatient mental health services, including mental health day treatment and case management services, while a recipient is receiving Medicaid-reimbursed CSP services. When the recipient needs these services, the CSP covers them.

Psychiatric or psychotherapy services may be separately reimbursed by non-CSP providers for CSP recipients only when they are provided as professional services to recipients who are in an inpatient hospital or nursing home.

Non-CSP mental health services may be separately reimbursed when the recipient seeks

a second opinion regarding his or her diagnosis or treatment needs.

Wisconsin Medicaid allows separate reimbursement for substance abuse services provided while a recipient is receiving CSP services.

Services Contracted by a Community Support Program

Community support program standards are designed to encourage development of a comprehensive and integrated service delivery system. However, there may be times when clients have specialized treatment needs that cannot be addressed by the CSP staff. In these cases, the CSP may contract with other qualified providers to deliver services.

Contracting is appropriate only for psychiatric or psychotherapy services with a psychologist or Medicaid-certifiable psychotherapist in the following situations:

- When the recipient has an established relationship with the independent provider and it would be harmful to the recipient to terminate this relationship.
- When the recipient has highly specialized treatment needs (e.g., sexual abuse) that are not required to be provided by the CSP under HFS 63, Wis. Admin. Code. These services must meet the criteria for routine psychiatric services or CSP medication prescription and administration as defined in this *Update*. The service must be billed by the CSP.

When the CSP is contracting with an independent psychotherapy provider, the recipient's medical record must justify the need to contract for the services. The recipient's CSP treatment plan must reflect how these services are integrated with the recipient's overall treatment, including how the independent therapist is involved in treatment

planning and review. Additionally, the recipient's record must have copies of progress notes from the independent provider to document the services billed through the CSP. The CSP is responsible for insuring the adequacy and quality of these services.

Services Provided via Telehealth

Community support program services may be provided via Telehealth. Refer to the General Information section of the Mental Health and Substance Abuse Services Handbook for information about Telehealth requirements and claim submissions.

Community Support Program Noncovered Services

Noncovered Community Support Program Services

The following services are not covered by Wisconsin Medicaid as *CSP services*:

- Case management services provided under HFS 107.32, Wis. Admin. Code, by a provider not certified under HFS 105.255, Wis. Admin. Code, to provide CSP services.
- Services provided to a resident of an intermediate care facility, skilled nursing facility, or an IMD or to a hospital patient unless the services are performed to prepare the recipient for discharge from the facility to reside in the community.
- Services related to specific job-seeking, job placement, and work activities.
- Services performed by volunteers.
- Services that are primarily recreation oriented.
- Legal advocacy performed by an attorney or paralegal.

When the CSP is contracting with an independent psychotherapy provider, the recipient's medical record must justify the need to contract for the services.

Community Support Program Documentation Requirements

Refer to Attachment 4 for documentation requirements for all mental health and substance abuse service providers, including CSP services. For additional information regarding documentation requirements, refer to the General Information section of the Mental Health and Substance Abuse Services Handbook.

Wisconsin Medicaid reimburses the provision of services. Documenting the services provided is part of the provision of services.

Prior Authorization

Prior authorization is not required for CSP services.

Copayment

Wisconsin Medicaid does not require copayment for CSP services.

Claims Submission

Coordination of Benefits

Except for a few instances, Wisconsin Medicaid is the payer of last resort for any Medicaid-covered service. Therefore, the provider is required to make a reasonable effort to exhaust all existing other health insurance sources before submitting claims to Wisconsin Medicaid or to state-contracted Medicaid managed care organizations (MCOs).

Refer to the Coordination of Benefits section of the All-Provider Handbook for more information about services that require other health insurance billing, exceptions, claim submission procedures for recipients with other health insurance, and the Other Coverage Discrepancy Report, HCF 1159 (Rev. 08/05). The Other Coverage Discrepancy Report is

also available on the Medicaid Web site at dhfs.wisconsin.gov/medicaid/.

Diagnosis Codes

All diagnoses must be from the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) coding structure. Claims received without an allowable ICD-9-CM code are denied.

Refer to Attachment 5 for a list of allowable diagnosis code ranges for CSP services.

Procedure Codes and Modifiers

A Healthcare Common Procedure Coding System (HCPCS) code is required on all CSP claims. Claims or adjustments received without a HCPCS code are denied. Refer to Attachment 5 for the allowable procedure codes and modifiers. These procedure codes represent 15 minutes of service. Refer to Attachment 6 for a list of services that professional level providers may perform. Refer to Attachment 7 for staff qualifications. Attachment 8 lists rounding guidelines.

Place of Service Codes

Allowable place of service codes for CSP services are included in Attachment 9.

Electronic Claims Submission

Providers are encouraged to submit claims electronically since electronic claims submission usually reduces claim errors. Claims for CSP services may be submitted using the 837 Health Care Claim: Professional transaction. Electronic claims may be submitted except when Wisconsin Medicaid instructs the provider to submit additional documentation with the claim. In these situations, providers are required to submit paper claims.

A Healthcare Common Procedure Coding System (HCPCS) code is required on all CSP claims.

Refer to the Informational Resources section of the All-Provider Handbook for more information about electronic transactions.

Paper Claims Submission

Paper claims for CSP services must be submitted using the CMS 1500 claim form dated 12/90. Wisconsin Medicaid denies claims for CSP services submitted on any paper claim form other than the CMS 1500.

Wisconsin Medicaid does not provide the CMS 1500 claim form. The form may be obtained from any federal forms supplier.

Refer to Attachment 10 for claim form instructions for CSP services and Attachments 11 and 12 for sample claim forms. Refer to Attachment 13 for claim form instructions for clozapine management services provided by CSPs and Attachment 14 for a sample claim form.

Reimbursement Limits

Wisconsin Medicaid reimburses county/tribal social or human services agencies only for the federal share of the Medicaid reimbursement rate for CSP services. County/tribal social or human services agencies are required to provide the nonfederal share of the Medicaid reimbursement rate for CSP services as specified in s. 49.45(45)(b), Wis. Stats.

The federal share may change in October of each year with some exceptions. Providers will be notified of changes in future *Updates*.

Wisconsin Medicaid sends a quarterly report to each county/tribal social or human services agency indicating the federal share amount that the agency has received thus far in a calendar year.

If a county/tribal social or human services agency contracts with other Medicaid-certified providers for these services, the county/tribal social or human services agency pays those providers according to the terms of their contracts with them.

Covered Clozapine Management Services Provided by Community Support Programs

Clozapine management services are separate from CSP services. Wisconsin Medicaid pays the state and federal share of Wisconsin Medicaid for CSP services. Refer to Attachment 3 for further information regarding clozapine management, including coverage and billing information.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients who receive their CSP benefit on a fee-for-service basis. For Medicaid HMO or managed care policy, contact the appropriate MCO. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250

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ATTACHMENT 1

Certification Requirements for Community Support Programs Provided by Agencies

This attachment outlines Wisconsin Medicaid certification requirements for Medicaid community support program (CSP) service providers. Prior to obtaining Wisconsin Medicaid certification, CSP service providers are required to be certified by the Department of Health and Family Services (DHFS), Division of Disability and Elder Services (DDES), Bureau of Quality Assurance (BQA). County/tribal social or human services agencies that request billing-only status do not need to be certified by the DDES.

The following table lists provider numbers and definitions for agencies providing CSP services.

Definitions for Provider Numbers	
Type of Provider Number	Definition
Billing/Performing Provider Number	Issued to providers to allow them to identify themselves on claims as either the biller of services or the performer of services.
Billing-Only Provider Number	Issued to county/tribal social or human service agencies to allow them to serve as the biller of services when contracting with a service performer.
Nonbilling Performing Provider Number	Issued to those providers who practice under the professional supervision of another provider or in collaboration with other providers. May not be used to independently submit claims to Wisconsin Medicaid.

The following terms are used in the table:

- “Agency Providing the Service” — The agency whose staff actually performs the service.
- “Agency Only Allowed to Bill for the Service” — The agency that submits claims to Wisconsin Medicaid for the service. This agency does not perform the service but contracts with a provider to perform the service on the billing agency’s behalf. Only a county/tribal social or human services agency can be a billing agency.

Service	Type of Agency	Certification Requirements					Type of Provider Number Assigned
		Division of Disability and Elder Services/Bureau of Quality Assurance	Wisconsin Medicaid	Section of the Certification Packet to Be Completed*	County/Tribal Social or Human Services Agency Required?	Additional Requirements	
Clozapine Management	Agency Providing the Service	The agency is required to obtain a Wisconsin DHFS certificate to provide CSP services as authorized under HFS 63, Wis. Admin. Code. (which meets Wisconsin Medicaid’s HFS 105, Wis. Admin. Code, requirement).	The agency is required to do the following: <ul style="list-style-type: none"> • Have a DDES, BOA certificate on file. • Complete and submit a Mental Health/Substance Abuse Agency Certification Packet. 	Community Support Program	No	No	CSP nonbilling performing provider number
	Agency Only Allowed to Bill for the Service	Not required	The agency is required to complete and submit a Mental Health/Substance Abuse Agency Certification Packet to be a billing-only provider for CSP services. An allowable Medicaid performing provider is required to perform the service.	Community Support Program	Yes	No	CSP billing provider number
Community Support Program Services	Agency Providing the Service (may not bill for the service)	The agency is required to obtain a Wisconsin DHFS certificate to provide CSP services as authorized under HFS 63, Wis. Admin. Code (which meets Wisconsin Medicaid’s HFS 105, Wis. Admin. Code, requirement).	The agency is required to do the following: <ul style="list-style-type: none"> • Have a DDES, BOA certificate on file. • Complete and submit a Mental Health/Substance Abuse Agency Certification Packet. 	Community Support Program	No	No	CSP nonbilling performing provider number
	Agency Only Allowed to Bill for the Service	Not required	The agency is required to complete and submit a Mental Health/Substance Abuse Agency Certification Packet to be a billing-only provider for CSP services. An allowable Medicaid performing provider is required to perform the service.	Community Support Program	Yes	The agency is required to make available the nonfederal share needed to provide CSP services.	CSP billing provider number

*This is a section of the Medicaid Mental Health/Substance Abuse Agency Certification Packet.

ATTACHMENT 2

Covered Community Support Program Services

Community Support Program Assessments

Covered assessments for a community support program (CSP) include the following:

- Initial assessment (HFS 107.13[6][a]1, Wis. Admin. Code).
- In-depth assessment (HFS 107.13[6][a]2, Wis. Admin. Code).

The criteria for initial assessment and in-depth assessments are listed in HFS 63.10, Wis. Admin. Code.

Wisconsin Medicaid may reimburse more than one person conducting an assessment for certain elements of the assessment, but only one CSP staff member will be reimbursed when multiple community support staff are present.

Community Support Program Treatment Planning

Treatment plan development and review to evaluate and revise the client's treatment plan are covered CSP services.

The criteria for treatment plans and reviews are listed in HFS 63.10, Wis. Admin. Code. The treatment plan must identify the particular interventions the CSP is providing (with the exception of assessments, crisis services, and case management). The CSP is required to update the treatment plan as needed, but at least every six months. All interventions must be medically necessary and based on the individual needs of the recipient. Wisconsin Medicaid reimburses only interventions "included" or "documented" on the treatment plan (except for assessments, crisis services, and case management).

Wisconsin Medicaid may reimburse more than one person for treatment plan development, but only one CSP staff member may be reimbursed when multiple community support staff are present.

Community Support Program Treatment Services

Family, Individual and Group Psychotherapy

This service includes individual and family psychotherapy as defined in HFS 101.03(145), Wis. Admin. Code.

Group therapy includes psychotherapy groups performed by a psychiatrist, psychologist, or Master's-level psychotherapist. The goals of the group must be consistent with the definition of psychotherapy in HFS 101.03(145), Wis. Admin. Code.

A group is defined as two to 10 clients, at least one of whom is a recipient, who are concurrently receiving a service that is identified in this section as group therapy. The service must be specified in the recipient's treatment plan. No more than two CSP staff may submit claims to Wisconsin Medicaid for services provided to the same group of recipients. If two CSP staff members submit claims to Wisconsin Medicaid for recipients in the same group session, they must each submit claims for different recipients.

Symptom Management or Supportive Psychotherapy

This service includes the following:

- Symptom management groups, including groups related to substance abuse issues, must be performed by an M.D., Ph.D., Master's-level psychotherapist, or CSP professional.
- Ongoing monitoring of the recipient's mental illness symptoms and response to treatment.
- Psycho-education with the family on behalf of the recipient.
- Interventions with the recipient to help identify his or her mental illness symptoms.
- Teaching of behavioral symptom management techniques to alleviate and manage symptoms not reduced by medication.
- Assisting the recipient to adapt to and cope with internal and external stresses.

Medication Prescription, Administration, and Monitoring

This service includes medication prescription, administration, and monitoring as well as documentation of activities related to medication prescription, administration, and monitoring. Policies related to psychiatric and nonpsychiatric medications are described in the following paragraphs.

Only psychiatrists and advanced practice nurse prescribers with a psychiatric specialty may prescribe medications. Registered nurses (RN), but not licensed practical nurses, may transcribe, relay physician's orders to pharmacies, set up medications with the recipient, and administer and monitor medications. Services must be documented by the performer of the service.

1. Management of Psychiatric Medications — This service includes the following:
 - Prescription by a psychiatrist of medication related to the psychiatric illness.
 - Administration of medication related to the psychiatric illness.
 - Medication checks and evaluations of the appropriateness of the current medication regimen, including the monitoring of side effects.
 - Medication education groups provided by an M.D. or RN focusing on educating recipients about the role of effects and side effects of medications in treating symptoms of mental illness. These groups must not be used solely for the purpose of group prescription writing.

The following are CSP requirements for the management of psychiatric medications:

- The CSP is solely responsible for ensuring CSP recipients receive their psychiatric medications as prescribed and that the service is properly documented in the recipient's CSP record.
- The CSP is required to provide or make arrangements for psychiatric medication management, including self-administration and weekend coverage.
- The CSP is required to include non-CSP care providers in treatment planning for all aspects of care needs.
- The CSP is required to document all aspects of care needs in the treatment plan.

2. Management of Nonpsychiatric Medications and Physical Health Care Services — The CSP team may be directly involved in the management of nonpsychiatric medications and/or physical health care services prescribed by community physicians. Management of nonpsychiatric medications includes administration and assistance in taking these medications if the need for supervision is related to the person's mental illness (e.g., the recipient is not using insulin appropriately).

Community support program providers may provide nonpsychiatric medication management and/or physical health care services, as long as the CSP staff has the appropriate training and experience to do so.

The following are requirements for management of nonpsychiatric medications and physical health care services:

- Community support program providers are required to complete a physical health assessment to evaluate the recipient's health status and the medical conditions present and to ensure the recipient receives appropriate referral, treatment, follow-up by assisting the recipient as needed to access primary care, and support from CSP staff and community medical providers.
- Based on the CSP recipient's assessed needs, CSP providers are required to assure that the recipient receives needed nonpsychiatric medications and/or physical health care services. There may be times when a home health agency or another provider may be more appropriate, direct providers of the services.

3. Role of Other Community Support Staff in Medication Compliance Monitoring — Wisconsin Medicaid reimburses medication compliance monitoring when performed by CSP staff other than the psychiatrist or RN when the following conditions are met:

- The recipient's record shows (through assessments, treatment plans, and treatment plan reviews) that without such monitoring, the recipient may fail to take medication as directed, leading to deterioration in functioning. The documentation must also justify the frequency of that monitoring.

- The record reflects that other interventions by CSP staff failed to assure medication compliance (e.g., teaching techniques, use of injectables, use of medication organizers) and how staff will evaluate the continued need for the medication monitoring (or the current frequency). The treatment plan review should contain evidence of this evaluation.
- When a mental health technician performs medication compliance monitoring, the mental health technician must operate under a written protocol that describes the following:
 - ✓ The specific side effects of medication or signs of deterioration that suggest the recipient is not taking medication.
 - ✓ The individual whom the mental health technician should report signs of deterioration or side effects.
 - ✓ The time frame in which the mental health technician must report signs of deterioration or side effects.

The protocol must be included in the treatment plan. Community support program professionals (not mental health technicians) do not require written protocol.

- A CSP professional or other qualified staff person must also be seeing the recipient at least weekly to monitor the symptom status.
- The monitoring is limited to observing the recipient taking his or her medication (which may be delivered in unit dose or prepared packages by the non-licensed staff), checking to see if the medications are gone from the reminder box, and making observations identified in the protocol.

Community Support Program Crisis Intervention

This service includes face-to-face crisis intervention by CSP staff, including in-home or community care, to manage a recipient crisis. For example, to prevent hospitalization, a recipient who becomes acutely paranoid may need extensive staff supervision over a period of a number of days to ensure that the client does not harm himself, herself, or others.

The CSP is responsible for providing crisis intervention services. Wisconsin Medicaid covers crisis intervention services under the crisis intervention benefit for recipient's receiving Medicaid-funded CSP services when all of the following are true:

- The crisis intervention program has a formal arrangement with the CSP to provide crisis services to CSP enrollees.
- The crisis intervention services are delivered according to a crisis plan developed by the crisis intervention program and the CSP.
- The crisis intervention services do not duplicate CSP services.

The crisis intervention program may not claim Medicaid reimbursement if reimbursement for the crisis intervention services is claimed through the CSP.

Psychiatric and Psychological Evaluations

This service includes the following:

- Psychiatric evaluations performed by a psychiatrist.
- Psychological evaluations performed by a psychologist.

This service does not include central nervous system assessments.

Psychosocial Rehabilitation Services

Employment-Related Services

Covered services are those that address the illness or symptom-related problems that the mental illness creates in securing and keeping a job. Employment-related services, which are not job specific, are services to assist in gaining and utilizing skills necessary to undertake employment. This includes helping the recipient learn skills related to personal hygiene and grooming, securing appropriate clothing, wake-up services, and on-the-job supportive contacts. In addition, this includes assistance in helping the recipient learn to arrange transportation.

This service includes the following:

- Initial employment and education assessment.
- Ongoing, on-site employment assessment/evaluation/feedback sessions to identify symptoms or behaviors and to develop interventions with the recipient and employer that affect work. In situations where the recipient is not proceeding toward employment independence, the CSP and the recipient should reassess the situation and consider an alternative employment plan.
- Individual work-related symptom management.
- Employment-related groups to focus on symptom management on-the-job, anxiety reduction, and education about appropriate job-related behaviors.
- On-the-job or work-related crisis management.

Social or Recreational Skill Training

Social or recreational skill training is a clearly designed and focused intervention to address specific deficits in functioning. Qualified CSP staff must assess the client's deficits and identify specific interventions to address them on the treatment plan.

This service includes the following:

- Groups that offer specific skills training in communication, interpersonal skills, or parenting when groups are identified in the treatment plan as appropriate for the purpose of improving specific skills that are identified in the assessment as being inadequate.
- Individual interventions in social or recreational skill training to improve communication skills and facilitate appropriate interpersonal behavior.

Assistance with and Supervision of Activities of Daily Living

These services consist of aiding the recipient in solving everyday problems; assisting the recipient in performing household tasks such as cleaning, cooking, grocery shopping, and laundry; assisting the recipient with developing and improving money management skills; and assisting the recipient in using available transportation.

Accompanying the recipient to appointments to assist in gaining necessary covered services. Appointments may include the following:

- Medical and dental care.
- Legal services.
- Transportation services.
- Living accommodations.

The CSP may submit claims to Wisconsin Medicaid for accompanying a recipient to an appointment only when the following is true:

- The services of a CSP provider are needed for the recipient to gain access to the services because of the recipient's psychiatric symptoms.
- The CSP provider needs to proactively collaborate with the physical health provider when there are multiple existing chronic conditions.
- The need for staff to accompany the recipient is identified in the recipient's treatment plan.

These services differ from CSP case management services since CSP staff will accompany the recipient to appointments instead of only arranging these services.

Other Support Services

Other support services consist of helping the recipient obtain necessary medical, dental, legal, and financial services and living accommodations; providing direct assistance to ensure that the recipient obtains necessary government entitlements and services; and counseling the recipient in appropriately relating to neighbors, landlords, medical personnel, and other personal contacts.

Community Support Program Case Management

Community support program case management services include the following:

- Coordinating efforts to ensure that required assessments, treatment plans, and case reviews involving other CSP staff and community agency staff occur as needed.
- Coordinating, following up, and monitoring referrals of the recipient to other community agencies.
- Coordinating the contract (for a specific recipient) for specialized services (e.g., substance abuse services that cannot be provided by CSP staff).
- Monitoring the recipient's symptom status to determine the need for additional services or changes in the treatment plan.
- Contacting other CSP staff as necessary to ensure that the recipient's treatment plan is being properly implemented and services are coordinated within the program.
- Coordinating the provision of emergency services during crisis periods. This is distinguished from CSP symptom management and supportive psychotherapy in that these services are not necessarily face-to-face. It is possible that more than one CSP staff may bill for a crisis intervention, with one providing face-to-face contact and one providing case management.
- Advocating on behalf of the recipient for needed benefits and services other than legal advocacy (e.g., general relief, supplemental security income, housing subsidies, medical services, and food stamps).
- Coordinating efforts to provide the support, consultative, informational, and educational needs of the recipient's family or others in the support system.

The recipient's designated case manager may delegate some of these activities to other appropriate CSP staff. However, CSPs may not submit claims to Wisconsin Medicaid for delegated CSP case management services performed by mental health technicians.

Advocacy or education that is not recipient specific is not covered by Wisconsin Medicaid.

ATTACHMENT 3

Conditions for Coverage of Clozapine Management

Clozapine management services are separate from community support program (CSP) services. Community support programs may be separately reimbursed for clozapine management services when all of the following conditions are met:

- A physician prescribes the clozapine management services in writing if any of the components of clozapine management are provided by the physician or by individuals who are under the general supervision of a physician. Although separate prescriptions are not required for clozapine tablets and clozapine management, the clozapine management service must be identified as a separately prescribed service from the drug itself.
- The recipient is currently taking or has taken clozapine tablets within the past four weeks.
- The recipient resides in a community-based setting (excluding hospitals and nursing homes).
- The physician or qualified staff person has provided the components of clozapine management as described below.

Clozapine is appropriate for recipients with an *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code between 295.10 and 295.95 and who have a documented history of failure with at least two psychotropic drugs. Lithium carbonate may not be one of the two failed drugs. Reasons for the failure may include the following:

- No improvement in functioning level.
- Continuation of positive symptoms (hallucinations or delusions).
- Severe side effects.
- Tardive dyskinesia/dystonia.

Components of Clozapine Management

The following components are part of the clozapine management service and must be provided, as needed, by the physician or by a qualified professional under the general supervision of the physician:

- Ensure that the recipient has the required white blood cell (WBC) count and Absolute Neutrophil Count (ANC) testing. Recipients must have a blood sample drawn for WBC count and ANC testing before initiation of treatment with clozapine and must have subsequent WBC counts and ANCs done weekly for the first six months of clozapine therapy.

According to a recent Food and Drug Administration labeling revision for Clozaril® (clozapine), a recipient must have a baseline WBC count and an ANC before initiation of clozapine treatment and a WBC count and an ANC every week for the first six months of treatment. If the recipient has been on clozapine therapy for six months of continuous treatment and the weekly WBC count remains stable (i.e., greater than or equal to 3,500/mm³) and has an ANC equal to 2,000/mm³ during that period, the frequency of WBC count and ANC monitoring may be reduced to once every two weeks for the next six months. Thereafter, if the biweekly WBC count and ANC remain stable during the second six months of continuous treatment, WBC counts and ANC may be monitored every four weeks. Recipients who receive clozapine weekly but have a blood draw for a WBC count and ANC every two to four weeks, qualify for biweekly or monthly clozapine management services.

For recipients who have a break in therapy, WBC counts and ANC must be taken at a frequency in accordance with the rules set forth in the “black box” warning of the manufacturer’s package insert.

The provider may draw the blood or transport the recipient to a clinic, hospital, or laboratory to have the blood drawn, if necessary. In order to perform this service, the provider may travel to the recipient’s residence or other places in the community where the recipient is available.

The provider’s transportation to and from the recipient’s home or other community location to carry out any of the following required services is considered part of the capitated weekly or biweekly payment for clozapine management and is not separately reimbursable. The required services are:

- Obtaining the blood test results in a timely fashion.
- Ensuring that abnormal blood test results are reported in a timely fashion to the provider dispensing the recipient’s clozapine.
- Ensuring that the recipient receives medications as scheduled and stops taking medication when his or her blood test is abnormal, if this decision is made, and receives any physician-prescribed follow-up care to ensure that the recipient’s physical and mental well-being is maintained.
- Making arrangements for the transition and coordination of the use of clozapine tablets and clozapine management services between different care locations.
- Monitoring the recipient’s mental status according to the care plan. The physician is responsible for ensuring that all individuals having direct contact with the recipient in providing clozapine management services have sufficient training and education. These individuals must be able to recognize the signs and symptoms of mental illness, the side effects from drugs used to treat mental illness, and when changes in the recipient’s level of functioning need to be reported to a physician or registered nurse.
- Following record keeping requirements for clozapine management.

Note: The blood test is separately reimbursable for a Medicaid-certified laboratory.

Record Keeping Requirements for Clozapine Management

The provider who submits claims to Wisconsin Medicaid for clozapine management is required to keep a unique record for each recipient for whom clozapine management is provided. This record may be a part of a larger record that is also used for other services if the provider is also providing other services to the recipient. However, the clozapine management records must be clearly identified as such and must contain the following:

- A cover sheet identifying the recipient, including the following information:
 - ✓ Recipient's Medicaid identification number.
 - ✓ Recipient's name.
 - ✓ Recipient's current address.
 - ✓ Name, address, and telephone number of the primary medical provider (if different from the prescribing physician).
 - ✓ Name, address, and telephone number of the dispensing provider from whom the recipient is receiving clozapine tablets.
 - ✓ Address and telephone number of other locations at which the client may be receiving a blood draw on his or her own.
 - ✓ Address and telephone number where the recipient can often be contacted.
- A care plan indicating the manner in which the provider ensures that the covered services are provided (e.g., plan indicates where and when blood will be drawn, whether the recipient will pick up medications at the pharmacy or whether they will be delivered by the provider). The plan should also specify signs or symptoms that might result from side effects of the drug or other signs or symptoms related to the recipient's mental illness that should be reported to a qualified medical professional. The plan should indicate the health care professionals to whom oversight of the clozapine management services has been delegated and indicate how often they will be seeing the recipient. The plan should be reviewed every six months during the first year of clozapine use. Reviews may be reduced to once per year after the first year of use if the recipient is stable, as documented in the record.
- Copies of physician's prescriptions for clozapine and clozapine management.
- Copies of laboratory results of WBC counts and ANCs.
- Signed and dated notes documenting all clozapine management services. The provider is required to indicate the date of all blood draws as well as who performed the blood draws. If the provider had to travel to provide services, he or she should indicate the travel time. The provider is required to document the services provided to ensure that the recipient received medically necessary care following an abnormal WBC count or ANC.

Physicians, pharmacies, and CSPs providing clozapine management services must be careful not to submit duplicate claims to Wisconsin Medicaid for services. This may happen when CSP staff provide clozapine management services as well as other Medicaid-allowable CSP services during the same encounter. In these cases, the CSP must document the amount of time that was spent on the other CSP service separately from the time spent on clozapine management. Regular CSP medication management is not considered part of the clozapine management services and may be separately reimbursable.

Clozapine Management Services Versus Community Support Programs

Community support programs that provide clozapine management services must be careful not to submit duplicate claims to Wisconsin Medicaid for services. This may happen when the CSP provides clozapine management services during the same encounter as when the CSP provides Medicaid-allowable CSP services. In these cases, the CSP is required to document the amount of time that was spent on the CSP billable service separate from the time spent on the clozapine management service.

If the CSP staff travels to the recipient's home to perform clozapine management-related services (e.g., transport the recipient to receive his or her weekly blood draw or draw the blood for the weekly WBC count), the CSP may not submit claims to Wisconsin Medicaid for CSP-related travel time even if the CSP staff performed other CSP billable services during this visit (e.g., adult daily living skill training). In these cases, reimbursement for travel time is included in the reimbursement for clozapine management.

Ensuring that the recipient takes clozapine as scheduled is also considered a clozapine management function and therefore should not be billed as a CSP service. Regular psychiatric medication management visits that are not exclusively related to clozapine are not considered a part of the clozapine management service and may therefore be billed as CSP services. Community support programs are advised to make sure that coordination functions related to clozapine management are not billed as CSP services.

Noncovered Clozapine Management Services

Wisconsin Medicaid does not cover the following as clozapine management services:

- Clozapine management for a recipient not receiving clozapine, except for the first four weeks after discontinuation of the drug.
- Clozapine management for recipients residing in a nursing facility or hospital on the date of service (DOS).
- Care coordination or medical services not related to the recipient's use of clozapine.

Related Services That Are Reimbursed Separately from Clozapine Management Reimbursement

The following are related services that are reimbursed separately from clozapine management:

- *White Blood Cell Count* — The WBC is required to be performed and billed by a Medicaid-certified laboratory to receive Wisconsin Medicaid reimbursement.
- *Absolute Neutrophil Count* — The ANC is required to be performed and billed by a Medicaid-certified laboratory to receive Wisconsin Medicaid reimbursement.
- *Recipient Transportation* — Recipient transportation to a physician's office is reimbursed in accordance with HFS 107.23, Wis. Admin. Code. When provided by a specialized medical vehicle (SMV), such transportation is not covered unless the recipient is certified for SMV services as described in the General Information chapter of the Medicine and Surgery section of the Physician Services Handbook. Recipient transportation by common carrier must be approved and paid for by the county agency responsible for Medicaid transportation services.

Billing for Clozapine Management

Wisconsin Medicaid reimburses a single fee for clozapine management services provided either once per calendar week (i.e., Sunday through Saturday), once per two calendar weeks, or once per month. Providers indicate a quantity of 1.0 for each billing period. For recipients who have weekly WBC counts and ANCs, providers will be allowed to submit claims for clozapine management only once (up to 4.0 units) per week, regardless of the number of services provided during a week. For those recipients who have WBC counts and ANCs taken every other week or every month, providers will only be allowed to submit claims for clozapine management only once (up to 4.0 units) every two weeks or every month.

Submitting Claims for Clozapine Management Services

Providers are required to submit claims for clozapine management services on the paper CMS 1500 claim form with Healthcare Common Procedure Coding System code H0034 (Medication training and support, per 15 minutes) and modifier "UD" (clozapine management). Providers may only submit claims for only one DOS per WBC count and ANC testing frequency. A quantity of no more than four 15-minute time units per DOS may be indicated on the claim. For recipients who have weekly WBC counts and ANCs, providers may submit claims for one DOS per week. For recipients who have biweekly or monthly WBC counts and ANCs, providers may submit claims for one DOS per two weeks or one DOS per month.

ATTACHMENT 4

Mental Health and Substance Abuse Services Documentation Requirements

Providers are responsible for meeting Medicaid's medical and financial documentation requirements. Refer to HFS 106.02(9)(a), Wis. Admin. Code, for preparation and maintenance documentation requirements and HFS 106.02(9)(c), Wis. Admin. Code, for financial record documentation requirements.

The following are Wisconsin Medicaid's medical record documentation requirements (HFS 106.02[9][b], Wis. Admin. Code) as they apply to all mental health and substance abuse services. In each element, the applicable administrative code language is in parentheses. The provider is required to include the following written documentation in the recipient's medical record, as applicable:

1. Date, department or office of the provider (as applicable), and provider name and profession.
2. Presenting Problem (chief medical complaint or purpose of the service or services).
3. Assessments (clinical findings, studies ordered, or diagnosis or medical impression).
 - a. Intake note signed by the therapist (clinical findings).
 - b. Information about past treatment, such as where it occurred, for how long, and by whom (clinical findings).
 - c. Mental status exam, including mood and affect, thought processes — principally orientation X3, dangerousness to others and self, and behavioral and motor observations. Other information that may be essential depending on presenting symptoms includes thought processes other than orientation X3, attitude, judgment, memory, speech, thought content, perception, intellectual functioning, and general appearance (clinical findings and/or diagnosis or medical impression).
 - d. Biopsychosocial history, which may include, depending on the situation, educational or vocational history, developmental history, medical history, significant past events, religious history, substance abuse history, past mental health treatment, criminal and legal history, significant past relationships and prominent influences, behavioral history, financial history, and overall life adjustment (clinical findings).
 - e. Psychological, neuropsychological, functional, cognitive, behavioral, and/or developmental testing as indicated (studies ordered).
 - f. Current status, including mental status, current living arrangements and social relationships, support system, current activities of daily living, current and recent substance abuse usage, current personal strengths, current vocational and educational status, and current religious attendance (clinical findings).
4. Treatment plans, including treatment goals, which are expressed in behavioral terms that provide measurable indices of performance, planned intervention, mechanics of intervention (frequency, duration, responsible party[ies]) (disposition, recommendations, and instructions given to the recipient, including any prescriptions and plans of care or treatment provided).
5. Progress notes (therapies or other treatments administered) must provide data relative to accomplishment of the treatment goals in measurable terms. Progress notes also must document significant events that are related to the person's treatment plan and assessments and that contribute to an overall understanding of the person's ongoing level and quality of functioning.

ATTACHMENT 5

Procedure Code Information for Community Support Program Services and Clozapine Management

The following tables list allowable Healthcare Common Procedure Coding System (HCPCS) codes and modifiers that providers are required to use when submitting claims for community support program (CSP) services and clozapine management.

Community Support Program Services Procedure Code Information

HCPCS Code	Description	Certified Providers Who May Perform Service	Professional Level Modifier		Informational Modifier	Contracted Rate **		Reimbursement (Federal Share)		Copayment	Telehealth Services Covered?
			Individual	Group		Individual	Group	Individual	Group		
H0039	Assertive community treatment, face-to-face, per 15 minutes	Psychiatrist	UA	U4	U5 — Used when transitioning the recipient from a nursing home to a hospital.	\$37.51	\$9.38	\$21.62	\$5.41	None	For individual services only
		Doctoral level	HP	U3		\$28.14	\$7.03	\$16.22	\$4.05		
		APNP/MH specialty*	UB	U4		\$37.51	\$9.38	\$21.62	\$5.41		
		Masters degree level, Masters degree level registered nurse	HO, TD	U2		\$22.51	\$5.63	\$12.98	\$3.25		
		Bachelors degree level, Bachelors degree level registered nurse	HN, TD	U1		\$15.00	\$3.75	\$8.65	\$2.16		
		Less than bachelor degree level	HM	None		\$5.63	---	\$3.25	---		

*APNP/MH specialty = Advanced practice nurse prescriber with a mental health specialty.

**Contracted rates are effective for dates of service on and after October 1, 2003.

Allowable *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis codes for CSP services are as follows.

Allowable ICD-9-CM Diagnosis Codes												
295.10-295.15	295.20-295.25	295.30-295.35	295.60-295.65	295.70-295.75	295.90-295.95	296.1						
296.20-296.26	296.30-296.36	296.40-296.46	296.50-296.56	296.60-296.66	296.7	296.80-296.82						
296.89	296.90	296.99	297.1	298.9	300.01	300.11	300.14	300.16	300.19	300.21	300.3	300.4
300.81	301.0	301.22	301.50	301.51	301.6	301.81-301.84	301.9	307.1	307.23	311	312.34	

Clozapine Management Procedure Code Information

HCPCS Code	Description	Program Modifier	ICD-9-CM Codes Allowed	Maximum Allowable Fee Effective October 1, 2003	Copayment	Telehealth Services Covered?
H0034	Medication training and support, per 15 minutes	UD* — Clozapine Management	295.10-295.95	\$9.08	None	No

*This includes all components of clozapine management services.

ATTACHMENT 6

Services That Professional Level Providers May Perform

The following table lists the professional level providers and the community support program services they may perform.

Professional Level Provider	Community Support Program Service
M.D.	Assessment
	Case Management
	Psychological Rehabilitation Services
	Treatment Planning
	Treatment Services
Ph.D.	Assessment
	Case Management
	Psychological Rehabilitation Services
	Treatment Planning
	Treatment Services
Advanced practice nurse prescriber with mental health specialty	Assessment
	Case Management
	Psychological Rehabilitation Services
	Treatment Planning
	Treatment Services
Master's-degree level	Assessment
	Case Management
	Psychological Rehabilitation Services
	Treatment Planning
	Treatment Services
Bachelor's-degree level	Assessment
	Case Management
	Psychological Rehabilitation Services
	Treatment Planning
	Treatment Services
Mental health technician*	Treatment Services

*Mental health technicians may perform the following two services:

- Medication compliance monitoring.
- Symptom management/supportive psychotherapy.

ATTACHMENT 7

Staff Qualifications for Community Support Program Services

Wisconsin Medicaid defines six professional modifiers for billing community support program (CSP) services. This table defines the level at which staff should submit claims to Wisconsin Medicaid based on their qualifications as listed in HFS 63.06(2) and 63.06(4)(a), Wis. Admin. Code.

Staff Qualifications for Community Support Program Services			
Certified Providers Who May Perform the Service	Description	Professional Modifier	Professional Modifier Description
M.D.	A psychiatrist who is a physician licensed under ch. 448, Wis. Stats., who has satisfactorily completed three years of residency training in psychiatry in a program approved by the American Medical Association.	UA	Psychiatrist
Advanced Practice Nurse Prescriber (APNP) with a Mental Health Specialty	An APNP who is licensed under ch. N8, Wis. Admin. Code, who is certified with a psychiatric specialty by the American Nurses Credentialing Center (ANCC), and who has received an HFS 63, Wis. Admin. Code, variance.	UB	APNP with a Mental Health Specialty
Ph.D.	A clinical psychologist licensed under ch. 455, Wis. Stats.	HP	Doctoral Level
Master's	<ul style="list-style-type: none"> • A person with a Master's degree in social work, clinical psychology, or psychiatric mental health nursing, or equivalent requirements and having either 3,000 hours of supervised clinical experience in a practice where the majority of clients are adults with chronic mental illness or 1,500 hours of supervised clinical experience in a CSP. • A psychotherapist licensed under ch. 457, Wis. Stats., as a marriage and family therapist, a professional counselor, or a social worker. 	HO	Masters Degree Level
CSP Professional	<ul style="list-style-type: none"> • A person with a Bachelor's degree in behavioral science or a related field with 1,000 hours of supervised post-degree experience with chronically mentally ill persons. • A person with a Bachelor's degree in a field other than behavioral science with 2,000 hours of supervised post-degree experience with persons with chronic mental illness. • A registered nurse who holds a current certificate of registration under ch. 441, Wis. Stats., and who has experience or education related to the responsibilities of his or her position. • A person with a Master's degree from a graduate school of social work accredited by the Council on Social Work Education, or a Master's degree in a related field. • An occupational therapist or recreational therapist with a Bachelor's degree in his or her respective profession. • A rehabilitation counselor who is certified or eligible to be certified by the commission on rehabilitation counselor certification. • A vocational counselor who shall possess or be eligible for a provisional school counselor certificate and who has a Master's degree in counseling and guidance. 	HN	Bachelors Degree Level
Mental Health Technician	A person who meets the requirements as defined in HFS 105.255, Wis. Admin. Code, and reprinted on page 3 of this <i>Wisconsin Medicaid and BadgerCare Update</i> .	HM	Less than Bachelor Degree Level

ATTACHMENT 8

Rounding Guidelines for Community Support Program and Clozapine Management Services

Time units are calculated based on rounding minutes of service. The following chart illustrates the rules of rounding and gives the appropriate billing unit.

Use the following rounding guidelines for procedure codes H0034 and H0039.

Time (Minutes)	Unit(s) Billed
1-15	1.0
16-30	2.0
31-45	3.0
46-60	4.0
61-75	5.0
76-90	6.0

ATTACHMENT 9

Place of Service Codes for Community Support Program Services and Clozapine Management Services

The following table lists the allowable place of service (POS) codes that providers are required to use when submitting claims for community support program services, except clozapine management.

The following POS codes are allowable for all procedure codes.

Place of Service			
03	School		20 Urgent Care Facility
04	Homeless Shelter		22 Outpatient Hospital
05	Indian Health Service Free-Standing Facility		23 Emergency Room — Hospital
06	Indian Health Service Provider-Based Facility		34 Hospice
07	Tribal 638 Free-Standing Facility		50 Federally Qualified Health Center
08	Tribal 638 Provider-Based Facility		71 Public Health Clinic
11	Office		72 Rural Health Clinic
12	Home		99 Other Place of Service
15	Mobile Unit		

The following additional POS codes are allowable when procedure code H0039 is used with modifier “U5” (Transition to community living).

Place of Service	
21	Inpatient Hospital
31	Skilled Nursing Facility
32	Nursing Facility
51	Inpatient Psychiatric Facility (only for persons below age 21 or age 65 and older)
54	Intermediate Care Facility/Mentally Retarded

The following table lists the allowable POS codes that providers of clozapine management services are required to use when submitting claims.

Place of Service	
03	School
04	Homeless Shelter
05	Indian Health Service Free-Standing Facility
06	Indian Health Service Provider-Based Facility
07	Tribal 638 Free-Standing Facility
08	Tribal 638 Provider-Based Facility
11	Office
12	Home
22	Outpatient Hospital
34	Hospice
71	Public Health Clinic
99	Other Place of Service

ATTACHMENT 10

CMS 1500 Claim Form Instructions for Community Support Program Services

Use the following claim form completion instructions, *not* the claim form's printed descriptions, to avoid denial or inaccurate Medicaid claim payment. Complete all required elements as appropriate. Do not include attachments unless instructed to do so.

Wisconsin Medicaid recipients receive a Medicaid identification card upon being determined eligible for Wisconsin Medicaid. Always verify a recipient's eligibility before providing nonemergency services by using the Medicaid Eligibility Verification System (EVS) to determine if there are any limitations on covered services and to obtain the correct spelling of the recipient's name. Refer to the Informational Resources section of the All-Provider Handbook or the Medicaid Web site for more information about the EVS.

Submit completed paper claims to the following address:

Wisconsin Medicaid
Claims and Adjustments
6406 Bridge Rd
Madison WI 53784-0002

Element 1 — Program Block/Claim Sort Indicator

Enter claim sort indicator "P" in the Medicaid check box for the service billed.

Element 1a — Insured's I.D. Number

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters. Use the Medicaid identification card or the EVS to obtain the correct identification number.

Element 2 — Patient's Name

Enter the recipient's last name, first name, and middle initial. Use the EVS to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 3 — Patient's Birth Date, Patient's Sex

Enter the recipient's birth date in MM/DD/YY format (e.g., February 3, 1955, would be 02/03/55) or in MM/DD/YYYY format (e.g., February 3, 1955, would be 02/03/1955). Specify whether the recipient is male or female by placing an "X" in the appropriate box.

Element 4 — Insured's Name (not required)

Element 5 — Patient's Address

Enter the complete address of the recipient's place of residence, if known.

Element 6 — Patient Relationship to Insured (not required)

Element 7 — Insured's Address (not required)

Element 8 — Patient Status (not required)

Element 9 – Other Insured’s Name

Commercial health insurance must be billed prior to submitting claims to Wisconsin Medicaid, unless the service does not require commercial health insurance billing as determined by Wisconsin Medicaid.

If the EVS indicates that the recipient has dental (“DEN”) insurance only or has no commercial health insurance, leave Element 9 blank.

If the EVS indicates that the recipient has Wausau Health Protection Plan (“HPP”), BlueCross & BlueShield (“BLU”), Wisconsin Physicians Service (“WPS”), Medicare Supplement (“SUP”), TriCare (“CHA”), Vision only (“VIS”), a health maintenance organization (“HMO”), or some other (“OTH”) commercial health insurance, *and* the service requires other insurance billing according to the Coordination of Benefits section of the All-Provider Handbook, then one of the following three other insurance (OI) explanation codes *must* be indicated in the *first* box of Element 9. The description is not required, nor is the policyholder, plan name, group number, etc. (Elements 9a, 9b, 9c, and 9d are not required.)

Code	Description
OI-P	PAID by commercial health insurance or commercial HMO. In Element 29 of this claim form, indicate the amount paid by commercial health insurance to the provider or to the insured.
OI-D	DENIED by commercial health insurance or commercial HMO following submission of a correct and complete claim, or payment was applied towards the coinsurance and deductible. Do not use this code unless the claim was actually billed to the commercial health insurer.
OI-Y	YES, the recipient has commercial health insurance or commercial HMO coverage, but it was not billed for reasons including, but not limited to: <ul style="list-style-type: none"> ✓ The recipient denied coverage or will not cooperate. ✓ The provider knows the service in question is not covered by the carrier. ✓ The recipient’s commercial health insurance failed to respond to initial and follow-up claims. ✓ Benefits are not assignable or cannot get assignment. ✓ Benefits are exhausted.

Note: The provider may not use OI-D or OI-Y if the recipient is covered by a commercial HMO and the HMO denied payment because an otherwise covered service was not rendered by a designated provider. Services covered by a commercial HMO are not reimbursable by Wisconsin Medicaid except for the copayment and deductible amounts. Providers who receive a capitation payment from the commercial HMO may not bill Wisconsin Medicaid for services that are included in the capitation payment.

Element 10 – Is Patient’s Condition Related to (not required)**Element 11 – Insured’s Policy, Group, or FECA Number (not required)****Elements 12 and 13 – Authorized Person’s Signature (not required)****Element 14 – Date of Current Illness, Injury, or Pregnancy (not required)****Element 15 – If Patient Has Had Same or Similar Illness (not required)****Element 16 – Dates Patient Unable to Work in Current Occupation (not required)****Elements 17 and 17a – Name and I.D. Number of Referring Physician or Other Source (not required)****Element 18 – Hospitalization Dates Related to Current Services (not required)**

Element 19 — Reserved for Local Use (not required)

Element 20 — Outside Lab? (not required)

Element 21 — Diagnosis or Nature of Illness or Injury

Enter the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code for each symptom or condition related to the services provided. List the primary diagnosis first. Etiology (“E”) and manifestation (“M”) codes may not be used as a primary diagnosis. The diagnosis description is not required.

Element 22 — Medicaid Resubmission (not required)

Element 23 — Prior Authorization Number (not required)

Element 24A — Date(s) of Service

Enter the month, day, and year for each procedure using the following guidelines:

- When billing for one date of service (DOS), enter the date in MM/DD/YY or MM/DD/YYYY format in the “From” field.
- When billing for two, three, or four DOS on the same detail line, enter the first DOS in MM/DD/YY or MM/DD/YYYY format in the “From” field and enter subsequent DOS in the “To” field by listing *only* the date(s) of the month. For example, for DOS on December 1, 8, 15, and 22, 2005, indicate 12/01/05 or 12/01/2005 in the “From” field and indicate 08/15/22 in the “To” field.

It is allowable to enter up to four DOS per line if:

- All DOS are in the same calendar month.
- All services are billed using the same procedure code and modifier(s), if applicable.
- All services have the same place of service (POS) code.
- All services were performed by the same provider.
- The same diagnosis is applicable for each service.
- The charge for all services is identical. (Enter the total charge *per detail line* in Element 24F.)
- The number of services performed on each DOS is identical.
- All services have the same family planning indicator, if applicable.
- All services have the same emergency indicator, if applicable.

Element 24B — Place of Service

Enter the appropriate two-digit POS code for each service.

Element 24C — Type of Service (not required)

Element 24D — Procedures, Services, or Supplies

Enter the single most appropriate five-character procedure code. Wisconsin Medicaid denies claims received without an appropriate procedure code.

Modifiers

Enter the appropriate modifier(s) in the “Modifier” column of Element 24D.

Note: Wisconsin Medicaid has not adopted all national modifiers.

Element 24E — Diagnosis Code

Enter the number (1, 2, 3, or 4) that corresponds to the appropriate ICD-9-CM diagnosis code listed in Element 21.

Element 24F — \$ Charges

Enter the total charge for each line item. Providers are required to bill Wisconsin Medicaid their usual and customary charge. The usual and customary charge is the provider’s charge for providing the same service to persons not entitled to Medicaid benefits.

Element 24G — Days or Units

Enter the appropriate number of units billed for each line item. Always use a decimal (e.g., 30 minutes equals 2.0 units).

Element 24H — EPSDT/Family Plan (not required)**Element 24I — EMG**

Enter an “E” for *each* procedure performed as an emergency. If the procedure is not an emergency, leave this element blank.

Element 24J — COB (not required)**Element 24K — Reserved for Local Use**

Enter the eight-digit Medicaid provider number of the performing provider *for each procedure* if it is different than the billing provider number indicated in Element 33.

In counties where the county contracts with a qualified CSP, enter the eight-digit non-billing/performing provider number of the contracted CSP.

Element 25 — Federal Tax I.D. Number (not required)**Element 26 — Patient’s Account No. (not required)**

Optional — Providers may enter up to 20 characters of the patient’s internal office account number. This number will appear on the Remittance and Status Report and/or the 835 Health Care Claim Payment/Advice transaction.

Element 27 — Accept Assignment (not required)**Element 28 — Total Charge**

Enter the total charges for this claim.

Element 29 — Amount Paid

Enter the actual amount paid by commercial health insurance. (If the dollar amount indicated in Element 29 is greater than zero, “OI-P” must be indicated in Element 9.) If the commercial health insurance denied the claim, enter “000.” Do *not* enter Medicare-paid amounts in this field.

Element 30 — Balance Due

Enter the balance due as determined by subtracting the amount paid in Element 29 from the amount in Element 28.

Element 31 — Signature of Physician or Supplier

The provider or the authorized representative must sign in Element 31. The month, day, and year the form is signed must also be entered in MM/DD/YY or MM/DD/YYYY format.

Note: The signature may be a computer-printed or typed name and date or a signature stamp with the date.

Element 32 — Name and Address of Facility Where Services Were Rendered (not required)**Element 33 — Physician’s, Supplier’s Billing Name, Address, ZIP Code, and Phone #**

Enter the name of the provider submitting the claim and the complete mailing address. The minimum requirement is the provider’s name, address, city, state, and zip code. At the bottom of Element 33, enter the billing provider’s eight-digit Medicaid provider number.

ATTACHMENT 11

Sample CMS 1500 Claim Form for County-Owned Community Support Program Services

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM																																																																																																															
1. MEDICARE # <input type="checkbox"/> (Medicare #) P <input checked="" type="checkbox"/> (Medicaid #) <input type="checkbox"/> (Sponsor's SSN) <input type="checkbox"/> (VA File #) <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BLK LUNG (SSN) <input type="checkbox"/> OTHER <input type="checkbox"/>					1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 1234567890																																																																																																										
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Recipient, Im A					3. PATIENT'S BIRTH DATE MM DD YY SEX MM DD YY M <input checked="" type="checkbox"/> F <input type="checkbox"/>																																																																																																										
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12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____					13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____																																																																																																										
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY					15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY																																																																																																										
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(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0008 FORM CMS-1500 (12-90), FORM RRB-1500, APPROVED OMB-1215-0055 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS)

ATTACHMENT 12

Sample CMS 1500 Claim Form for County-Contracted Community Support Program Services

HEALTH INSURANCE CLAIM FORM																																																																																																																																																																																									
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK/LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (Sponsor's SSN) (VA File #) (SSN or ID) (SSN) (ID)</small>					1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 1234567890																																																																																																																																																																																				
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d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, return to and complete item 9 a-d.</i>					13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____ DATE _____																																																																																																																																																																																				
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(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0008 FORM CMS-1500 (12-90), FORM RRB-1500, APPROVED OMB-1215-0055 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS)

ATTACHMENT 13

CMS 1500 Claim Form Instructions for Clozapine Management Services

Use the following claim form completion instructions, *not* the element descriptions printed on the claim form, to avoid denial or inaccurate claim payment. Complete all required elements as appropriate. Do not include attachments unless instructed to do so.

Wisconsin Medicaid recipients receive a Medicaid identification card upon being determined eligible for Wisconsin Medicaid. Always verify a recipient's eligibility before providing nonemergency services by using the Medicaid Eligibility Verification System (EVS) to determine if there are any limitations on covered services and to obtain the correct spelling of the recipient's name. Refer to the Informational Resources section of the All-Provider Handbook or the Medicaid Web site for more information about the EVS.

Submit completed paper claims to the following address:

Wisconsin Medicaid
Claims and Adjustments
6406 Bridge Rd
Madison WI 53784-0002

Element 1 — Program Block/Claim Sort Indicator

Enter claim sort indicator "P" in the Medicaid check box for the service billed.

Element 1a — Insured's I.D. Number

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters. Use the Medicaid identification card or the EVS to obtain the correct identification number.

Element 2 — Patient's Name

Enter the recipient's last name, first name, and middle initial. Use the EVS to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 3 — Patient's Birth Date, Patient's Sex

Enter the recipient's birth date in MM/DD/YY format (e.g., February 3, 1955, would be 02/03/55) or in MM/DD/YYYY format (e.g., February 3, 1955, would be 02/03/1955). Specify whether the recipient is male or female by placing an "X" in the appropriate box.

Element 4 — Insured's Name (not required)

Element 5 — Patient's Address

Enter the complete address of the recipient's place of residence, if known.

Element 6 — Patient Relationship to Insured (not required)

Element 7 — Insured's Address (not required)

Element 8 — Patient Status (not required)

Element 9 — Other Insured's Name

Commercial health insurance must be billed prior to submitting claims to Wisconsin Medicaid, unless the service does not require commercial health insurance billing as determined by Wisconsin Medicaid.

If the EVS indicates that the recipient has dental ("DEN") insurance only or has no commercial health insurance, leave Element 9 blank.

If the EVS indicates that the recipient has Wausau Health Protection Plan (“HPP”), BlueCross & BlueShield (“BLU”), Wisconsin Physicians Service (“WPS”), Medicare Supplement (“SUP”), TriCare (“CHA”), Vision only (“VIS”), a health maintenance organization (“HMO”), or some other (“OTH”) commercial health insurance, *and* the service requires other insurance billing according to the Coordination of Benefits section of the All-Provider Handbook, then one of the following three other insurance (OI) explanation codes *must* be indicated in the *first* box of Element 9. The description is not required, nor is the policyholder, plan name, group number, etc. (Elements 9a, 9b, 9c, and 9d are not required.)

Code	Description
OI-P	PAID in part or full by commercial health insurance. In Element 29 of this claim form, indicate the amount paid by commercial health insurance to the provider or to the insured.
OI-D	DENIED by commercial health insurance or commercial HMO following submission of a correct and complete claim, or payment was applied towards the coinsurance and deductible. Do not use this code unless the claim was actually billed to the commercial health insurer.
OI-Y	YES, the recipient has commercial health insurance or commercial HMO coverage, but it was not billed for reasons including, but not limited to: <ul style="list-style-type: none"> ✓ The recipient denied coverage or will not cooperate. ✓ The provider knows the service in question is not covered by the carrier. ✓ The recipient’s commercial health insurance failed to respond to initial and follow-up claims. ✓ Benefits are not assignable or cannot get assignment. ✓ Benefits are exhausted.

Note: The provider may not use OI-D or OI-Y if the recipient is covered by a commercial HMO and the HMO denied payment because an otherwise covered service was not rendered by a designated provider. Services covered by a commercial HMO are not reimbursable by Wisconsin Medicaid except for the copayment and deductible amounts. Providers who receive a capitation payment from the commercial HMO may not bill Wisconsin Medicaid for services that are included in the capitation payment.

Element 10 — Is Patient’s Condition Related to (not required)

Element 11 — Insured’s Policy, Group, or FECA Number (not required)

Elements 12 and 13 — Authorized Person’s Signature (not required)

Element 14 — Date of Current Illness, Injury, or Pregnancy (not required)

Element 15 — If Patient Has Had Same or Similar Illness (not required)

Element 16 — Dates Patient Unable to Work in Current Occupation (not required)

Elements 17 and 17a — Name and I.D. Number of Referring Physician or Other Source (not required)

Element 18 — Hospitalization Dates Related to Current Services (not required)

Element 19 — Reserved for Local Use (not required)

Element 20 — Outside Lab? (not required)

Element 21 — Diagnosis or Nature of Illness or Injury

Enter the *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code (295.10-295.95) for each symptom or condition related to the services provided. List the primary diagnosis first. Etiology (“E”) and manifestation (“M”) codes may not be used as a primary diagnosis. The diagnosis description is not required.

Element 22 — Medicaid Resubmission (not required)**Element 23 — Prior Authorization Number (not required)****Element 24A — Date(s) of Service**

Enter the month, day, and year for each procedure in MM/DD/YY or MM/DD/YYYY format in the "From" field.

For recipients who have weekly white blood cell (WBC) counts, clozapine management may only be billed once per week, regardless of the number of services provided during that week. For those recipients who have WBC counts taken every other week, clozapine management may be billed only once every two weeks.

Element 24B — Place of Service

Enter the appropriate two-digit place of service (POS) code for each service. Refer to Attachment 9 of this *Wisconsin Medicaid and BadgerCare Update* for a list of allowable POS codes for clozapine management services.

Element 24C — Type of Service (not required)**Element 24D — Procedures, Services, or Supplies**

Enter the single most appropriate five-character procedure code. Wisconsin Medicaid denies claims received without an appropriate procedure code.

Modifiers

Enter the appropriate (up to four per procedure code) modifier(s) in the "Modifier" column of Element 24D.

Note: Wisconsin Medicaid has not adopted all national modifiers.

Element 24E — Diagnosis Code

Enter the number (1, 2, 3, or 4) that corresponds to the appropriate diagnosis code listed in Element 21.

Element 24F — \$ Charges

Enter the total charge for each line item. Providers are required to bill Wisconsin Medicaid their usual and customary charge. The usual and customary charge is the provider's charge for providing the same service to persons not entitled to Medicaid benefits.

Element 24G — Days or Units

Enter the appropriate number of units for each line item. Always use a decimal (e.g., 2.0 units).

Element 24H — EPSDT/Family Plan (not required)**Element 24I — EMG (not required)****Element 24J — COB (not required)****Element 24K — Reserved for Local Use**

Enter the eight-digit Medicaid provider number of the performing provider for each procedure if that number is different than the billing provider number in Element 33. Any other information in this element may result in claim denial.

Note: Pharmacies are not required to enter a performing provider number in this element.

Element 25 — Federal Tax I.D. Number (not required)**Element 26 — Patient's Account No. (not required)**

Optional — Providers may enter up to 20 characters of the patient's internal office account number. This number will appear on the Remittance and Status Report and/or the 835 Health Care Claim Payment/Advice transaction.

Element 27 — Accept Assignment (not required)**Element 28 — Total Charge**

Enter the total charges for this claim.

Element 29 — Amount Paid

Enter the actual amount paid by commercial health insurance. (If the dollar amount indicated in Element 29 is greater than zero, "OI-P" must be indicated in Element 9.) If the commercial health insurance denied the claim, enter "000." Do *not* enter Medicare-paid amounts in this field.

Element 30 — Balance Due

Enter the balance due as determined by subtracting the amount paid in Element 29 from the amount in Element 28.

Element 31 — Signature of Physician or Supplier

The provider or the authorized representative must sign in Element 31. The month, day, and year the form is signed must also be entered in MM/DD/YY or MM/DD/YYYY format.

Note: The signature may be a computer-printed or typed name and date or a signature stamp with the date.

Element 32 — Name and Address of Facility Where Services Were Rendered (not required)**Element 33 — Physician's, Supplier's Billing Name, Address, ZIP Code, and Phone #**

Enter the name of the provider submitting the claim and the complete mailing address. The minimum requirement is the provider's name, address, city, state, and ZIP code. At the bottom of Element 33, enter the billing provider's eight-digit Medicaid provider number.

ATTACHMENT 14

Sample CMS 1500 Claim Form for Clozapine Management Services

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM																																																																																																																																						
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (Sponsor's SSN) (VA File #) (SSN or ID) (SSN) (ID)</small>					1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) <div style="text-align: center; font-weight: bold;">1234567890</div>																																																																																																																																	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <div style="font-weight: bold;">Recipient, Im A.</div>					3. PATIENT'S BIRTH DATE MM DD YY M <input checked="" type="checkbox"/> F <input type="checkbox"/> MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)																																																																																																																															
5. PATIENT'S ADDRESS (No., Street) <div style="font-weight: bold;">609 Willow St</div>					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)																																																																																																																															
CITY <div style="font-weight: bold;">Anytown</div>		STATE <div style="font-weight: bold;">WI</div>			8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>		CITY		STATE																																																																																																																													
ZIP CODE <div style="font-weight: bold;">55555</div>		TELEPHONE (Include Area Code) (XXX) XXX-XXXX			Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>		ZIP CODE		TELEPHONE (INCLUDE AREA CODE)																																																																																																																													
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) <div style="font-weight: bold;">OI-P</div>					10. IS PATIENT'S CONDITION RELATED TO:					11. INSURED'S POLICY GROUP OR FECA NUMBER																																																																																																																												
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input type="checkbox"/> NO					a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>																																																																																																																												
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>					b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					b. EMPLOYER'S NAME OR SCHOOL NAME																																																																																																																												
c. EMPLOYER'S NAME OR SCHOOL NAME					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					c. INSURANCE PLAN NAME OR PROGRAM NAME																																																																																																																												
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. RESERVED FOR LOCAL USE					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, return to and complete item 9 a-d.</i>																																																																																																																												
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____																																																																																																																												
14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)					15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																																																																																																												
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE					17a. I.D. NUMBER OF REFERRING PHYSICIAN					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																																																																																																												
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																												
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. <u>295.70</u>										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.					23. PRIOR AUTHORIZATION NUMBER																																																																																																																							
24. DATE(S) OF SERVICE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> <tr> <th>From</th> <th>To</th> <th>Place of Service</th> <th>Type of Service</th> <th>PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER</th> <th>DIAGNOSIS CODE</th> <th>\$ CHARGES</th> <th>DAYS OR UNITS</th> <th>EPSDT Family Plan</th> <th>EMG</th> <th>COB</th> <th>RESERVED FOR LOCAL USE</th> </tr> </thead> <tbody> <tr> <td>12 01 05</td> <td></td> <td>11</td> <td></td> <td>H0034 UD</td> <td></td> <td>XX XX</td> <td>1.0</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12 08 05</td> <td></td> <td>11</td> <td></td> <td>H0034 UD</td> <td></td> <td>XX XX</td> <td>2.0</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12 15 05</td> <td></td> <td>11</td> <td></td> <td>H0034 UD</td> <td></td> <td>XX XX</td> <td>1.0</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12 22 05</td> <td></td> <td>11</td> <td></td> <td>H0034 UD</td> <td></td> <td>XX XX</td> <td>1.0</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										A	B	C	D	E	F	G	H	I	J	K	From	To	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	EMG	COB	RESERVED FOR LOCAL USE	12 01 05		11		H0034 UD		XX XX	1.0					12 08 05		11		H0034 UD		XX XX	2.0					12 15 05		11		H0034 UD		XX XX	1.0					12 22 05		11		H0034 UD		XX XX	1.0																													25. FEDERAL TAX I.D. NUMBER SSN EIN					26. PATIENT'S ACCOUNT NO.					27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO					28. TOTAL CHARGE \$ XXX XX					29. AMOUNT PAID \$ XX XX					30. BALANCE DUE \$ XX XX				
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From	To	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	EMG	COB	RESERVED FOR LOCAL USE																																																																																																																											
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31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) J.A. Authorized MM/DD/YY SIGNED _____ DATE _____										32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)										33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # <div style="font-weight: bold;">I.M. Pharmacy 1 W. Williams Anytown, WI 55555 87654321</div> PIN# _____ GRP# _____																																																																																																																		

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0008 FORM CMS-1500 (12-90), FORM RRB-1500,
APPROVED OMB-1215-0055 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS)