wisconsin Medicaid update and BadgerCare

July 2006 ● No. 2006-55

Wisconsin Medicaid and BadgerCare Information for Providers

To:

Crisis Intervention Providers

HMOs and Other Managed Care Programs

Crisis Intervention Services

This *Wisconsin Medicaid and BadgerCare Update* consolidates all of the information for crisis intervention 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 crisis intervention services. This *Update* replaces the following crisis intervention services publications:

- The October 2005 *Update* (2005-63), titled "Rate Changes for Services Receiving Only Federal Funds."
- The March 2004 *Update* (2004-11), titled "Billing policy change for crisis intervention services provided to recipients enrolled in the Independent Care Health Plan and Medicaid-contracted HMOs."
- The August 2003 *Update* (2003-82), titled "Changes to local codes and paper claims for crisis intervention services as a result of HIPAA."
- The September 2000 *Update* (2000-40), titled "Change to crisis intervention covered services."
- Part H, Division VI, the Mental Health Crisis Intervention Services Handbook.

Guidelines for Crisis Stabilization Services

Wisconsin Medicaid is introducing guidelines for stabilization services effective upon receipt of this *Update*.

These guidelines were developed in collaboration with the statewide crisis network. Refer to Attachment 2 of this *Update* for the guidelines.

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(41), Wis. Stats., Wisconsin Medicaid may pay only county/tribal social or human services agencies to provide crisis intervention services. County/tribal social or human services agencies, or the agencies

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with which they contract to actually provide crisis intervention services, must be certified under HFS 34, Wis. Admin. Code.

Division of Disability and Elder Services Certification

To be reimbursed for providing this benefit to Medicaid recipients, 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 (BQA) for crisis intervention under HFS 34, Subchapter III, Wis. Admin. Code. For information regarding this certification, providers may contact the DHFS, 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

Agencies should complete the Wisconsin Medicaid Mental Health/Substance Abuse Agency Certification Packet. Refer to Attachment 1 for Medicaid certification requirements and provider numbers assigned for agencies providing crisis intervention services.

A county/tribal social or human services agency wishing to receive Medicaid reimbursement for crisis intervention is required to obtain an agency resolution. The resolution must state that the county/tribal social or human services agency agrees to make available the nonfederal share needed for Medicaid reimbursement of crisis intervention services. Agency resolutions, such as 51.42 or human services board resolutions, meet this requirement.

Providers may initiate Medicaid certification for crisis intervention by doing one of the following:

- Downloading the Wisconsin Medicaid Mental Health/Substance Abuse Agency Certification Packet 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 certification, provider numbers, and provider responsibilities.

Subcontracting for Crisis Intervention Services

A Medicaid-certified crisis intervention provider, as part of its certification under HFS 34, Subchapter III, Wis. Admin. Code, may contract with other qualified providers for any part of its crisis intervention 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 is qualified and provides services and maintains records in accordance with the Medicaid requirements for the provision of crisis intervention services. For more information on documentation as it relates to crisis intervention services, refer to Attachment 2.

A Medicaid-certified crisis intervention provider, as part of its certification under HFS 34, Subchapter III, Wis. Admin. Code, may contract with other qualified providers for any part of its crisis intervention service.

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

- Meet all program requirements.
- Receive copies of Medicaid publications.

Although the contracted crisis intervention agency may submit claims to Wisconsin Medicaid using the certified provider's Medicaid number if the provider has authorized this, Wisconsin Medicaid payment is made only to the certified provider.

Billing and Nonbilling Provider Numbers

Wisconsin Medicaid covers an initial contact and assessment for any recipient contacting the crisis intervention provider.

When the county is the crisis intervention agency, 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. Individuals providing services within the crisis intervention agency do not need to be individually certified.

Counties that have been assigned more than one crisis intervention billing provider number prior to this *Update* may submit claims as normal; no other counties will be assigned more than one billing provider number for crisis intervention services.

Recipient Eligibility for Crisis Intervention Services

Initial Contact and Assessment

Wisconsin Medicaid covers an initial contact and assessment for any recipient contacting the crisis intervention provider. For recipients not in crisis, the length of the assessment must be no longer than what is necessary to determine that no crisis or emergency exists and to make appropriate referrals, when indicated.

All Other Crisis Intervention Services

Wisconsin Medicaid covers all other crisis intervention services only if the provider documents that both of the following are true:

- The recipient is in a crisis or situation that may develop into a crisis if professional supports are not provided.
- The provider can expect to reduce the need for institutional treatment or improve the recipient's level of functioning.

Recipients in Certified Community Support Programs

Wisconsin Medicaid covers crisis intervention services for recipients receiving Medicaid-funded community support program (CSP) services when any of the following is 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.

Recipients in Nursing Facilities

Recipients in nursing facilities are eligible for all crisis intervention covered services.

Recipients Being Discharged from a Hospital or Residential Care Centers for Children and Youth

Recipients being discharged from a hospital or residential care center are eligible for crisis intervention services only if the provider documents the following in the recipient's records:

- Why the recipient is likely to experience an emergency or a crisis if the crisis intervention services are not provided.
- Why other services, which might maintain the recipient in the community, are not available and when such services are likely to be available.

The following are the only covered crisis intervention services for recipients in an inpatient hospital or a residential child care center:

- Development of a crisis plan.
- Services to assist the recipient in making the transition to the least restrictive level of care.

When Recipients Are Ineligible for Crisis Intervention Services

Recipients are not eligible for any Medicaid services, including crisis intervention, during periods of time when they are in jail or secure detention. This includes when recipients receive a day or overnight pass from these facilities. Also, recipients between ages 21 and 64 are not eligible for any Medicaid services while they are in an institution that is deemed an "institute for mental disease" (IMD). Providers may provide services during these periods; however, they are not Medicaid reimbursable.

Recipients Enrolled in State-Contracted Managed Care Organizations

Wisconsin Medicaid and BadgerCare recipients enrolled in state-contracted managed care organizations may receive crisis intervention 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 crisis intervention services, recipients should be referred to their county/tribal social or human services agency that may provide these services on a fee-for-service basis.

If a recipient enrolled in Children Come First or Wraparound Milwaukee is in need of crisis intervention, the recipient may receive the service on a fee-for-service basis since this service is not part of the capitation rate. Recipients should be referred to their county/tribal social or human services agency that may provide this service on a fee-for-service basis.

Recipients are not eligible for any Medicaid services, including crisis intervention, during periods of time when they are in jail or secure detention.

Definitions

Wisconsin Medicaid uses the following definitions from HFS 34, Wis. Admin. Code:

- A *"crisis"* is a situation caused by a recipient's apparent mental disorder that results in a high level of stress or anxiety for the recipient, persons providing care for the recipient, or the public that cannot be resolved by the available coping methods of the recipient or by the efforts of those providing ordinary care or support for the recipient (HFS 34.02[5], Wis. Admin. Code).
- A *"crisis plan"* is a plan prepared under HFS 34.23(7), Wis. Admin. Code, for a recipient at high risk of experiencing a mental health crisis so that, if a crisis occurs, staff responding to the situation will have the information and resources they need to meet the recipient's individual service needs (HFS 34.02[6], Wis. Admin. Code).
- *"Emergency mental health services"* are a coordinated system of mental health services that provide an immediate response to assist a recipient experiencing

a mental health crisis (HFS 34.02[8], Wis. Admin. Code).

- A *"response plan"* is a plan of action developed by program staff under HFS 34.23(5)(a), Wis. Admin. Code, to assist a recipient experiencing a mental health crisis (HFS 34.02[20], Wis. Admin. Code).
- *"Stabilization services"* are optional emergency mental health services under HFS 34.22(4), Wis. Admin. Code, that provide short-term, intensive, community-based services to avoid the need for inpatient hospitalization (HFS 34.02[21], Wis. Admin. Code).

Crisis intervention services are services provided by a BQA-certified crisis provider to a recipient in crisis or in a situation that may develop into a crisis if professional supports are not provided.

Covered Crisis Intervention Services

Crisis intervention services are services provided by a BQA-certified crisis provider to a recipient in crisis or in a situation that may develop into a crisis if professional supports are not provided. All crisis intervention services must conform to the standards in HFS 34, Wis. Admin. Code. Crisis intervention services include the following:

- Initial assessment and planning.
- Crisis linkage and follow-up services.
- Optional crisis stabilization services.

Crisis intervention services do not include those services normally provided by providers of mental health and substance abuse services who routinely deal with crises while providing services (e.g., a psychotherapist who helps a recipient through a crisis during their scheduled psychotherapy session).

Initial Assessment and Planning

According to HFS 34.23, Wis. Admin. Code, this service includes the following:

1. The initial contact and assessment (including referral to other services and resources, as necessary), even if further crisis intervention services are not required. If the recipient is not in need of further crisis intervention services, but could benefit from other types of assistance, staff should refer the recipient to other appropriate service providers in the community.
2. The response plan's development and initiation, when required. A response plan is required if it is determined after the initial contact that the recipient is in need of emergency mental health services.
   - ✓ If this is the case, staff must prepare and implement a response plan consisting of services and referrals necessary to reduce or eliminate the recipient's immediate distress, de-escalate the present crisis, and help the recipient return to a safe and more stable level of functioning.
   - ✓ The response plan must be approved by a psychiatrist or a psychologist either before services are delivered or within five days after delivery of services, not including Saturdays, Sundays, or legal holidays.

Crisis Linkage and Follow-Up Services

According to HFS 34.23, Wis. Admin. Code, crisis linkage and follow-up services include the following:

1. Reviewing and updating the response plan and developing, reviewing, and updating the crisis plan.
2. Follow-up interventions prescribed in a response plan or crisis plan or other interventions approved by a psychiatrist or psychologist to meet the following goals:
   - ✓ Relieve the recipient's immediate distress in a crisis or pre-crisis.
   - ✓ Reduce the risk of a worsening crisis.
   - ✓ Reduce the level of risk of physical harm to the recipient or others.
   - ✓ Resolve or manage family crises to prevent out-of-home placements of

children, improve the child's and family's coping skills, and assist the family in using or obtaining ongoing mental health and other supportive services.

- ✓ Assist the recipient in making the transition to the least restrictive level of care.

3. Follow-up interventions include, but are not limited to, the following:
   - ✓ Providing evaluations, referral options, and other information to a recipient or others involved with the recipient.
   - ✓ Coordinating the resources needed to respond to the situation, including the following:
     - Contacting the recipient's ongoing mental health service providers or case manager, if any, to coordinate information and services related to the recipient's care and support.
     - Contacting a service provider in the area of related need to coordinate information and service delivery for the recipient if the recipient has been receiving services primarily related to substance abuse, to address needs resulting from the recipient's developmental disability, or if the recipient appears to have needs in either or both of these areas.
     - Conferring with family members or other persons providing support for the recipient to determine if the response and follow-up are meeting the recipient's needs.
   - ✓ Assisting in the recipient's transition to the least restrictive level of care required.
   - ✓ Following up to ensure that intervention plans are carried out and meeting the recipient's needs.
   - ✓ Resolving or managing family crises to prevent out-of-home child placements, improving the child's and family's coping skills, and helping the family use or obtain ongoing mental health and other supportive services.
   - ✓ Determining whether any follow-up contacts by program staff or linkages with other providers in the community are necessary to help the recipient maintain stable functioning after a response plan has been implemented and the recipient has returned to a more stable level of functioning.
   - ✓ Providing follow-up contacts until the recipient has begun to receive assistance from an ongoing service provider, unless the recipient does not consent to further services if ongoing support is needed. .
   - ✓ Developing a new crisis plan under HFS 34.23(7), Wis. Admin. Code, or revising an existing plan to better meet the recipient's needs based on what has been learned during the mental health crisis. A crisis plan must meet the following requirements:
     - The crisis plan is for a recipient who is found to be at high risk for a recurrent mental health crisis under the criteria established in the coordinated community services plan under HFS 34.22(1)(a)7, Wis. Admin. Code.
     - A crisis plan shall be developed in cooperation with the recipient, his or her parents or guardians where their consent is required for treatment, the case manager, if any, and the people and agencies providing treatment and support for the recipient, and the plan shall identify to the extent possible the

services most likely to be effective in helping the recipient resolve or manage a crisis, given the recipient's unique strengths and needs and the supports available to him or her.

Optional Crisis Stabilization Services

In addition to services required under HFS 34, Subchapter III, Wis. Admin. Code, a program may provide stabilization services for a recipient for a temporary transition period with weekly reviews to determine the need for continued stabilization services. Refer to Attachment 2 for a copy of the review elements.

In addition to services required under HFS 34, Subchapter III, Wis. Admin. Code, a program may provide stabilization services for a recipient for a temporary transition period with weekly reviews to determine the need for continued stabilization services.

Wisconsin Medicaid covers only those stabilization services necessary for the following:

- Reducing or eliminating a recipient's symptoms of mental illness so that the recipient does not need inpatient hospitalization.
- Assisting in the transition to a less restrictive placement or living arrangement when the crisis has passed.

Crisis stabilization services include professional supports identified on the response plan or crisis plan provided in any of the following settings:

- Recipient's own home.
- Outpatient clinic.
- School.
- Crisis hostel.
- Adult family home.
- Community-based residential facility (CBRF).
- Foster or group home.
- Other community nonresidential settings.

1. Crisis Intervention Program Professional Staff Not Staffing a 24-Hour In-Residence Program — When professional staff of the crisis intervention program who are not staffing a 24-hour in-residence stabilization program provide stabilization services, the crisis intervention program must submit claims for stabilization services using the procedure code and modifiers listed in Attachment 4. Wisconsin Medicaid reimburses these codes on an hourly basis.

2. Individuals Staffing a 24-hour In-Residence Stabilization Program — Wisconsin Medicaid covers crisis intervention services provided by individuals staffing a 24-hour in-residence stabilization program only in the following settings: licensed CBRF, licensed adult family home, licensed children's group home, licensed children's foster home, or licensed children's treatment foster home. Wisconsin Medicaid *does not reimburse for any room and board* costs in these settings. Also, Wisconsin Medicaid does not reimburse individuals staffing 24-hour in-residence programs in any other centers, including nursing facilities, hospitals, or residential care centers for children and youth.

   Wisconsin Medicaid reimburses residential staff for crisis services either hourly or per day (per diem). Providers may choose to bill hourly or per day, but not both, for all recipients.

When Psychiatrist or Ph.D. Psychologist Approval Is Required

As stated in HFS 34, Wis. Admin. Code, approval is required by a psychiatrist or Ph.D. psychologist at various times during service delivery. The following is detailed information about these requirements.

Initial Contact and Assessment, Including Initial Response Plan Development

No approval is needed by a psychiatrist or Ph.D. psychologist.

Approval of All Other Services

A psychiatrist or Ph.D. psychologist must approve all services other than the initial contact and assessment including the initial response plan development. The psychiatrist or psychologist must document his or her approval with one of the following methods:

- Signing the response plan and the crisis plan if a crisis plan was developed.
- Signing or cosigning contact notes. The psychiatrist or Ph.D. psychologist does not need to sign individual contact notes if the service provided was identified on a response plan or crisis plan that the psychiatrist or Ph.D. psychologist signed according to the following requirements. If the response plan or crisis plan was not signed, the psychiatrist or Ph.D. psychologist must sign a contact note within five working days of when the documented service was provided.

Further Information About Initial Response Plan and Monthly Reviews

According to HFS 34.23(5), Wis. Admin. Code, a psychiatrist or Ph.D. psychologist must approve the initial response plan within five working days after services are first delivered. After the initial response plan has been approved, signed, and implemented, the psychiatrist or Ph.D. psychologist must review and sign the response plan at least monthly, even if changes are made more often. Wisconsin Medicaid covers all services identified in the response plan that meet the covered service requirements outlined previously if the response plan has been reviewed, updated, and signed by a psychiatrist or Ph.D. psychologist within the past month.

Further Information About Crisis Plans and Six-Month Reviews

Wisconsin Medicaid covers services identified on the crisis plan that meet the covered service requirements outlined previously if the crisis plan has been reviewed, updated, and signed by a psychiatrist or Ph.D. psychologist within the past six months. The psychiatrist or Ph.D. psychologist must review and sign the crisis plan at least once every six months, even if the changes are made more often.

According to HFS 34.23(5), Wis. Admin. Code, a psychiatrist or Ph.D. psychologist must approve the initial response plan within five working days after services are first delivered.

Special Circumstances

Crisis Intervention Services Provided in Various Ways

Providers may provide Medicaid-covered crisis intervention services by the following means:

- Over the telephone.
- In person at any location where a recipient is experiencing a crisis or receiving services to respond to a crisis (including, but not limited to, mobile crisis services, and walk-in services), but does not include jail, secure detention, or services provided to IMD recipients between ages 21 and 64.

Providers are required to document the means and place of service (POS) in the recipient's record.

Travel

Wisconsin Medicaid covers staff travel time to deliver covered crisis intervention services. Travel is included in the time counted as a part of the covered services.

Multiple Crisis Intervention Staff and Staff Time

Wisconsin Medicaid covers more than one staff person providing crisis intervention services to one recipient simultaneously if this ensures the recipient's or the provider's safety (e.g., the recipient is threatening to hurt others). Providers are required to clearly identify the number of staff involved when billing for more than one staff person and the rationale for multiple staff in their documentation.

In addition, Wisconsin Medicaid covers stabilization services by residential staff as noted previously in this *Update* and, if necessary, by outside professional staff who come into the facility for a limited time at the same time.

Crisis Service Hours

Wisconsin Medicaid does not limit the number of crisis service hours provided to a recipient per day. Also, there is no limit to the length of time that crisis intervention services are covered for a given recipient. Providers are required to use the response and crisis plans to document service needs and to justify the need for continued services. All services must be directed toward solving and preventing crises. Providers must use the crisis plan or response plan to document how services are related to these goals. Wisconsin Medicaid monitors use retrospectively through data analysis and auditing.

Wisconsin Medicaid does not limit the number of crisis service hours provided to a recipient per day.

Limitations

Wisconsin Medicaid covers crisis intervention services provided to Medicaid recipients only and covers crisis intervention contacts with only the following individuals:

- The recipient.
- Family member(s), guardian(s), friend(s), or other individual(s) assisting the recipient.
- Professionals, paraprofessionals, or others providing resources required to respond to the crisis.

Services Provided via Telehealth

Crisis intervention 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 claims submission.

Noncovered Services

The following are not covered by Wisconsin Medicaid as crisis intervention services:

- Room and board.
- Volunteer services not meeting the qualifications in HFS 34.21(3), Wis. Admin Code.
- Services other than those listed in this *Update*.
- Services that are social or recreational in nature.

Documentation Requirements

Refer to Attachment 3 for documentation requirements for all mental health and substance abuse service providers, including crisis intervention providers. 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 and not separately reimbursable.

Prior Authorization

Prior authorization is not required for crisis intervention services.

Copayment

Wisconsin Medicaid does not require copayment for crisis intervention 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.

Refer to the Coordination of Benefits section of the All-Provider Handbook for more information about services that require other health insurance billing, exceptions, claims submission procedures for recipients with other health insurance, and the Other Coverage Discrepancy Report, HCF 1159 (Rev. 08/05). This Other Coverage Discrepancy Report is also available on the Medicaid Web site at *dhfs.wisconsin.gov/medicaid/*.

"V" Codes

"V" codes describe circumstances that do not lend themselves to diagnosis. "V" Codes from the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) coding structure, rather than diagnosis codes, must be used for submitting claims for crisis intervention services. Claims received without a current ICD-9-CM "V" code are denied. Do not use diagnosis codes, including mental health and substance abuse codes, when submitting claims.

Refer to Attachment 4 for a list of allowable "V"- code ranges for crisis intervention services.

Procedure Codes and Modifiers

Providers are required to use Healthcare Common Procedure Coding System (HCPCS) codes on all claims for crisis intervention services. Claims or adjustments received without a HCPCS code are denied. Refer to Attachment 4 for allowable procedure codes and modifiers. Refer to Attachment 5 for rounding guidelines.

Place of Service Codes

Allowable POS codes for crisis intervention services are included in Attachment 4.

Electronic Claims Submission

Providers are encouraged to submit claims electronically since electronic claims submission usually reduces claim errors. Claims for crisis intervention 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.

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

Providers are required to use Healthcare Common Procedure Coding System (HCPCS) codes on all claims for crisis intervention services.

Paper Claims Submission

Paper claims for crisis intervention services must be submitted using the CMS 1500 claim form dated 12/90. Wisconsin Medicaid denies claims for crisis intervention 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 6 for claim form instructions and Attachment 7 for a sample of a claim for crisis intervention services.

Reimbursement Limits

Wisconsin Medicaid reimburses county/tribal social or human services agencies only for the federal share of the Medicaid reimbursement rate for crisis intervention services. County/tribal social or human services agencies are required to provide the nonfederal share of the Medicaid reimbursement rate for crisis intervention 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.

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/*.

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Attachments

ATTACHMENT 1
Certification Requirements for Crisis Intervention Services Provided by Agencies

This attachment outlines Wisconsin Medicaid certification requirements for Medicaid crisis intervention service providers. Prior to obtaining Wisconsin Medicaid certification, crisis intervention 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 crisis intervention 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 services 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.

Type of Agency	**Certification Requirements**					**Type of Provider Number Assigned**
	Division of Disability and Elder Services/Bureau of Quality Assurance	**Wisconsin Medicaid**	**Section of Certification Packet to Be Completed***	**County/ Tribal Social or Human Services Agency Required?**	**Additional Requirements**	
Agency Providing the Service (may not bill for the service)	The agency is required to obtain a Wisconsin DHFS certificate to provide crisis intervention services as authorized under HFS 34, Subchapter III, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement).	The agency is required to do the following: • Have a DDES, BQA certificate on file. • Complete and submit a Mental Health/Substance Abuse Agency Certification Packet.	Crisis Intervention Services	No	No	Crisis intervention services 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 crisis intervention services. An allowable Medicaid performing provider is required to perform the service.	Crisis Intervention Services	Yes	The agency is required to make available the nonfederal share needed to provide crisis intervention services.	Crisis intervention services billing provider number

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

ATTACHMENT 2
Crisis Stabilization Guidelines
Documentation of Factors That Support Continued Crisis Stabilization

Wisconsin Medicaid requires that providers document, at least weekly, the factors that support a consumer continuing to receive crisis stabilization services.

Factors that support continued crisis stabilization include all of the following:

- Continued risk of self-harm.
- Continued risk of harm to others.
- Impaired functioning due to symptoms of a mood and/or thought disorder.
- Recent failure of less restrictive options (independent living, community support program, group living).
- Lack of available/effective supports (including family) to maintain functioning and safety (e.g., "If supports are withdrawn, the person would be at high risk for relapse, which would lead to a more restrictive placement").
- Need for intensive monitoring of symptoms and/or response to recent medication change.
- Recent history of the above that supports the belief that if supports are withdrawn, the risk for a more restrictive setting would be imminent.

The provider's documentation should support the above. If the consumer does not meet one of the above, then interventions should be coded as "nonbillable," since there may be an alternative to crisis stabilization. The treatment team should be notified as well.

ATTACHMENT 3
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 4
Procedure Code Information for Crisis Intervention Services

Modifiers			
Professional Level Modifier Descriptions		**Telehealth Modifier Description**	
Modifier	**Description**	**Modifier**	**Description**
HN	Bachelors degree level	GT	Via interactive audio and video telecommunications systems
HO	Masters degree level		
HP	Doctoral level		
UA	Psychiatrist		
UB	Advanced practice nurse prescriber		
U7	Paraprofessional		

Allowable Crisis Intervention Place of Service Codes			
03	School	25	Birthing Center
04	Homeless Shelter	31	Skilled Nursing Facility*
05	Indian Health Service Free-Standing Facility	32	Nursing Facility*
06	Indian Health Service Provider-Based Facility	33	Custodial Care Facility
07	Tribal 638 Free-Standing Facility	34	Hospice
08	Tribal 638 Provider-Based Facility	50	Federally Qualified Health Center
11	Office	51	Inpatient Psychiatric Facility (only for persons below age 21 or age 65 and older)*
12	Home	54	Intermediate Care Facility/Mentally Retarded*
15	Mobile Unit	60	Mass Immunization Center
20	Urgent Care Facility	61	Comprehensive Inpatient Rehabilitation Facility
21	Inpatient Hospital*	71	Public Health Clinic
22	Outpatient Hospital	72	Rural Health Clinic
23	Emergency Room — Hospital	99	Other Place of Service

*Services are limited.

The following table lists the Healthcare Common Procedure Coding System (HCPCS) procedure codes and modifiers that providers are required to use when submitting claims for crisis intervention services.

Procedure Code Information for Crisis Intervention Services						
HCPCS Code	**Description**	**Professional Level Modifier**	**Contracted Rate***	**Reimbursement (Federal Share)**	**Allowable ICD-9-CM** Codes**	**Telehealth Services Covered?**
S9484	Crisis intervention mental health services, per hour	UA	$148.16	$85.41	V40.0-V40.9, V41.0-V41.9 V60.0-V60.9, V61.0-V61.9*** V62.0-V62.9, V65.0-V65.9*** V69.0-V69.9, V71.0-V71.9***	Yes (use "GT" modifier)
		UB	$148.16	$85.41		
		HP	$110.23	$63.55		
		HN	$88.90	$51.25		
		HO	$88.90	$51.25		
		U7	$47.42	$27.34		
S9485	Crisis intervention mental health services, per diem	None	$139.54	$80.44	V40.0-V40.9, V41.0-V41.9 V60.0-V60.9, V61.0-V61.9*** V62.0-V62.9, V65.0-V65.9*** V69.0-V69.9, V71.0-V71.9***	No

*Contracted rates are effective for dates of service on and after October 1, 2003.
**ICD-9-CM = *International Classification of Diseases, Ninth Revision, Clinical Modification*.
***Some of the condition codes in this category require a fifth digit. Refer to ICD-9-CM for more information.

ATTACHMENT 5
Rounding Guidelines for Crisis Intervention 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.

Time (Minutes)	Unit(s) Billed
1-6	.1
7-12	.2
13-18	.3
19-24	.4
25-30	.5
31-36	.6
37-42	.7
43-48	.8
49-54	.9
55-60	1.0

ATTACHMENT 6
CMS 1500 Claim Form Instructions for Crisis Intervention Services

Use the following claim form completion instructions, *not* the claim form's printed descriptions, to avoid denied 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 at *dhfs.wisconsin.gov/medicaid/* 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

Do not enter any information in this element if the EVS indicates that the recipient has no commercial health insurance.

If the EVS indicates that the recipient has commercial health insurance, the provider is required to attempt to bill the commercial health insurance. If payment is received from the commercial health insurance, indicate the following code in the first box of Element 9:

Code	Description
OI-P	PAID 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.

Leave this element blank if the commercial health insurer denies 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 an *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) "V" code in Element 21, listing the main condition first. The "V" code description is not required. Enter only "V" codes allowed by Wisconsin Medicaid for crisis intervention services as listed in Attachment 4 of this *Wisconsin Medicaid and BadgerCare Update*.

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 service 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 of the following are true:

- All DOS are in the same calendar month.
- All services are billed using the same procedure code and modifier, 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 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 (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 ICD-9-CM "V" 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. A county/tribal or social or human services agency that is also a performing provider should enter the nonbilling performing provider number. Any other information entered in this column may cause claim denial.

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."

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

If the services were provided to a recipient in a nursing home (POS code "31" or "32"), indicate the nursing home's eight-digit Medicaid provider number.

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 7
Sample CMS 1500 Claim Form for Crisis Intervention Services

PICA

HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE ☐ (Medicare #) | MEDICAID [P] (Medicaid #) | CHAMPUS ☐ (Sponsor's SSN) | CHAMPVA ☐ (VA File #) | GROUP HEALTH PLAN ☐ (SSN or ID) | FECA BLK LUNG ☐ (SSN) | OTHER ☐ (ID)

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: MM DD YY | SEX M ☐ F [X]

4. INSURED'S NAME (Last Name, First Name, Middle Initial):

5. PATIENT'S ADDRESS (No., Street): 609 Willow St.

6. PATIENT RELATIONSHIP TO INSURED: Self ☐ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street):

CITY: Anytown | STATE: WI

8. PATIENT STATUS: Single ☐ Married ☐ Other ☐

CITY | STATE

ZIP CODE: 55555 | TELEPHONE (Include Area Code): (XXX)XXX-XXXX

Employed ☐ Full-Time Student ☐ Part-Time Student ☐

ZIP CODE | TELEPHONE (INCLUDE AREA CODE): ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):

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) ☐ YES ☐ NO

a. INSURED'S DATE OF BIRTH MM DD YY | SEX M ☐ F ☐

b. OTHER INSURED'S DATE OF BIRTH MM DD YY | SEX M ☐ F ☐

b. AUTO ACCIDENT? ☐ YES ☐ NO | PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME:

c. EMPLOYER'S NAME OR SCHOOL NAME:

c. OTHER ACCIDENT? ☐ YES ☐ 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? ☐ YES ☐ NO *If yes*, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

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 MM DD YY FROM 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 MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? ☐ YES ☐ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)

1. V40.1
2. V62.3
3. ____.__
4. ____.__

22. MEDICAID RESUBMISSION CODE | ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B Place of Service	C Type of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E DIAGNOSIS CODE	F $ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE
1 11 22 05		12		S9484	HO	1	XX XX	2.0				55554444
2 11 30 05		11		S9484	HO	1	XX XX	2.0				55554444
3 12 16 05	12 17 05	11		S9484	U7	1	XX XX	4.0				55554444
4												
5												
6												

25. FEDERAL TAX I.D. NUMBER SSN EIN ☐ ☐

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ☐ YES ☐ NO

28. TOTAL CHARGE $ XX XX

29. AMOUNT PAID $

30. BALANCE DUE $ XX XX

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.)

I.M. 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 #

I.M. Billing
1 W. Williams
Anytown, WI 55555

PIN# 65432109 GRP#

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

(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)