

Affected Programs: BadgerCare Plus, Medicaid

To: Counties Certified for Outpatient Mental Health/Substance Abuse Services in the Home or Community, County Mental Health Coordinators, Federally Qualified Health Centers, Hospital Providers, Master's Level Psychotherapists, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Physician Clinics, Physicians, Psychiatrists, Psychologists, Tribal Human Service Facilitators, HMOs and Other Managed Care Programs

Changes to the Outpatient Mental Health Benefit as a Result of DHS 35 and Changes to DHS 105 and 107

This *ForwardHealth Update* announces changes to DHS 105 and 107, Wis. Admin. Code, for the outpatient mental health benefit with the adoption of DHS 35, Wis. Admin. Code.

Changes to the Outpatient Mental Health Benefit

The Department of Health Services (DHS) recently adopted DHS 35, Wis. Admin. Code, to update its policies and procedures for mental health services.

With the adoption of ch. DHS 35, Wis. Admin. Code, policy and coverage-related changes have been made to chs. DHS 105 (provider certification) and DHS 107 (covered services), Wis. Admin. Code, which affect coverage and prior authorization (PA) of mental health services. These changes are effective for dates of service on and after June 1, 2009.

Changes to the outpatient mental health benefit include the following:

- Strength-based assessments, including differential diagnostic evaluations, have been added to the existing conditions for coverage of services listed under DHS 107.13(2)(a), Wis. Admin. Code.
- Prior authorization is required after the member receives 15 hours or \$825 of mental health and substance abuse services per billing provider in a calendar year under DHS 107.13(2)(a)6 and 7, Wis. Admin. Code. Services provided on and after January 1, 2009, are counted toward the new PA limit.
- The 15 hour/\$825 limit without PA is calculated per billing provider in a calendar year under DHS 107.13(2)(a)6, Wis. Admin. Code. Previously, the PA limit was calculated based on the total of all providers.
- Assessment services are limited to eight hours every rolling 12 months per member when billed as a separate detail on a claim before PA is required under DHS 107.13(2)(c)4, Wis. Admin. Code, for the following services:
 - ✓ Outpatient mental health benefit (procedure codes 90801 and 90802).
 - ✓ Outpatient substance abuse treatment services (procedure codes 90801 and 90802).
 - ✓ Adult mental health day treatment (procedure code H2012 with modifiers "HE" [mental health program] and "U6" [functional assessment]).

- ✓ Substance abuse day treatment (procedure code H2012 with modifiers “HF” [substance abuse program] and “U6” [functional assessment]).

Services provided on or after January 1, 2009, are counted toward the new PA limit for assessments.

- Additional assessment hours beyond the eight hours every rolling 12 months require PA. Providers may request additional assessment hours beyond the PA limit by submitting the Prior Authorization/Mental Health and/or Substance Abuse Evaluation Attachment (PA/EA), F-11033 (10/08), along with the Prior Authorization Request Form (PA/RF), F-11018 (10/08).

Copayment Reminder

Services greater than 15 hours or \$500 of accumulated services per member, per calendar year, continue to be exempt from copayment for members enrolled in Wisconsin Medicaid and the BadgerCare Plus Standard Plan. There are no copayment limits under the BadgerCare Plus Benchmark Plan.

Other Changes

Other changes to DHS 105 and 107, Wis. Admin. Code, either make language consistent with DHS 35, Wis. Admin. Code, or incorporate already existing statewide variances. A future *ForwardHealth Update* will be published with additional information regarding advanced practice nurse prescribers with a psychiatric specialty.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate

managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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