



Affected Programs: BadgerCare Plus, Medicaid

To: Advanced Practice Nurse Prescribers, Community Support Programs, Comprehensive Community Service Providers, Crisis Intervention Providers, Master's Level Psychotherapists, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Physician Clinics, Physicians, Psychiatrists, Psychologists, HMOs and Other Managed Care Programs

Rate Changes for Services Receiving Only Federal Funds

This *ForwardHealth Update* describes changes to the federal share reimbursement rates for the following services:

- Community support programs.
- Comprehensive Community Services.
- Crisis intervention.
- Outpatient mental health and substance abuse in the home or community for adults.

Changes to the Federal Share and Reimbursement Amounts

Effective for claims processed and paid on and after October 1, 2009, the federal share will increase from 59.38 percent to 60.21 percent for the following services:

- Community support program (CSP) services.
- Crisis intervention services.
- Outpatient mental health and substance abuse services in the home or community for adults.

Wisconsin Medicaid will pay up to the federal share of the contracted rates for these services. If the provider's usual and customary charge for the service is less than the contracted rate, Wisconsin Medicaid will pay the federal share of the usual and customary charge. The usual and customary charge is defined as the provider's charge for providing the same services to persons not entitled to Medicaid or BadgerCare Plus benefits.

To ensure that claims are paid at the appropriate level, providers are reminded to bill using their usual and customary charge. Refer to the January 2009 Alert (0062), titled "Reminder of New Reimbursement Policy for Services Receiving Only Federal Funds," for a sample billing scenario.

Providers are responsible for the state share. The state share must be paid from nonfederal public funds.

Contracted Rates Remain Unchanged

The contracted rates for CSP services, crisis intervention services, and outpatient mental health and substance abuse services in the home or community for adults remain unchanged.

The contracted rate is the uniform rate determined by the Department of Health Services and required by the Medicaid state plan.

Updated Maximum Allowable Fees

Refer to Attachments 1-3 of this *ForwardHealth Update* for the updated maximum allowable fees for services provided to Wisconsin Medicaid and BadgerCare Plus Standard Plan members.

Changes to Reimbursement Amounts for Comprehensive Community Services

Comprehensive Community Services (CCS) providers also receive federal share reimbursement. Effective for claims processed and paid on and after October 1, 2009, the reimbursement limit for CCS is \$500.00 per member, per day. The total reimbursement limit for CCS is \$25,000.00 per member, per calendar year. Claims for CCS services are reconciled at the end of the fiscal year and additional payment may be allowed at that time.

Comprehensive Community Services providers are reminded to indicate Healthcare Common Procedure Coding System procedure code H2018 (Psychosocial rehabilitation services, per diem) on claims for CCS with the provider's usual and customary charge for the service.

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/.

P-1250

ATTACHMENT 1

Maximum Allowable Fees for Community Support Program Services

Wisconsin Medicaid-certified providers will be reimbursed up to the rates listed on this Attachment for covered services provided to members enrolled in Wisconsin Medicaid and BadgerCare Plus.

This Attachment contains the following information:

| | |
|------------------------------|---|
| Procedure Code | The procedure code recognized by Wisconsin Medicaid and BadgerCare Plus to identify the service provided. |
| Description | An abbreviated description of the procedure code. |
| Contracted Rate | The uniform rate determined by the Division of Health Care Access and Accountability (DHCAA). |
| Maximum Allowable Fee | The federal share of the contracted rate. Wisconsin Medicaid will pay up to the maximum allowable fee for covered services. |

This Attachment does not address the various coverage limitations routinely applied before final payment is determined (e.g., member enrollment, provider certification, billing instructions, frequency of services, third-party liability, copayment, age restrictions, and prior authorization).

For questions about the fees, providers should contact Provider Services at (800) 947-9627. For questions about rates, providers should contact the DHCAA by writing to the following address:

Policy Analyst
Division of Health Care Access and Accountability
Community Support Program Services
PO Box 309
Madison WI 53701-0309

Maximum Allowable Fees for Community Support Program Services

| Procedure Code | Procedure Code Description | Modifier and Modifier Description | Contracted Rate | Reimbursement (Federal Share) Paid Through 9/30/09 | Maximum Allowable Fee (Federal Share) Effective on and After 10/1/09 |
|-----------------------|---|---|------------------------|---|---|
| H0039 | Assertive community treatment, face-to-face, per 15 minutes | UA — Psychiatrist | \$37.51 | \$22.27 | \$22.58 |
| | | UB — Advanced Practice Nurse Prescriber with mental health specialty | \$37.51 | \$22.27 | \$22.58 |
| | | HP — Doctoral level | \$28.14 | \$16.71 | \$16.94 |
| | | HO — Masters degree level | \$22.51 | \$13.37 | \$13.55 |
| | | HN — Bachelors degree level | \$15.00 | \$8.91 | \$9.03 |
| | | HM — Less than Bachelor degree level | \$5.63 | \$3.34 | \$3.39 |
| | | U4 — Group MD/Advanced Practice Nurse Prescriber with mental health specialty | \$9.38 | \$5.57 | \$5.65 |
| | | U3 — Group, Ph.D. | \$7.03 | \$4.17 | \$4.23 |
| | | U2 — Group, Masters | \$5.63 | \$3.34 | \$3.39 |
| | | U1 — Group, Professional | \$3.75 | \$2.23 | \$2.26 |

ATTACHMENT 2

Maximum Allowable Fees for Crisis Intervention Services

Wisconsin Medicaid-certified providers will be reimbursed up to the rates listed on this Attachment for covered services provided to members enrolled in Wisconsin Medicaid and BadgerCare Plus.

This maximum allowable fee schedule contains the following information:

| | |
|------------------------------|---|
| Procedure Code | The procedure code recognized by Wisconsin Medicaid and BadgerCare Plus to identify the service provided. |
| Description | An abbreviated description of the procedure code. |
| Contracted Rate | The uniform rate determined by the Division of Health Care Access and Accountability (DHCAA). |
| Maximum Allowable Fee | The federal share of the contracted rate. Wisconsin Medicaid will pay up to the maximum allowable fee for covered services. |

This Attachment does not address the various coverage limitations routinely applied before final payment is determined (e.g., member enrollment, provider certification, billing instructions, frequency of services, third-party liability, copayment, age restrictions, and prior authorization).

For questions about the fees, providers should contact Provider Services at (800) 947-9627. For questions about rates, providers should contact the DHCAA by writing to the following address:

Policy Analyst
Division of Health Care Access and Accountability
Crisis Intervention Services
PO Box 309
Madison WI 53701-0309

Maximum Allowable Fees for Crisis Intervention Services

| Procedure Code | Procedure Code Description | Modifier and Modifier Description | Contracted Rate | Reimbursement (Federal Share) Paid Through 9/30/09 | Maximum Allowable Fee (Federal Share) Effective on and After 10/1/09 |
|-----------------------|--|--|------------------------|---|---|
| S9484 | Crisis intervention mental health services, per hour | UA — Psychiatrist | \$148.16 | \$87.98 | \$89.21 |
| | | UB — Advanced Practice Nurse Prescriber | \$148.16 | \$87.98 | \$89.21 |
| | | HP — Doctoral level | \$110.23 | \$65.45 | \$66.37 |
| | | HN — Bachelors degree level | \$88.90 | \$52.79 | \$53.53 |
| | | HO — Masters degree level | \$88.90 | \$52.79 | \$53.53 |
| | | U7 — Paraprofessional | \$47.42 | \$28.16 | \$28.55 |
| S9485 | Crisis intervention mental health services, per diem | None | \$139.54 | \$82.86 | \$84.02 |

ATTACHMENT 3

Maximum Allowable Fees for Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults

Wisconsin Medicaid-certified providers will be reimbursed up to the rates listed on this Attachment for covered services provided to members enrolled in Wisconsin Medicaid and BadgerCare Plus.

This maximum allowable fee schedule contains the following information:

| | |
|------------------------------|---|
| Procedure Code | The procedure code recognized by Wisconsin Medicaid and BadgerCare Plus to identify the service provided. |
| Description | An abbreviated description of the procedure code. |
| Contracted Rate | The uniform rate determined by the Division of Health Care Access and Accountability (DHCAA). For medication management (90862), this is the rate for 15 minutes. |
| Maximum Allowable Fee | The federal share of the contracted rate. Wisconsin Medicaid will pay up to the maximum allowable fee for covered services. |

This Attachment does not address the various coverage limitations routinely applied before final payment is determined (e.g., member enrollment, provider certification, billing instructions, frequency of services, third-party liability, copayment, age restrictions, and prior authorization).

For questions about the fees, providers should contact Provider Services at (800) 947-9627. For questions about rates, providers should contact the DHCAA by writing to the following address:

Policy Analyst
Division of Health Care Access and Accountability
Mental Health and Substance Abuse Services
PO Box 309
Madison WI 53701-0309

Maximum Allowable Fees for Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults

| Procedure Code | Procedure Code Description | Modifier and Description | Contracted Rate | Reimbursement (Federal Share) Paid Through 9/30/09 | Maximum Allowable Fee (Federal Share) Effective on and After 10/1/09 |
|-----------------------|--|---------------------------------|------------------------|---|---|
| 90801 | Psychiatric diagnostic interview examination (quantity of 1 = 1 hour) | UA — MD, Psychiatrist | \$150.04 | \$89.09 | \$90.34 |
| | | HP — Doctoral level | \$112.53 | \$66.82 | \$67.75 |
| | | HO — Masters degree level | \$90.04 | \$53.47 | \$54.21 |
| 90802 | Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication (quantity of 1 = 1 hour) | UA — MD, Psychiatrist | \$150.04 | \$89.09 | \$90.34 |
| | | HP — Doctoral level | \$112.53 | \$66.82 | \$67.75 |
| | | HO — Masters degree level | \$90.04 | \$53.47 | \$54.21 |
| 90804 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; | UA — MD, Psychiatrist | \$75.02 | \$44.55 | \$45.17 |
| | | HP — Doctoral level | \$56.27 | \$33.41 | \$33.88 |
| | | HO — Masters degree level | \$45.02 | \$26.73 | \$27.11 |
| 90805 | with medical evaluation and management services | UA — MD, Psychiatrist | \$75.02 | \$44.55 | \$45.17 |
| 90806 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; | UA — MD, Psychiatrist | \$150.04 | \$89.09 | \$90.34 |
| | | HP — Doctoral level | \$112.53 | \$66.82 | \$67.75 |
| | | HO — Masters degree level | \$90.04 | \$53.47 | \$54.21 |
| 90807 | with medical evaluation and management services | UA — MD, Psychiatrist | \$150.04 | \$89.09 | \$90.34 |

Maximum Allowable Fees for Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults (Continued)

| Procedure Code | Procedure Code Description | Modifier and Description | Contracted Rate | Reimbursement (Federal Share) Paid Through 9/30/09 | Maximum Allowable Fee (Federal Share) Effective on and After 10/1/09 |
|-----------------------|--|---------------------------------|------------------------|---|---|
| 90808 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; | UA — MD, Psychiatrist | \$225.06 | \$133.64 | \$135.51 |
| | | HP — Doctoral level | \$168.80 | \$100.23 | \$101.63 |
| | | HO — Masters degree level | \$135.06 | \$80.20 | \$81.32 |
| 90809 | with medical evaluation and management services | UA — MD, Psychiatrist | \$225.06 | \$133.64 | \$135.51 |
| 90810 | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; | UA — MD, Psychiatrist | \$75.02 | \$44.55 | \$45.17 |
| | | HP — Doctoral level | \$56.27 | \$33.41 | \$33.88 |
| | | HO — Masters degree level | \$45.02 | \$26.73 | \$27.11 |
| 90811 | with medical evaluation and management services | UA — MD, Psychiatrist | \$75.02 | \$44.55 | \$45.17 |
| 90812 | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; | UA — MD, Psychiatrist | \$150.04 | \$89.09 | \$90.34 |
| | | HP — Doctoral level | \$112.53 | \$66.82 | \$67.75 |
| | | HO — Masters degree level | \$90.04 | \$53.47 | \$54.21 |
| 90813 | with medical evaluation and management services | UA — MD, Psychiatrist | \$150.04 | \$89.09 | \$90.34 |

Maximum Allowable Fees for Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults (Continued)

| Procedure Code | Procedure Code Description | Modifier and Description | Contracted Rate | Reimbursement (Federal Share) Paid Through 9/30/09 | Maximum Allowable Fee (Federal Share) Effective on and After 10/1/09 |
|-----------------------|--|---------------------------------|------------------------|---|---|
| 90814 | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; | UA — MD, Psychiatrist | \$225.06 | \$133.64 | \$135.51 |
| | | HP — Doctoral level | \$168.80 | \$100.23 | \$101.63 |
| | | HO — Masters degree level | \$135.06 | \$80.20 | \$81.32 |
| 90815 | with medical evaluation and management services | UA — MD, Psychiatrist | \$225.06 | \$133.64 | \$135.51 |
| 90845 | Psychoanalysis (quantity of 1 = 60 minutes) | UA — MD, Psychiatrist | \$150.04 | \$89.09 | \$90.34 |
| | | HP — Doctoral level | \$112.53 | \$66.82 | \$67.75 |
| | | HO — Masters degree level | \$90.04 | \$53.47 | \$54.21 |
| 90846 | Family psychotherapy (without the patient present) (quantity of 1 = 60 minutes) | UA — MD, Psychiatrist | \$150.04 | \$89.09 | \$90.34 |
| | | HP — Doctoral level | \$112.53 | \$66.82 | \$67.75 |
| | | HO — Masters degree level | \$90.04 | \$53.47 | \$54.21 |

Maximum Allowable Fees for Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults (Continued)

| Procedure Code | Procedure Code Description | Modifier and Description | Contracted Rate | Reimbursement (Federal Share) Paid Through 9/30/09 | Maximum Allowable Fee (Federal Share) Effective on and After 10/1/09 |
|-----------------------|---|---------------------------------|------------------------|---|---|
| 90847 | Family psychotherapy (conjoint psychotherapy) (with patient present) (quantity of 1 = 60 minutes) | UA — MD, Psychiatrist | \$150.04 | \$89.09 | \$90.34 |
| | | HP — Doctoral level | \$112.53 | \$66.82 | \$67.75 |
| | | HO — Masters degree level | \$90.04 | \$53.47 | \$54.21 |
| 90849 | Multiple-family group psychotherapy (quantity of 1 = 60 minutes) | UA — MD, Psychiatrist | \$150.04 | \$89.09 | \$90.34 |
| | | HP — Doctoral level | \$112.53 | \$66.82 | \$67.75 |
| | | HO — Masters degree level | \$90.04 | \$53.47 | \$54.21 |
| 90853 | Group psychotherapy (other than of a multiple-family group) (quantity of 1 = 60 minutes) | UA — MD, Psychiatrist | \$37.51 | \$22.27 | \$22.58 |
| | | HP — Doctoral level | \$28.11 | \$16.69 | \$16.93 |
| | | HO — Masters degree level | \$22.51 | \$13.37 | \$13.55 |
| 90857 | Interactive group psychotherapy (quantity of 1.0 = 60 minutes) | UA — MD, Psychiatrist | \$37.51 | \$22.27 | \$22.58 |
| | | HP — Doctoral level | \$28.11 | \$16.69 | \$16.93 |
| | | HO — Masters degree level | \$22.51 | \$13.37 | \$13.55 |

Maximum Allowable Fees for Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults (Continued)

| Procedure Code | Procedure Code Description | Modifier and Description | Contracted Rate | Reimbursement (Federal Share) Paid Through 9/30/09 | Maximum Allowable Fee (Federal Share) Effective on and After 10/1/09 |
|-----------------------|---|--|------------------------|---|---|
| 90862 | Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (quantity of 1.0 = 15 minutes) | UA — MD, Psychiatrist | \$37.51 | \$22.27 | \$22.58 |
| | | UB — Advanced Practice Nurse Prescriber with mental health specialty | \$37.51 | \$22.27 | \$22.58 |
| | | HO — Masters degree level | \$22.52 | \$13.37 | \$13.56 |
| 90875 | Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes | UA — MD, Psychiatrist | \$75.02 | \$44.55 | \$45.17 |
| | | HP — Doctoral level | \$56.27 | \$33.41 | \$33.88 |
| | | HO — Masters degree level | \$45.02 | \$26.73 | \$27.11 |
| 90876 | approximately 45-50 minutes | UA — MD, Psychiatrist | \$150.04 | \$89.09 | \$90.34 |
| | | HP — Doctoral level | \$112.53 | \$66.82 | \$67.75 |
| | | HO — Masters degree level | \$90.04 | \$53.47 | \$54.21 |

Maximum Allowable Fees for Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults (Continued)

| Procedure Code | Procedure Code Description | Modifier and Description | Contracted Rate | Reimbursement (Federal Share) Paid Through 9/30/09 | Maximum Allowable Fee (Federal Share) Effective on and After 10/1/09 |
|-----------------------|--|---------------------------------|------------------------|---|---|
| 90880 | Hypnotherapy (quantity of 1 = 60 minutes) | UA — MD, Psychiatrist | \$150.04 | \$89.09 | \$90.34 |
| | | HP — Doctoral level | \$112.53 | \$66.82 | \$67.75 |
| | | HO — Masters degree level | \$90.04 | \$53.47 | \$54.21 |