

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Adult Mental Health Day Treatment Providers, Advanced Practice Nurse Prescribers, Child/Adolescent Day Treatment Providers, Community Support Programs, Comprehensive Community Service Providers, Crisis Intervention Providers, Federally Qualified Health Centers, Nurse Practitioners, Nursing Homes, Outpatient Mental Health Clinics, Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults, Outpatient Substance Abuse Clinics, Physician Clinics, Physicians, Rural Health Clinics, Substance Abuse Day Treatment Providers, HMOs and Other Managed Care Programs

## **Advanced Practice Nurse Prescribers with Psychiatric Specialty May Now Be Certified by Wisconsin Medicaid on the ForwardHealth Portal**

Beginning in January 2011, Advanced Practice Nurse Prescribers (APNPs) with Psychiatric Specialty may submit applications for Wisconsin Medicaid certification on the ForwardHealth Portal. This *ForwardHealth Update* includes policy and program guidelines for APNPs with Psychiatric Specialty.

Beginning in January 2011, Advanced Practice Nurse Prescribers (APNPs) with Psychiatric Specialty may submit applications for Wisconsin Medicaid certification on the ForwardHealth Portal. This *ForwardHealth Update* includes information on Medicaid certification, reimbursable procedure codes, and other information relevant to APNPs with Psychiatric Specialty.

The policy in this *Update* applies to services provided under the Outpatient Mental Health Benefit for Medicaid, the BadgerCare Plus Standard Plan, and the BadgerCare Plus Benchmark Plan. The policy also applies to services provided under the Outpatient Mental Health and Substance Abuse in the Home or Community for Adults Benefit for Medicaid and the Standard Plan. The Outpatient Mental Health Benefit and the Outpatient Mental Health and Substance Abuse

in the Home or Community for Adults Benefit are *not* covered under the BadgerCare Plus Basic Plan and the BadgerCare Plus Core Plan.

### **Medicaid Certification Requirements**

#### ***Initial Medicaid Certification for Advanced Practice Nurse Prescribers with Psychiatric Specialty***

Chapter DHS 105.22(1)(bm), Wis. Admin. Code, specifies requirements for certification by Wisconsin Medicaid. To become Medicaid certified as an APNP with Psychiatric Specialty, providers are required to do the following:

- Submit a properly completed provider application on the ForwardHealth Portal.
- Show proof of both of the following:
  - ✓ A valid APNP license issued by the Wisconsin Department of Regulation and Licensing.
  - ✓ Certification in one of the following psychiatric specialties from the American Nurses Credentialing Center (ANCC):
    - Adult Psychiatric and Mental Health Nurse Practitioner Certification.

- Family Psychiatric and Mental Health Nurse Practitioner Certification.
  - Clinical Nurse Specialist in Adult Psychiatric and Mental Health Certification.
  - Clinical Nurse Specialist in Child/Adolescent Psychiatric and Mental Health Certification.
- ✓ Advanced Practice Nurse Prescribers with Psychiatric Specialty who would like to be reimbursed for psychotherapy must have obtained an individual provider status approval letter issued by the Department of Health Services (DHS) Division of Quality Assurance (DQA), which verifies that the provider has 3,000 hours of post-Master's supervised clinical experience.

#### *Obtaining and Submitting Medicaid Certification Materials*

Advanced Practice Nurse Prescribers with Psychiatric Specialty may apply for Medicaid certification directly through the Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/). Once on the Portal home page, APNPs with Psychiatric Specialty should click on the “Become a Provider” link in the upper left-hand corner. Once on the certification home page, APNPs with Psychiatric Specialty may apply online by selecting the link to apply “online.” Providers should carefully complete the certification materials and send all applicable documentation to ForwardHealth, as requested.

Advanced Practice Nurse Prescribers with Psychiatric Specialty may also request a paper application from Provider Services at (800) 947-9627. Once completed, providers should mail the certification materials to the address indicated on the application cover letter.

#### *Notice of Medicaid Certification Decision*

Medicaid will notify the provider of the status of the Medicaid certification usually within 10 business days, but no longer than 60 days, after receipt of the complete

application for certification. Medicaid will either approve the application and issue the certification, or deny the application. If the application for certification is denied, Medicaid will give the applicant reasons, in writing, for the denial.

Providers who meet the Medicaid certification requirements will be sent a welcome letter and a copy of the signed provider agreement. Included with the letter is an attachment with important information such as effective date, assigned provider type and specialty, and taxonomy code. This information will be used when conducting business with Medicaid.

Providers who meet the requirements will be certified as billing/rendering providers. Certification as a billing/rendering provider allows providers to identify themselves on claims (and other forms) as either the provider billing for the services or the provider rendering the services. Advanced Practice Nurse Prescribers with Psychiatric Specialty may only be reimbursed for covered services they have personally rendered.

#### ***Medicaid Recertification for Advanced Practice Nurse Prescribers with Psychiatric Specialty***

All APNPs with Psychiatric Specialty currently Medicaid certified will undergo recertification beginning in January 2011. Providers are required to complete recertification on the Portal if they wish to maintain their Medicaid certification.

#### *Notification of Medicaid Recertification*

Providers undergoing recertification will receive two important letters in the mail from ForwardHealth in January:

- The Provider Recertification Notice. This is the first notice to providers. The Provider Recertification Notice contains identifying information about the provider who is required to complete recertification, the recertification deadline, and the application

tracking number (ATN) assigned to the provider. The ATN is used when logging in to the Portal to complete recertification and also serves as the tracking number when checking the status of the provider's recertification.

- The personal identification number (PIN) letter. Providers will receive this notice a few days after the Provider Recertification Notice. The PIN letter will contain a recertification PIN and instructions on logging in to the Portal to complete recertification.

The letters are sent to the mailing address on file with Wisconsin Medicaid. Providers should read these letters carefully and keep them for reference. The letters contain information necessary to log in to the secure Recertification area of the Portal to complete recertification. If a provider needs to replace one of the letters, the recertification process will be delayed.

#### *Completing Medicaid Recertification on the Portal*

After receiving the recertification notification letters, providers wishing to recertify must do so on the Portal. The Portal will guide providers through the Medicaid recertification process. On each screen, providers are required to complete or verify information. Many of the fields, such as the provider's address or National Provider Identifier, will display the information currently on file with Wisconsin Medicaid. Some of the fields are new since the implementation of ForwardHealth interChange, and providers will be required to supply the new information.

Providers are required to complete all of the recertification screens in a single session. The Portal will not save a provider's partial progress through the recertification screens. If a provider does not complete all of the recertification screens in a single session, the provider will be required to start over when logging in to the Recertification area of the Portal again.

It is important to read the final screen carefully and follow all instructions before exiting the recertification

process. After exiting the recertification process, providers will not be able to retrieve the provider recertification documents for their records.

#### ***Providers Without Internet Access***

Providers who do not have Internet access or who are not able to complete recertification via the Portal should contact Provider Services at (800) 947-9627.

#### **Additional Detailed Information Available in the Online Handbook**

Advanced Practice Nurse Prescribers with Psychiatric Specialty are required to follow all policy and procedures for the benefit under which they provide services. For detailed information regarding certification, claims submission, prior authorization (PA) requests, reimbursement, member information, and more, providers should access the Online Handbook for their benefit area. The Online Handbook is located on the Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/) and includes the most up-to-date policy and program information.

Additionally, providers are encouraged to subscribe to *Updates*, which summarize all changes in Medicaid policy. *Updates* can also be accessed on the Portal by clicking "Online Handbooks" and then "Updates and Handbooks."

#### **Reimbursable Procedure Codes**

##### ***Outpatient Mental Health Benefit***

Advanced Practice Nurse Prescribers with Psychiatric Specialty may provide services as the renderer or biller/renderer under the Outpatient Mental Health Benefit. The following is a list of *Current Procedural Terminology* (CPT) procedure codes that APNPs with Psychiatric Specialty can be reimbursed for under the Outpatient Mental Health Benefit:

- 90801 (Psychiatric diagnostic interview examination).
- 90802 (Interactive psychiatric diagnostic interview examination using play equipment, physical devices,

language interpreter, or other mechanisms of communication).

- 90862 (Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy).
- 90887 (Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient).
- 96150 (Health and behavior assessment, each 15 minutes face-to-face with the patient; initial assessment).
- 96151 (Health and behavior assessment, each 15 minutes face-to-face with the patient; re-assessment).

Providers are required to include the “UB” modifier when submitting claims for these procedure codes. Refer to the Attachment 1 of this *Update* for a complete list of procedure codes for which providers may be reimbursed for the Outpatient Mental Health Benefit.

### ***Outpatient Mental Health and Substance Abuse in the Home or Community for Adults Benefit***

Advanced Practice Nurse Prescribers with Psychiatric Specialty may only be the rendering provider when providing services under the Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults Benefit. The following is a list of CPT procedure codes that APNPs with Psychiatric Specialty can be reimbursed for under this benefit:

- 90801 (Psychiatric diagnostic interview examination).
- 90802 (Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication).
- 90862 (Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy).

- 90887 (Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient).

Providers are required to include the “UB” modifier when submitting claims for these procedure codes. Refer to Attachment 2 for a complete list of CPT procedure codes for which providers may be reimbursed for the Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults benefit.

*Note:* Wisconsin Medicaid can only reimburse certifying agencies for the provision of Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults benefit. Refer to the Online Handbook for more information.

### ***Qualifications for Reimbursement of Psychotherapy Services***

Advanced Practice Nurse Prescribers with Psychiatric Specialty with 3,000 hours of supervised clinical experience verified by an individual provider status approval letter from the DHS DQA may also be reimbursed for additional psychotherapy procedure codes.

Providers are required to include the “UB” modifier when submitting claims for these procedure codes. Refer to Attachment 3 for a complete list of procedure codes for which these providers may be reimbursed for psychotherapy services.

### ***Self-Referral***

“Self-referral” means that a provider refers a member either to an agency in which the provider has a direct financial interest or to himself or herself acting as a practitioner in private practice. Wisconsin Medicaid will not reimburse for services rendered to any such members.

## **Prior Authorization**

Providers who are billing independently must follow all PA guidelines. Refer to the Prior Authorization section of the Online Handbook for complete PA policies and procedures.

## **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 commercial health insurance sources before submitting claims to ForwardHealth.

## **Dual Eligibles — Medicare**

Dual eligibles are members who are eligible for coverage from Medicare (either Medicare Part A, Part B, or both) *and* Wisconsin Medicaid or BadgerCare Plus. Providers are required to be Medicare certified to provide outpatient mental health services to dual eligibles and must submit claims to Medicare **before** submitting a claim to ForwardHealth.

## **Claim Submission**

For detailed information regarding claims submission, providers should access the Online Handbook for their benefit area.

## **Deduction for Paper Claims Submission**

Providers are encouraged to submit claims electronically as claims submitted to ForwardHealth on paper will be subject to a \$1.10 reimbursement reduction per claim.

## **Remittance Advices**

Newly Medicaid-certified providers will receive their first four Remittance Advices (RAs) on paper, but will need to obtain subsequent RAs via the Portal. To access electronic RAs, a provider must have a provider Portal account. Provider Portal accounts give providers secure access to claims, PA, and member enrollment information, in addition to RAs.

## **Enrollment Verification**

It is imperative that providers verify a member's enrollment to determine if the member is covered and in which plan he or she is enrolled. Providers are reminded to *always* verify a member's eligibility *before* providing services to determine enrollment at the current date (since a member's enrollment status may change) and to discover any limitations to the member's coverage. Providers have several options to obtain enrollment information through Wisconsin's Enrollment Verification System and should refer to the Online Handbook on the Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/) for more information.

## **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/](http://www.forwardhealth.wi.gov/).

P-1250

# ATTACHMENT 1

## Allowable Procedure Codes for Advanced Practice Nurse Prescribers with Psychiatric Specialty Provided Under the Outpatient Mental Health Benefit

The following table includes the *Current Procedural Terminology* (CPT) procedure codes that Advanced Practice Nurse Prescribers with Psychiatric Specialty can be reimbursed for under the Outpatient Mental Health Benefit. Advanced Practice Nurse Prescribers with Psychiatric Specialty are reminded that they may provide services as the renderer or biller/renderer under this benefit.

<b>Outpatient Mental Health Services</b>		
<b>Procedure Code</b>	<b>Description</b>	<b>Modifier (Required)</b>
90801	Psychiatric diagnostic interview examination	UB
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication	UB
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	UB
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	UB
<b>Health and Behavior Assessment and Intervention</b>		
96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	UB
96151	re-assessment	UB

## ATTACHMENT 2

# Allowable Procedure Codes for Advanced Practice Nurse Prescribers with Psychiatric Specialty Provided Under the Outpatient Mental Health and Substance Abuse in the Home or Community for Adults Benefit

The following table includes the *Current Procedural Terminology* procedure codes that Advanced Practice Nurse Prescribers with Psychiatric Specialty can be reimbursed for under the Outpatient Mental Health and Substance Abuse in the Home or Community for Adults Benefit. Advanced Practice Nurse Prescribers with Psychiatric Specialty are reminded that they may only be the rendering provider when providing services under this benefit.

Outpatient Mental Health and Substance Abuse in the Home or Community for Adults Benefit		
Procedure Code	Description	Modifier (Required)
90801	Psychiatric diagnostic interview examination	UB
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication	UB
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	UB
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	UB

# ATTACHMENT 3

## Allowable Psychotherapy Procedure Codes

The following table includes the *Current Procedural Terminology* (CPT) psychotherapy procedure codes reimbursable for Advanced Practice Nurse Prescribers with Psychiatric Specialty **who have 3,000 hours of supervised clinical experience ONLY**. Advanced Practice Nurse Prescribers with Psychiatric Specialty who perform these codes **must** have been issued an individual provider status approval letter by the Department of Health Services Division of Quality Assurance and be able to provide a copy of that letter upon request.

<b>Psychiatry Services</b>				
<b>Procedure Code</b>	<b>Description</b>	<b>Modifier (Required)</b>	<b>Allowed Under the Outpatient Mental Health Benefit</b>	<b>Allowed Under the Outpatient Mental Health and Substance Abuse in the Home or Community for Adults Benefit</b>
90801	Psychiatric diagnostic interview examination	UB	Yes	Yes
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication	UB	Yes	Yes
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes of face-to-face with the patient	UB	Yes	Yes
90805	with medical evaluation and management services	UB	Yes	Yes
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes of face-to-face with the patient;	UB	Yes	Yes
90807	with medical evaluation and management services	UB	Yes	Yes
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes of face-to-face with the patient;	UB	Yes	Yes
90809	with medical evaluation and management services	UB	Yes	Yes
90810	Interactive 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 of face-to-face with the patient	UB	Yes	Yes
90811	with medical evaluation and management services	UB	Yes	Yes



<b>Psychiatry Services (Continued)</b>				
<b>Procedure Code</b>	<b>Description</b>	<b>Modifier (Required)</b>	<b>Allowed Under the Outpatient Mental Health Benefit</b>	<b>Allowed Under the Outpatient Mental Health and Substance Abuse in the Home or Community for Adults Benefit</b>
90812	Interactive 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 of face-to-face with the patient	UB	Yes	Yes
90813	with medical evaluation and management services	UB	Yes	Yes
90814	Interactive 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 of face-to-face with the patient	UB	Yes	Yes
90815	with medical evaluation and management services	UB	Yes	Yes
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 20 to 30 minutes of face-to-face with the patient;	UB	Yes	No
90817	with medical evaluation and management services	UB	Yes	No
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 45 to 50 minutes of face-to-face with the patient;	UB	Yes	No
90819	with medical evaluation and management services	UB	Yes	No

<b>Psychiatry Services (Continued)</b>				
<b>Procedure Code</b>	<b>Description</b>	<b>Modifier (Required)</b>	<b>Allowed Under the Outpatient Mental Health Benefit</b>	<b>Allowed Under the Outpatient Mental Health and Substance Abuse in the Home or Community for Adults Benefit</b>
90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;	UB	Yes	No
90822	with medical evaluation and management services	UB	Yes	No
90823	Interactive psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital, or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;	UB	Yes	No
90824	with medical evaluation and management services	UB	Yes	No
90826	Interactive psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital, or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;	UB	Yes	No
90827	with medical evaluation and management services	UB	Yes	No
90828	Interactive psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital, or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;	UB	Yes	No

<b>Psychiatry Services (Continued)</b>				
<b>Procedure Code</b>	<b>Description</b>	<b>Modifier (Required)</b>	<b>Allowed Under the Outpatient Mental Health Benefit</b>	<b>Allowed Under the Outpatient Mental Health and Substance Abuse in the Home or Community for Adults Benefit</b>
90829	with medical evaluation and management services	UB	Yes	No
90845	Psychoanalysis	UB	Yes	Yes
90846	Family psychotherapy (without the patient present)	UB	Yes	Yes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	UB	Yes	Yes
90849	Multiple-family group psychotherapy	UB	Yes	Yes
90853	Group psychotherapy (other than of a multiple-family group)	UB	Yes	Yes
90857	Interactive group psychotherapy	UB	Yes	Yes
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	UB	Yes	Yes
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy; approximately 20-30 minutes	UB	Yes	Yes
90876	approximately 45-50 minutes	UB	Yes	Yes
90880	Hypnotherapy	UB	Yes	Yes
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	UB	Yes	Yes
90899	Unlisted psychiatric service or procedure	UB	Yes	Yes

<b>Health and Behavior Assessment/Intervention</b>				
<b>Procedure Code</b>	<b>Description</b>	<b>Modifier (Required)</b>	<b>Outpatient Mental Health Benefit</b>	<b>Outpatient Mental Health and Substance Abuse in the Home or Community for Adults Benefit</b>
96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	UB	Yes	No
96151	re-assessment	UB	Yes	No
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	UB	Yes	No
96153	group (2 or more patients)	UB	Yes	No
96154	family (with the patient present)	UB	Yes	No
96155	family (without the patient present)	UB	Yes	No