

Affected Programs: BadgerCare Plus, Medicaid

To: Adult Mental Health Day Treatment Providers, Advanced Practice Nurse Prescribers, HealthCheck “Other Services” Providers, Hospital Providers, Narcotic Treatment Services, Nursing Homes, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Physician Clinics, Physicians, Psychiatrists, Psychotherapists, Substance Abuse Day Treatment Providers, Substance Abuse Counselors, HMOs and Other Managed Care Programs

BadgerCare Plus Benchmark Plan Limits Eliminated for Mental Health and Substance Abuse Treatment Services

Effective for dates of service or dates of discharge on and after January 1, 2010, the BadgerCare Plus Benchmark Plan service limitations for mental health and substance abuse treatment services have been eliminated. This change in policy is a result of federal mental health parity laws.

Benchmark Plan Limitations Eliminated

Effective for dates of service on and after January 1, 2010, the BadgerCare Plus Benchmark Plan dollar amount service limitations for mental health and substance abuse treatment services have been eliminated. This change in policy is a result of federal mental health parity laws.

The following Benchmark Plan dollar amount service limitations have been eliminated:

- \$7,000.00 — Overall dollar amount limit for all substance abuse treatment services. (Reimbursement for mental health services counted toward this limit.)
- \$4,500.00 — Dollar amount limit for non-hospital substance abuse treatment services. Substance abuse day treatment was also subject to a \$2,700.00 limit within this category.

- \$6,300.00 — Dollar amount limit for inpatient hospital stays for substance abuse treatment at an acute care general hospital.

Effective for dates of discharge on and after January 1, 2010, for hospitals reimbursed under the Diagnosis Related Group payment methodology or for dates of service on and after January 1, 2010, for hospitals reimbursed under a per diem payment methodology, inpatient hospital stays for mental health and substance abuse treatment are no longer subject to a service limitation of 30 days per member per enrollment year. The 30-day service limitation previously applied to inpatient hospital days in a general hospital or institute for mental disease (IMD). This change in policy is also a result of federal mental health parity laws.

Covered and Noncovered Services

Covered and noncovered mental health and substance abuse treatment services under the Benchmark Plan are unchanged. All policies, including those for prior authorization for covered Benchmark Plan services, are the same as those for the BadgerCare Plus Standard Plan.

Covered Services

Mental health and substance abuse treatment services covered under the Benchmark Plan include all of the following:

- Child/adolescent mental health day treatment. (This service is known as HealthCheck “Other Services” child/adolescent day treatment under Wisconsin Medicaid and the Standard Plan.)
- Inpatient hospital stays for mental health and substance abuse treatment at acute care general hospitals and IMDs. Refer to the Online Handbook on the ForwardHealth Portal at www.forwardhealth.wi.gov/ for additional information about hospital stays.
- Mental health day treatment for adults.
- Narcotic treatment.
- Outpatient mental health.
- Outpatient substance abuse treatment.
- Substance abuse day treatment for adults and children.

Noncovered Services

The following mental health and substance abuse treatment services are not covered under the Benchmark Plan:

- Community Support Program services.
- Comprehensive community services.
- Crisis intervention.
- Intensive in-home mental health and substance abuse treatment services for children.

- Outpatient services in the home and community for adults.

Note: Clozapine management is a covered service under the Benchmark Plan but is not considered part of mental health and substance abuse treatment services. Refer to the Online Handbook for more information about clozapine management.

Information Regarding Managed Care Organizations

This *ForwardHealth 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 arrangement.

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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