

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Advanced Practice Nurse Prescribers with Psychiatric Specialty, Community Recovery Services Providers, 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, Psychologists, Psychiatrists, HMOs and Other Managed Care Programs

## 2011 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.
- Community Recovery Services.

### Changes to the Federal Share and Reimbursement Amounts

Effective for claims processed and paid on and after October 1, 2011, the federal share will increase from 60.16 percent to 60.53 percent for the following services:

- Community Support Program (CSP) services.
- Comprehensive Community Services.
- Crisis Intervention Services.
- Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults.
- Community Recovery Services (CRS).

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.

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, Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults, and CRS 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 1-5 of this *Update* for the updated maximum allowable fees for services provided to Wisconsin Medicaid and BadgerCare Plus Standard Plan members.

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

## 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:

<b>Procedure Code</b>	The procedure code recognized by Wisconsin Medicaid and BadgerCare Plus to identify the service provided.
<b>Description</b>	An abbreviated description of the procedure code.
<b>Contracted Rate</b>	The uniform rate determined by the Division of Health Care Access and Accountability (DHCAA).
<b>Maximum Allowable Fee</b>	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**

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Modifier and Modifier Description</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/11</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/11</b>
H0039	Assertive community treatment, face-to-face, per 15 minutes	UA — Psychiatrist	\$37.51	\$22.57	\$22.70
		UB — Advanced Practice Nurse Prescriber with psychiatric specialty	\$37.51	\$22.57	\$22.70
		HP — Doctoral level	\$28.14	\$16.93	\$17.03
		HO — Masters degree level	\$22.51	\$13.54	\$13.63
		HN — Bachelors degree level	\$15.00	\$9.02	\$9.08
		HM — Less than Bachelor degree level	\$5.63	\$3.39	\$3.41
		U4 — Group, MD/Advanced Practice Nurse Prescriber with psychiatric specialty	\$9.38	\$5.64	\$5.68
		U3 — Group, Ph.D.	\$7.03	\$4.23	\$4.26
		U2 — Group, Masters	\$5.63	\$3.39	\$3.41
		U1 — Group, Bachelors	\$3.75	\$2.26	\$2.27

# **ATTACHMENT 2**

## **Maximum Allowable Fees for Comprehensive Community 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:

<b>Procedure Code</b>	The procedure code recognized by Wisconsin Medicaid and BadgerCare Plus to identify the service provided.
<b>Description</b>	An abbreviated description of the procedure code.
<b>Maximum Daily Rate</b>	The maximum daily reimbursement rate determined by the Division of Health Care Access and Accountability (DHCAA).
<b>Maximum Allowable Fee</b>	The federal share of the maximum daily 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  
Comprehensive Community Services  
PO Box 309  
Madison WI 53701-0309

**Maximum Allowable Fees for Comprehensive Community Services**

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Maximum Daily Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/11</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/11</b>
H2018	Psychosocial rehabilitation services, per diem	\$2,000.00	\$1,203.20	\$1,210.60

*Note:* Claims for Comprehensive Community Services are reconciled at the end of the fiscal year.

# ATTACHMENT 3

## 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:

<b>Procedure Code</b>	The procedure code recognized by Wisconsin Medicaid and BadgerCare Plus to identify the service provided.
<b>Description</b>	An abbreviated description of the procedure code.
<b>Contracted Rate</b>	The uniform rate determined by the Division of Health Care Access and Accountability (DHCAA).
<b>Maximum Allowable Fee</b>	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**

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Modifier and Modifier Description</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/11</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/11</b>
S9484	Crisis intervention mental health services, per hour	UA — Psychiatrist	\$148.16	\$89.13	\$89.68
		UB — Advanced Practice Nurse Prescriber with psychiatric specialty	\$148.16	\$89.13	\$89.68
		HP — Doctoral level	\$110.23	\$66.31	\$66.72
		HO — Masters degree level	\$88.90	\$53.48	\$53.81
		HN — Bachelors degree level	\$88.90	\$53.48	\$53.81
		U7 — Paraprofessional	\$47.42	\$28.53	\$28.70
S9485	Crisis intervention mental health services, per diem	None	\$139.54	\$83.95	\$84.46



# **ATTACHMENT 4**

## **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:

<b>Procedure Code</b>	The procedure code recognized by Wisconsin Medicaid and BadgerCare Plus to identify the service provided.
<b>Description</b>	An abbreviated description of the procedure code.
<b>Contracted Rate</b>	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.
<b>Maximum Allowable Fee</b>	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**

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Modifier and Description</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/11</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/11</b>
90801	Psychiatric diagnostic interview examination (quantity of 1 = 1 hour)	UA — MD, Psychiatrist	\$150.04	\$90.26	\$90.82
		UB — APNP with Psychiatric Specialty	\$150.04	\$90.26	\$90.82
		HP — Doctoral level	\$112.53	\$67.70	\$68.11
		HO — Masters degree level	\$90.04	\$54.17	\$54.50
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	\$90.26	\$90.82
		UB — APNP with Psychiatric Specialty	\$150.04	\$90.26	\$90.82
		HP — Doctoral level	\$112.53	\$67.70	\$68.11
		HO — Masters degree level	\$90.04	\$54.17	\$54.50
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	\$45.13	\$45.41
		UB — APNP with Psychiatric Specialty	\$45.02	\$27.08	\$27.25
		HP — Doctoral level	\$56.27	\$33.85	\$34.06
		HO — Masters degree level	\$45.02	\$27.08	\$27.25
90805	with medical evaluation and management services	UA — MD, Psychiatrist	\$75.02	\$45.13	\$45.41
		UB — APNP with Psychiatric Specialty	\$75.02	\$45.13	\$45.41

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

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Modifier and Description</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/11</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/11</b>
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	\$90.26	\$90.82
		UB — APNP with Psychiatric Specialty	\$90.04	\$54.17	\$54.50
		HP — Doctoral level	\$112.53	\$67.70	\$68.11
		HO — Masters degree level	\$90.04	\$54.17	\$54.50
90807	with medical evaluation and management services	UA — MD, Psychiatrist	\$150.04	\$90.26	\$90.82
		UB — APNP with Psychiatric Specialty	\$150.04	\$90.26	\$90.82
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	\$135.40	\$136.23
		UB — APNP with Psychiatric Specialty	\$135.06	\$81.25	\$81.75
		HP — Doctoral level	\$168.80	\$101.55	\$102.17
		HO — Masters degree level	\$135.06	\$81.25	\$81.75
90809	with medical evaluation and management services	UA — MD, Psychiatrist	\$225.06	\$135.40	\$136.23
		UB — APNP with Psychiatric Specialty	\$225.06	\$135.40	\$136.23

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

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Modifier and Description</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/11</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/11</b>
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	\$45.13	\$45.41
		UB — APNP with Psychiatric Specialty	\$45.02	\$27.08	\$27.25
		HP — Doctoral level	\$56.27	\$33.85	\$34.06
		HO — Masters degree level	\$45.02	\$27.08	\$27.25
90811	with medical evaluation and management services	UA — MD, Psychiatrist	\$75.02	\$45.13	\$45.41
		UB — APNP with Psychiatric Specialty	\$75.02	\$45.13	\$45.41
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	\$90.26	\$90.82
		UB — APNP with Psychiatric Specialty	\$90.04	\$54.17	\$54.50
		HP — Doctoral level	\$112.53	\$67.70	\$68.11
		HO — Masters degree level	\$90.04	\$54.17	\$54.50
90813	with medical evaluation and management services	UA — MD, Psychiatrist	\$150.04	\$90.26	\$90.82
		UB — APNP with Psychiatric Specialty	\$150.04	\$90.26	\$90.82

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

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Modifier and Description</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/11</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/11</b>
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	\$135.40	\$136.23
		UB — APNP with Psychiatric Specialty	\$135.06	\$81.25	\$81.75
		HP — Doctoral level	\$168.80	\$101.55	\$102.17
		HO — Masters degree level	\$135.06	\$81.25	\$81.75
90815	with medical evaluation and management services	UA — MD, Psychiatrist	\$225.06	\$135.40	\$136.23
		UB — APNP with Psychiatric Specialty	\$225.06	\$135.40	\$136.23
90845	Psychoanalysis (quantity of 1 = 60 minutes)	UA — MD, Psychiatrist	\$150.04	\$90.26	\$90.82
		UB — APNP with Psychiatric Specialty	\$90.04	\$54.17	\$54.50
		HP — Doctoral level	\$112.53	\$67.70	\$68.11
		HO — Masters degree level	\$90.04	\$54.17	\$54.50
90846	Family psychotherapy (without the patient present) (quantity of 1 = 60 minutes)	UA — MD, Psychiatrist	\$150.04	\$90.26	\$90.82
		UB — APNP with Psychiatric Specialty	\$90.04	\$54.17	\$54.50
		HP — Doctoral level	\$112.53	\$67.70	\$68.11
		HO — Masters degree level	\$90.04	\$54.17	\$54.50

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

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Modifier and Description</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/11</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/11</b>
90847	Family psychotherapy (conjoint psychotherapy) (with patient present) (quantity of 1 = 60 minutes)	UA — MD, Psychiatrist	\$150.04	\$90.26	\$90.82
		UB — APNP with Psychiatric Specialty	\$90.04	\$54.17	\$54.50
		HP — Doctoral level	\$112.53	\$67.70	\$68.11
		HO — Masters degree level	\$90.04	\$54.17	\$54.50
90849	Multiple-family group psychotherapy (quantity of 1 = 60 minutes)	UA — MD, Psychiatrist	\$150.04	\$90.26	\$90.82
		UB — APNP with Psychiatric Specialty	\$90.04	\$54.17	\$54.50
		HP — Doctoral level	\$112.53	\$67.70	\$68.11
		HO — Masters degree level	\$90.04	\$54.17	\$54.50
90853	Group psychotherapy (other than of a multiple-family group) (quantity of 1 = 60 minutes)	UA — MD, Psychiatrist	\$37.51	\$22.57	\$22.70
		UB — APNP with Psychiatric Specialty	\$22.51	\$13.54	\$13.63
		HP — Doctoral level	\$28.11	\$16.91	\$17.01
		HO — Masters degree level	\$22.51	\$13.54	\$13.63
90857	Interactive group psychotherapy (quantity of 1.0 = 60 minutes)	UA — MD, Psychiatrist	\$37.51	\$22.57	\$22.70
		UB — APNP with Psychiatric Specialty	\$22.51	\$13.54	\$13.63
		HP — Doctoral level	\$28.11	\$16.91	\$17.01
		HO — Masters degree level	\$22.51	\$13.54	\$13.63

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

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Modifier and Description</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/11</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/11</b>
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	\$22.57	\$22.70
		UB — APNP with Psychiatric Specialty	\$37.51	\$22.57	\$22.70
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	\$45.13	\$45.41
		UB — APNP with Psychiatric Specialty	\$45.02	\$27.08	\$27.25
		HP — Doctoral level	\$56.27	\$33.85	\$34.06
		HO — Masters degree level	\$45.02	\$27.08	\$27.25
90876	approximately 45-50 minutes	UA — MD, Psychiatrist	\$150.04	\$90.26	\$90.82
		UB — APNP with Psychiatric Specialty	\$90.04	\$54.17	\$54.50
		HP — Doctoral level	\$112.53	\$67.70	\$68.11
		HO — Masters degree level	\$90.04	\$54.17	\$54.50

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

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Modifier and Description</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/11</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/11</b>
90880	Hypnotherapy (quantity of 1 = 60 minutes)	UA — MD, Psychiatrist	\$150.04	\$90.26	\$90.82
		UB — APNP with Psychiatric Specialty	\$90.04	\$54.17	\$54.50
		HP — Doctoral level	\$112.53	\$67.70	\$68.11
		HO — Masters degree level	\$90.04	\$54.17	\$54.50
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 (quantity of 1.0 = 60 minutes)	UA — MD, Psychiatrist	\$150.04	\$90.26	\$90.82
		UB — APNP with Psychiatric Specialty	\$150.04	\$90.26	\$90.82
		HP — Doctoral level	\$112.53	\$67.70	\$68.11
		HO — Masters degree level	\$90.04	\$54.17	\$54.50
90899	Unlisted psychiatric service or procedure (quantity of 1.0 = 60 minutes)	UA — MD, Psychiatrist	\$150.04	\$90.26	\$90.82
		UB — APNP with Psychiatric Specialty	\$90.04	\$54.17	\$54.50
		HP — Doctoral level	\$112.53	\$67.70	\$68.11
		HO — Masters degree level	\$90.04	\$54.17	\$54.50



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

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Modifier and Description</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/11</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/11</b>
H0005	Alcohol and/or drug services; group counseling by a clinician [quantity of 1.0 = 60 minutes]	UA — MD, Psychiatrist	\$37.51	\$22.57	\$22.70
		HP — Doctoral level	\$28.11	\$16.91	\$17.01
		HO — Masters degree level	\$22.51	\$13.54	\$13.63
		HN — Bachelors degree level	\$15.01	\$9.03	\$9.09
H0022	Alcohol and/or drug intervention service (planned facilitation) [quantity of 1.0 = per person in group per 60 minutes]	UA — MD, Psychiatrist	\$150.04	\$90.26	\$90.82
		HP — Doctoral level	\$112.53	\$67.70	\$68.11
		HO — Masters degree level	\$90.04	\$54.17	\$54.50
		HN — Bachelors degree level	\$60.00	\$36.10	\$36.32
T1006	Alcohol and/or substance abuse services, family/couple counseling (quantity of 1.0 = 60 minutes)	UA — MD, Psychiatrist	\$150.04	\$90.26	\$90.82
		HP — Doctoral level	\$112.53	\$67.70	\$68.11
		HO — Masters degree level	\$90.04	\$54.17	\$54.50
		HN — Bachelors degree level	\$60.00	\$36.10	\$36.32

# ATTACHMENT 5

## Maximum Allowable Fees for Community Recovery 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:

<b>Procedure Code</b>	The procedure code recognized by Wisconsin Medicaid and BadgerCare Plus to identify the service provided.
<b>Description</b>	An abbreviated description of the procedure code.
<b>Contracted Rate</b>	The uniform rate determined by the Division of Health Care Access and Accountability (DHCAA).
<b>Maximum Allowable Fee</b>	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 Recovery Services  
PO Box 309  
Madison WI 53701-0309

<b>Maximum Allowable Fees for Community Recovery Services</b>					
<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Available Modifier</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid 7/1/11 Through 9/30/11*</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/11*</b>
H0038	Peer Services, per 15 minutes	TU (Travel Time)	\$9.78	\$5.88	\$5.92
H0043	Community Living Supportive Services	U9 (Per Diem) U8 (Periodic) TU (Travel Time)	\$125.00 per diem \$5.00 periodic (15-minute increments)	\$75.20 per diem \$3.01 periodic	\$75.66 per diem \$3.03 periodic
H2023	Supported employment, per 15 minutes	TU (Travel Time)	\$11.51	\$6.92	\$6.97

\* Counties actually receive 5 percent less than the maximum allowable fee. The Department of Health Services is authorized by state statute to retain 5 percent of the federal financial participation funds to cover the administrative costs of operating the Community Recovery Services benefit.