

Affected Programs: BadgerCare Plus Standard Plan, BadgerCare Plus Benchmark Plan, Medicaid

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

2013 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, 2013, the federal share will decrease from 59.74 percent to 59.06 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 *ForwardHealth Update* for the updated maximum allowable fees for services provided to Wisconsin Medicaid and BadgerCare Plus 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 AIDS Drug Assistance Program and the Wisconsin Well Woman Program are 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-enrolled 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 enrollment, 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.

Maximum Allowable Fees for Community Support Program Services

Procedure Code	Procedure Code Description	Modifier and Description	Contracted Rate	Reimbursement (Federal Share) Paid Through 9/30/13	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/13
H0039	Assertive community treatment, face-to-face, per 15 minutes	HM — Less than Bachelor degree level	\$5.63	\$3.36	\$3.33
		HN — Bachelors degree level	\$15.00	\$8.96	\$8.86
		HO — Masters degree level	\$22.51	\$13.45	\$13.29
		HP — Doctoral level	\$28.14	\$16.81	\$16.62
		U1 — Group, Bachelors	\$3.75	\$2.24	\$2.21
		U2 — Group, Masters	\$5.63	\$3.36	\$3.33
		U3 — Group, Ph.D.	\$7.03	\$4.20	\$4.15
		U4 — Group, MD/Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$9.38	\$5.60	\$5.54
		UA — Psychiatrist	\$37.51	\$22.41	\$22.15
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$37.51	\$22.41	\$22.15

ATTACHMENT 2

Maximum Allowable Fees for Comprehensive Community Services

Wisconsin Medicaid-enrolled 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.
Maximum Daily Rate	The maximum daily reimbursement rate determined by the Division of Health Care Access and Accountability (DHCAA).
Maximum Allowable Fee	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 enrollment, 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.

Maximum Allowable Fees for Comprehensive Community Services

Procedure Code	Procedure Code Description	Maximum Daily Rate	Reimbursement (Federal Share) Paid Through 9/30/13	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/13
H2018	Psychosocial rehabilitation services, per diem	\$2,000.00	\$1,194.80	\$1,181.20

ATTACHMENT 3

Maximum Allowable Fees for Crisis Intervention Services

Wisconsin Medicaid-enrolled 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 enrollment, 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.

Maximum Allowable Fees for Crisis Intervention Services					
Procedure Code	Procedure Code Description	Modifier and Description	Contracted Rate	Reimbursement (Federal Share) Paid Through 9/30/13	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/13
S9484	Crisis intervention mental health services, per hour	HN — Bachelors degree level	\$88.90	\$53.11	\$52.50
		HO — Masters degree level	\$88.90	\$53.11	\$52.50
		HP — Doctoral level	\$110.23	\$65.85	\$65.10
		U7 — Paraprofessional	\$47.42	\$28.33	\$28.01
		UA — Psychiatrist	\$148.16	\$88.51	\$87.50
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$148.16	\$88.51	\$87.50
S9485	Crisis intervention mental health services, per diem	None	\$139.54	\$83.36	\$82.41

ATTACHMENT 4

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

Wisconsin Medicaid-enrolled 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 enrollment, 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.

**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 9/30/13	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/13
90791	Psychiatric diagnostic evaluation	HO — Masters degree level	\$90.04	\$53.79	\$53.18
		HP — Doctoral level	\$112.53	\$67.23	\$66.46
		U6 — Qualified treatment trainee with a graduate degree	\$72.03	\$43.03	\$42.54
		UA — MD, Psychiatrist	\$150.04	\$89.63	\$88.61
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$150.04	\$89.63	\$88.61
90792	Psychiatric diagnostic evaluation with medical services	UA — MD, Psychiatrist	\$126.46	\$75.55	\$74.69
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$126.46	\$75.55	\$74.69
90832	Psychotherapy, 30 minutes with patient and/or family member	HO — Masters degree level	\$45.02	\$26.89	\$26.59
		HP — Doctoral level	\$56.27	\$33.62	\$33.23
		U6 — Qualified treatment trainee with a graduate degree	\$36.02	\$21.52	\$21.27
		UA — MD, Psychiatrist	\$75.02	\$44.82	\$44.31

**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 9/30/13	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/13
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$45.02	\$26.89	\$26.59
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service	UA — MD, Psychiatrist	\$75.02	\$44.82	\$44.31
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$45.02	\$26.89	\$26.59
90834	Psychotherapy, 45 minutes with patient and/or family member	HO — Masters degree level	\$90.04	\$53.79	\$53.18
		HP — Doctoral level	\$112.53	\$67.23	\$66.46
		U6 — Qualified treatment trainee with a graduate degree	\$72.03	\$43.03	\$42.54
		UA — MD, Psychiatrist	\$150.04	\$89.63	\$88.61
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$90.04	\$53.79	\$53.18
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service	UA — MD, Psychiatrist	\$150.04	\$89.63	\$88.61
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$90.04	\$53.79	\$53.18

**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 9/30/13	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/13
90837	Psychotherapy, 60 minutes with patient and/or family member	HO — Masters degree level	\$135.06	\$80.68	\$79.77
		HP — Doctoral level	\$168.80	\$100.84	\$99.69
		U6 — Qualified treatment trainee with a graduate degree	\$108.05	\$64.55	\$63.81
		UA — MD, Psychiatrist	\$225.06	\$134.45	\$132.92
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$135.06	\$80.68	\$79.77
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service	UA — MD, Psychiatrist	\$225.06	\$134.45	\$132.92
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$135.06	\$80.68	\$79.77
90839	Psychotherapy for crisis; first 60 minutes	HO — Masters degree level	\$168.80	\$100.84	\$99.69
		HP — Doctoral level	\$135.06	\$80.68	\$79.77
		U6 — Qualified treatment trainee with a graduate degree	\$108.05	\$64.55	\$63.81
		UA — MD, Psychiatrist	\$225.06	\$134.45	\$132.92

**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 9/30/13	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/13
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$135.06	\$80.68	\$79.77
90840	each additional 30 minutes	HO — Masters degree level	\$45.02	\$26.89	\$26.59
		HP — Doctoral level	\$56.27	\$33.62	\$33.23
		U6 — Qualified treatment trainee with a graduate degree	\$135.06	\$80.68	\$79.77
		UA — MD, Psychiatrist	\$75.02	\$44.82	\$44.31
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$45.02	\$26.89	\$26.59
90845	Psychoanalysis	HO — Masters degree level	\$90.04	\$53.79	\$53.18
		HP — Doctoral level	\$112.53	\$67.23	\$66.46
		U6 — Qualified treatment trainee with a graduate degree	\$72.03	\$43.03	\$42.54
		UA — MD, Psychiatrist	\$150.04	\$89.63	\$88.61
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$90.04	\$53.79	\$53.18

**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 9/30/13	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/13
90846	Family psychotherapy (without the patient present) (quantity of 1 = 60 minutes)	HO — Masters degree level	\$90.04	\$53.79	\$53.18
		HP — Doctoral level	\$112.53	\$67.23	\$66.46
		U6 — Qualified treatment trainee with a graduate degree	\$72.03	\$43.03	\$42.54
		UA — MD, Psychiatrist	\$150.04	\$89.63	\$88.61
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$90.04	\$53.79	\$53.18
90847	Family psychotherapy (conjoint psychotherapy) (with patient present) (quantity of 1 = 60 minutes)	HO — Masters degree level	\$90.04	\$53.79	\$53.18
		HP — Doctoral level	\$112.53	\$67.23	\$66.46
		U6 — Qualified treatment trainee with a graduate degree	\$72.03	\$43.03	\$42.54
		UA — MD, Psychiatrist	\$150.04	\$89.63	\$88.61
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$90.04	\$53.79	\$53.18
90849	Multiple-family group psychotherapy (quantity of 1 = 60 minutes)	HO — Masters degree level	\$90.04	\$53.79	\$53.18
		HP — Doctoral level	\$112.53	\$67.23	\$66.46

**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 9/30/13	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/13
		U6 — Qualified treatment trainee with a graduate degree	\$72.03	\$43.03	\$42.54
		UA — MD, Psychiatrist	\$150.04	\$89.63	\$88.61
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$90.04	\$53.79	\$53.18
90853	Group psychotherapy (other than of a multiple-family group) (quantity of 1 = 60 minutes)	HO — Masters degree level	\$22.51	\$13.45	\$13.29
		HP — Doctoral level	\$28.11	\$16.79	\$16.60
		U6 — Qualified treatment trainee with a graduate degree	\$18.01	\$10.76	\$10.64
		UA — MD, Psychiatrist	\$37.51	\$22.41	\$22.15
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$22.51	\$13.45	\$13.29
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior	HO — Masters degree level	\$45.02	\$26.89	\$26.59
		HP — Doctoral level	\$56.27	\$33.62	\$33.23
		U6 — Qualified treatment trainee with a graduate degree	\$36.02	\$21.52	\$21.27

**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 9/30/13	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/13
	modifying or supportive psychotherapy); 30 minutes	UA — MD, Psychiatrist	\$75.02	\$44.82	\$44.31
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$45.02	\$26.89	\$26.59
90876	45 minutes	HO — Masters degree level	\$90.04	\$53.79	\$53.18
		HP — Doctoral level	\$112.53	\$67.23	\$66.46
		U6 — Qualified treatment trainee with a graduate degree	\$72.03	\$43.03	\$42.54
		UA — MD, Psychiatrist	\$150.04	\$89.63	\$88.61
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$90.04	\$53.79	\$53.18
90880	Hypnotherapy (quantity of 1 = 60 minutes)	HO — Masters degree level	\$90.04	\$53.79	\$53.18
		HP — Doctoral level	\$112.53	\$67.23	\$66.46
		U6 — Qualified treatment trainee with a graduate degree	\$72.03	\$43.03	\$42.54
		UA — MD, Psychiatrist	\$150.04	\$89.63	\$88.61

**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 9/30/13	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/13
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$90.04	\$53.79	\$53.18
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)	HO — Masters degree level	\$90.04	\$53.79	\$53.18
		HP — Doctoral level	\$112.53	\$67.23	\$66.46
		U6 — Qualified treatment trainee with a graduate degree	\$72.03	\$43.03	\$42.54
		UA — MD, Psychiatrist	\$150.04	\$89.63	\$88.61
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$150.04	\$89.63	\$88.61
90899	Unlisted psychiatric service or procedure (quantity of 1.0 = 60 minutes)	HO — Masters degree level	\$90.04	\$53.79	\$53.18
		HP — Doctoral level	\$112.53	\$67.23	\$66.46
		U6 — Qualified treatment trainee with a graduate degree	\$72.03	\$43.03	\$42.54
		UA — MD, Psychiatrist	\$150.04	\$89.63	\$88.61
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$90.04	\$53.79	\$53.18

**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 9/30/13	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/13
H0005	Alcohol and/or drug services; group counseling by a clinician (quantity of 1.0 = 60 minutes)	HN — Bachelors degree level	\$15.01	\$8.97	\$8.86
		HO — Masters degree level	\$22.51	\$13.45	\$13.29
		HP — Doctoral level	\$28.11	\$16.79	\$16.60
		UA — MD, Psychiatrist	\$37.51	\$22.41	\$22.15
H0022	Alcohol and/or drug intervention service (planned facilitation) (quantity of 1.0 = per person in group per 60 minutes)	HN — Bachelors degree level	\$60.00	\$35.84	\$35.44
		HO — Masters degree level	\$90.04	\$53.79	\$53.18
		HP — Doctoral level	\$112.53	\$67.23	\$66.46
		UA — MD, Psychiatrist	\$150.04	\$89.63	\$88.61
T1006	Alcohol and/or substance abuse services, family/couple counseling (quantity of 1.0 = 60 minutes)	HN — Bachelors degree level	\$60.00	\$35.84	\$35.44
		HO — Masters degree level	\$90.04	\$53.79	\$53.18
		HP — Doctoral level	\$112.53	\$67.23	\$66.46
		UA — MD, Psychiatrist	\$150.04	\$89.63	\$88.61

ATTACHMENT 5

Maximum Allowable Fees for Community Recovery Services

Wisconsin Medicaid-enrolled 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 enrollment, 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.

Maximum Allowable Fees for Community Recovery Services					
Procedure Code	Procedure Code Description	Modifier and Description	Contracted Rate	Reimbursement (Federal Share) Paid 7/1/13 Through 9/30/13*	Maximum Allowable Fee (Federal Share) Effective on and After 10/1/13*
H0038	Self-help/peer services, per 15 minutes	TU — Travel Time	\$9.78	\$5.84	\$5.77
H0043	Supported housing, per diem	TU — Travel Time U8 — Periodic U9 — Per Diem	\$5.00 periodic (15-minute increments) \$125.00 per diem	\$2.99 periodic \$74.68 per diem	\$2.95 periodic \$73.83 per diem
H2023	Supported employment, per 15 minutes	TU — Travel Time	\$11.51	\$6.88	\$6.80

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