

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

To: Advanced Practice Nurse Prescribers with Psychiatric Specialty, Federally Qualified Health Centers, Hospital Providers, Master's-Level Psychotherapists, Outpatient Mental Health Clinics, Physician Clinics, Physicians, Psychiatrists, Psychologists, Qualified Treatment Trainees, HMOs and Other Managed Care Programs

Certain Mental Health Services for Children Are Now Covered Under the Outpatient Mental Health Benefit When Provided in the Home

Effective for dates of service on and after July 1, 2013, certain mental health services for children under 21 years of age are now covered under the outpatient mental health benefit when the services are provided in the home. This policy change implements legislation enacted as part of the Wisconsin 2013-15 biennial budget.

Effective for dates of service on and after July 1, 2013, certain mental health services for children are covered under the outpatient mental health benefit when the services are provided in the home. For the purposes of this policy, children are defined as members younger than 21 years of age.

Coverage of mental health services for children provided in the home who are covered under the outpatient mental health benefit is separate from coverage of intensive in-home mental health and substance abuse treatment services for children who are covered under the HealthCheck "Other Services" benefit. Policy for intensive in-home mental health and substance abuse treatment services for children who are covered under the HealthCheck "Other Services" benefit is *not* changing, including member eligibility, prior authorization (PA) requirements (always required), and physician prescription requirements.

Coverage Policy for Mental Health Services for Children Provided in the Home Under the Outpatient Mental Health Benefit

Prescription Not Required

Outpatient mental health services for children provided in the home do not require a prescription from a physician or other health care provider.

Allowable Provider Types

Allowable provider types for outpatient mental health services for children provided in the home are the same as the allowable provider types for outpatient mental health services provided in a clinic setting. Outpatient mental health services for children provided in the home must be provided by a Medicaid-enrolled mental health provider working through a DHS 35-certified outpatient mental health clinic. Providers not working through a DHS 35-certified clinic may not receive reimbursement for outpatient mental health services provided in the home. Since a provider must be working through a DHS 35-certified outpatient mental health clinic, all the requirements indicated in DHS 35, Wis. Admin. Code apply, including the requirement that a clinic providing services to persons 13 years of age and younger

must have qualified staff with appropriate training and experience available to work with children and adolescents.

Prior Authorization

Prior authorization policy for outpatient mental health services for children provided in the home is the same as PA policy for outpatient mental health services provided in a clinic setting. Prior authorization is required for outpatient mental health services (whether provided in a clinic or home setting) beyond 15 hours or \$825 of combined outpatient mental health and substance abuse services, whichever limit is reached first, per member, per billing provider, per calendar year.

Covered Services

All services provided and billed must use the most appropriate *Current Procedural Terminology* (CPT) procedure codes to describe the procedure or service being performed or provided and must meet the CPT coding and billing requirements for Wisconsin Medicaid reimbursement.

The Attachment of this *ForwardHealth Update* identifies procedure codes for mental health services covered under the outpatient mental health benefit when provided to children in the home.

Documentation

As required by DHS 35.07(2), Wis. Admin. Code, providers are required to continue to document in the consumer's file the therapeutic reasons why the home is an appropriate location (as compared to the office) to support the consumer's recovery.

As required by DHS 35.16(4), Wis. Admin. Code, providers are required to continue to document the following:

- The recommendation for psychotherapy specifying the diagnosis.
- The date of the recommendation for psychotherapy.
- The length of time of the recommendation.
- The services that are expected to be needed.
- The name and signature of the person issuing the recommendation for psychotherapy.

Other Coverage Policy

All other coverage policies for outpatient mental health services for children provided in the home are the same as the other coverage policies for outpatient mental health services provided in a clinic setting.

Claims

Place of Service Code

When submitting a claim for mental health services for children provided in the home, providers are required to include place of service code 12 (Home) on the claim to indicate that the service was provided in the home.

National Provider Identifier

When submitting a claim for outpatient mental health services for children provided in the home, providers should list the National Provider Identifier (NPI) of the DHS 35-certified outpatient mental health clinic as the biller. If the rendering provider's NPI is different than the billing provider's NPI, providers should also list the NPI of the rendering provider on the claim.

Reimbursement

Outpatient mental health services for children provided in the home are reimbursed at the same rate as outpatient mental health services provided in a clinic setting. Travel time to and from a member's home is not reimbursable.

Coordination with Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children

Members may not concurrently receive mental health services for children provided in the home covered under the outpatient mental health benefit *and* intensive in-home mental health and substance abuse treatment services for children covered under the HealthCheck "Other Services" benefit. If a member is eligible for both mental health services for children provided in the home covered under the outpatient mental health benefit and intensive in-home mental health and substance abuse treatment services for

children covered under the HealthCheck “Other Services” benefit, the provider should determine the most appropriate benefit under which to provide services.

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 the 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 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/.

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ATTACHMENT

Procedure Codes for Mental Health Services Covered Under the Outpatient Mental Health Benefit When Provided to Children in the Home

The following table identifies the procedures codes for mental health services covered under the outpatient mental health benefit when provided to children in the home. All services provided and billed must use the most appropriate *Current Procedural Terminology* (CPT) procedure codes to describe the procedure or service being performed or provided and must meet the CPT coding and billing requirements for Wisconsin Medicaid reimbursement.

Procedure Code	Description
90785	Interactive complexity (List separately in addition to the code for primary procedure)
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient and/or family member
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient and/or family member
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90837	Psychotherapy, 60 minutes with patient and/or family member
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90839	Psychotherapy for crisis; first 60 minutes
90840	each additional 30 minutes (List separately in addition to code for primary service)
90846	Family psychotherapy (without the patient present)
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)