ForwardHealth
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Update
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Affected Programs: BadgerCare Plus, Medicaid
To: Advanced Practice Nurse Prescribers with Psychiatric Specialty, Federally Qualified Health Centers, Master's-Level Psychotherapists, Outpatient Mental Health Clinics, Psychiatrists, Psychologists, Qualified Treatment Trainees, HMOs and Other Managed Care Programs

Claim Submission Changes for Travel Time and Professional Services for the Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults Benefit

To better align with correct coding procedures, ForwardHealth is changing the policy for submitting claims for travel time and professional services for the outpatient mental health and substance abuse services in the home and community for adults benefit. This benefit is only reimbursable to a county or tribal mental health/substance abuse agency certified by the Department of Health Services and enrolled in Wisconsin Medicaid.

To better align with correct coding procedures, ForwardHealth is changing the policy for submitting claims for travel time and professional services for the outpatient mental health and substance abuse services in the home and community for adults benefit. Effective for dates of service (DOS) on and after January 1, 2013, providers are required to report their travel time separately from the professional mental health or substance abuse service provided. Providers also are required to use specific procedure codes for reporting psychotherapy services exceeding 60 minutes. Providers are restricted in the number of units they can submit for most professional services under this benefit.

As a reminder, this benefit is only reimbursable to a county or tribal mental health/substance abuse agency certified by the Department of Health Services (DHS) and enrolled in Wisconsin Medicaid.

Provider Travel Time

Effective for DOS on and after January 1, 2013, providers are required to use *Current Procedural Terminology* (CPT) procedure code 99199 (Unlisted special service, procedure or report) when submitting claim details for travel. Travel time should consist of the time it takes to travel directly to or from the provider's office, to or from the member's home, or to or from the previous patient appointment to the member's home, whichever is less. Travel time and distance traveled (in miles) must be documented in the medical record. Travel time must be submitted on the same claim as the professional service in order to be reimbursable.

Providers also are required to indicate modifier U3 in addition to the appropriate professional level modifier when submitting claims for travel time using procedure code 99199. Providers are required to continue to use informational modifier UC with all procedure codes under this benefit.

The following applicable professional level modifiers that providers are required to use when submitting claims for travel remain the same:

- HN (Bachelors degree level).
- HO (Masters degree level).
- HP (Doctoral level).
- U6 (Qualified Treatment Trainee with a graduate degree).
- UA (M.D., Physician Assistant).
- UB (Advanced Practice Nurse Prescriber with Psychiatric Specialty).

Providers should use 99 (Other place of service) for the place of service (POS) code.

Service Limitations

Procedure code 99199 is limited to 12 units per DOS. One unit is equal to 15 minutes of travel. Travel beyond three hours (12 units) per DOS is not reimbursable. Providers are required to round to the closest unit of time traveled, per CPT rounding guidelines. A unit of time has been reached when a provider has completed 51 percent of the designated time.

Providers may no longer claim travel time as part of the professional service.

Prolonged Services with Psychotherapy

Effective for DOS on and after January 1, 2013, the allowable add-on procedure codes that can be used with procedure code 90837 (Psychotherapy, 60 minutes with patient and/or family member) have been revised. If a provider renders more than 60 minutes of psychotherapy, the following prolonged services codes are allowable per CPT guidelines:

- 99354 (Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour). Procedure code 99354 can only be used in conjunction with procedure code 90837 and can only be used once an additional 30 minutes of services are provided. (The first 1-29 additional minutes beyond the initial 60 minutes are not separately reimbursable per CPT guidelines.)
- 99355 (Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes). Procedure code 99355 can only be used in conjunction with procedure codes 99354 and 90837.

Providers should refer to CPT coding guidelines for prolonged services for more information.

Refer to the following table for the CPT procedure code(s) that appropriately matches the actual time spent providing the prolonged service. The table does not account for the first 60 minutes of psychotherapy covered by procedure code 90837.

Total Duration of Prolonged Services	Procedure Code(s)
Less than 30 minutes	Not reported separately
30-74 minutes (30 minutes – one hour, 14 minutes)	99354 x 1*
75-104 minutes (one hour, 15 minutes – one hour, 44 minutes)	99354 x 1* and 99355 x 1*
105 or more minutes (one hour, 45 minutes or more)	99354 x 1* and 99355 x 2* or more for each additional 30 minutes

* Refers to the number of units to put on the claim form.

Providers are required to use the following applicable professional level modifiers when submitting claims for prolonged services:

- HN (Bachelors degree level).
- HO (Masters degree level).
- HP (Doctoral level).
- U6 (Qualified Treatment Trainee with a graduate degree).
- UA (M.D., Physician Assistant).

- UB (Advanced Practice Nurse Prescriber with Psychiatric Specialty).

Providers are required to continue to use informational modifier UC with all procedure codes under this benefit.

Service Limitations

Procedure code 99354 is limited to one unit per DOS.

Procedure code 99355 is limited to four units per DOS.

Reimbursement

The reimbursement rate for procedure code 99354 will be the same as the reimbursement rate for procedure code 90837, based on the professional level modifier submitted. The reimbursement rate for 99355 will be half the reimbursement rate for 90837 based on the professional level modifier submitted.

Reporting Psychotherapy Time-Based Procedure Codes

Psychotherapy CPT procedure codes are time-based codes representing 30, 45, and 60 minutes of services. A unit of time has been reached when a provider has completed 51 percent of the designated time. To report psychotherapy, the session time must be at least 16 minutes. The proper procedure code is then selected based on the actual time closest to the time written in the code descriptor. This represents an actual time of 16 to 37 minutes for the 30-minute procedure codes (codes 90832 and 90833), 38 to 52 minutes for the 45-minute procedure codes (codes 90834 and 90836), and 53 minutes or greater for the 60-minute procedure codes (codes 90837 and 90838).

Unit Limits for all Professional Services

ForwardHealth implemented the federally mandated Nationally Correct Coding Initiative (NCCI) in 2013, which may have resulted in claim denials for the outpatient mental health and substance abuse services in the home and community for adults benefit. ForwardHealth policy had previously allowed providers to claim multiple units of each procedure code to account for travel time and increased professional services; however, the NCCI only allowed one unit per day to be paid on most procedure codes and therefore claims for more than one unit were denied in 2013.

See the Attachment of this *ForwardHealth Update* for a table explaining the allowable number of units for all allowable procedure codes in this benefit. As indicated in the table, providers may no longer use fractional units. The Attachment also includes procedure code descriptions and allowable POS.

Although providers are now limited in the number of allowable units they can submit, providers should continue to report the full costs of providing each service when they reconcile their costs with the Wisconsin Medicaid Cost Reporting (WIMCR) tool.

Medical Necessity and Documentation Requirements Remain the Same

Medical necessity and documentation requirements remain the same. Refer to the information about these topics in the Outpatient Mental Health and Substance Abuse Services in the Home and Community for Adults service area of the ForwardHealth Online Handbook at *www.forwardhealth.wi.gov/*.

Claim Submission Examples

Below are four examples of how to submit claims based on the changes described above.

Example One

A provider (Masters degree-level Psychotherapist) travels 15 minutes to a patient's home and provides 65 minutes of psychotherapy (60 minutes and 5 minutes prolonged) and then travels 15 minutes back to the office.

To correctly report this for claim submission, the provider would list the following procedure code, modifiers, and units:

- 90837-HO-UC x 1.
- 99199-HO-U3-UC x 2 (30 minutes of travel time all reportable).

Example Two

A provider (Doctoral level) travels 25 minutes to a patient's home and provides 95 minutes of psychotherapy (60 minutes and 35 minutes prolonged) and then travels 25 minutes back to the office.

To correctly report this for claim submission, the provider would list the following procedure code, modifiers, and units:

- 90837-HP-UC x 1.
- 99354-HP-UC x 1.
- 99199-HP-U3-UC x 3 (50 minutes of travel time rounded to 45 using standard rounding guidelines).

Example Three

A provider (Bachelors degree level) travels 10 minutes to a patient's home and provides 145 minutes of psychotherapy (60 minutes and 85 minutes prolonged) and then travels 15 minutes back to the office.

To correctly report this for claim submission, the provider would list the following procedure code, modifiers, and units:

- 90837-HN-UC x 1.
- 99354-HN-UC x 1.
- 99355-HN-UC x 1.
- 99199-HN-U3-UC x 2 (25 minutes of travel time rounded up to 30 minutes using standard rounding guidelines).

Example Four

A provider (M.D., Physician Assistant) travels 25 minutes to a patient's home and provides 90 minutes of psychoanalysis and then travels 20 minutes back to the office.

To correctly report this for claim submission, the provider would list the following procedure code, modifiers, and units:

- 90845-UA-UC x 1.
- 99199-UA-U3-UC x 3 (45 minutes of travel time all reportable).

Previously Submitted Claims and Timely Filing

The claim submission changes included in this *Update* will allow for payment of claims that were previously denied or would have been denied for travel time and/or professional services. Providers of this benefit may now submit or resubmit claims for DOS on and after January 1, 2013.

Providers are reminded that to receive reimbursement, claims and adjustment requests must be received within 365 days of the DOS. This deadline applies to claims, corrected claims, and adjustments to claims. Claims with DOS within the 365-day timely filing limit must be resubmitted through the normal claims processing channels. Claims having a DOS that exceeds the timely filing limit must be submitted through the Timely Filing Appeals process.

Submitting Timely Filing Appeals Requests for Claims

When submitting Timely Filing Appeals Requests, providers are required to submit the following:

- A legible claim, completed according to the appropriate claim form completion instructions.
- A properly completed Timely Filing Appeals Request, F-13047 (07/12).

Providers of this benefit may complete a single Timely Filing Appeals Request form to submit with all such claims

or adjustments. When completing the Timely Filing Appeals Request form, providers should check the "ForwardHealth Reconsideration" box and write "System and Policy Changes made retroactive to 1/1/13 per provider Update 2014-40" under the instruction that states "Briefly explain the nature of the problem and previous efforts made to resolve the claims." Providers should submit the claim(s) along with the completed form to the address provided on the form. To access the Timely Filing Appeals Request form, providers may refer to the Forms page of the Portal at *www.forwardhealth.wi.gov/WIPortal/content/provider/forms/index.htm.spage#*.

Timely filing Appeals Requests for claims must be received by ForwardHealth Timely Filing on or before September 30, 2014.

Providers should refer to the Timely Filing Appeals Requests chapter of the Claims section of their specific service area of the Online Handbook for more information about timely filing appeals.

Any claims that providers feel were already processed or paid appropriately under ForwardHealth's previous policy do not require any additional action at this time.

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 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
Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults Procedure Codes

The following table lists allowable places of service and allowable units per date of service for all allowable *Current Procedural Terminology* codes in the outpatient mental health and substance abuse services in the home or community for adults benefit.

Place of Service Codes			
04	Homeless shelter	34	Hospice
12	Home	55	Residential substance abuse treatment facility
13	Assisted living facility	56	Psychiatric residential treatment center
14	Group home	99	Other place of service
33	Custodial care facility		

Procedure Code	Procedure Code Description	Allowable Place of Service	Allowable Units
+ 90785*	Interactive complexity (List separately in addition to the code for primary procedure)	04, 12, 13, 14, 33, 34, 55, 56, 99	1
90791	Psychiatric diagnostic evaluation	04, 12, 13, 14, 33, 34, 55, 56, 99	1
90792	Psychiatric diagnostic evaluation with medical services	04, 12, 13, 14, 33, 34, 55, 56, 99	1
90832	Psychotherapy, 30 minutes with patient and/or family member	04, 12, 13, 14, 33, 34, 55, 56, 99	1
+ 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)	04, 12, 13, 14, 33, 34, 55, 56, 99	1
90834	Psychotherapy, 45 minutes with patient and/or family member	04, 12, 13, 14, 33, 34, 55, 56, 99	1
+ 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)	04, 12, 13, 14, 33, 34, 55, 56, 99	1
90837	Psychotherapy, 60 minutes with patient and/or family member	04, 12, 13, 14, 33, 34, 55, 56, 99	1

Procedure Code	Procedure Code Description	Allowable Place of Service	Allowable Units
+ 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)	04, 12, 13, 14, 33, 34, 55, 56, 99	1
90839	Psychotherapy for crisis; first 60 minutes	04, 12, 13, 14, 33, 34, 55, 56, 99	1
+ 90840*	each additional 30 minutes (List separately in addition to the code for primary service)	04, 12, 13, 14, 33, 34, 55, 56, 99	N/A
90845	Psychoanalysis	04, 12, 13, 14, 33, 34, 55, 56, 99	1
90846	Family psychotherapy (without the patient present)	04, 12, 13, 14, 33, 34, 55, 56, 99	1
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	04, 12, 13, 14, 33, 34, 55, 56, 99	1
90849	Multiple-family group psychotherapy	04, 12, 13, 14, 33, 34, 55, 56, 99	1
90853	Group psychotherapy (other than of a multiple-family group)	04, 12, 13, 14, 33, 34, 55, 56, 99	1
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); 30 minutes	04, 12, 13, 14, 33, 34, 55, 56, 99	1
90876	45 minutes	04, 12, 13, 14, 33, 34, 55, 56, 99	1
90880	Hypnotherapy	04, 12, 13, 14, 33, 34, 55, 56, 99	1
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	04, 12, 13, 14, 33, 34, 55, 56, 99	N/A
90899	Unlisted psychiatric service or procedure	04, 12, 13, 14, 33, 34, 55, 56, 99	N/A
99199	Unlisted special service, procedure or report	99	12
+ 99354*	Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)	04, 12, 13, 14, 33, 34, 55, 56, 99	1
+ 99355*	each additional 30 minutes (List separately in addition to code for prolonged service)	04, 12, 13, 14, 33, 34, 55, 56, 99	4

Procedure Code	Procedure Code Description	Allowable Place of Service	Allowable Units
H0005	Alcohol and/or drug services; group counseling by a clinician	04, 12, 13, 14, 33, 34, 55, 56, 99	1
H0022	Alcohol and/or drug intervention service	04, 12, 13, 14, 33, 34, 55, 56, 99	1
T1006	Alcohol and/or substance abuse services, family/couple counseling	04, 12, 13, 14, 33, 34, 55, 56, 99	1

* Add-on procedure code.