

Affected Programs: BadgerCare Plus, Medicaid

To: Advanced Practice Nurse Prescribers with Psychiatric Specialty, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Master's-Level Psychotherapists, Outpatient Mental Health Clinics, Psychiatrists, Psychologists, Qualified Treatment Trainees, HMOs and Other Managed Care Programs

Claim Submission Changes for Professional Services for the Outpatient Mental Health Benefit

To better align with correct coding procedures, ForwardHealth is changing the policy for submitting claims for professional services for the outpatient mental health benefit.

To better align with correct coding procedures, ForwardHealth is changing the policy for submitting claims for professional services for the outpatient mental health benefit. Effective for dates of service (DOS) on and after September 1, 2014, providers are restricted in the number of units they can submit for most professional services under the outpatient mental health benefit. Effective for DOS on and after January 1, 2013, providers are also now required to use specific procedure codes for reporting psychotherapy services exceeding 60 minutes.

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 benefit. ForwardHealth policy had previously allowed providers to claim multiple units of each procedure code to account for increased professional services; however, the NCCI only allowed one unit per day to be paid on certain procedure codes, and therefore, claims for more than one unit were denied in 2013. Unit limits indicated in this *ForwardHealth Update* are subject to change in accordance with NCCI procedure-to-procedure edits and medically

unlikely edits as these values are updated quarterly by the Centers for Medicare and Medicaid Services (CMS). Further information and the most current values are available at www.medicaid.gov/.

Refer to Attachment 1 of this *Update* for a table describing the allowable number of units for all allowable procedure codes in the outpatient mental health benefit. Providers may no longer use fractional units. Attachment 1 also includes a complete list of outpatient mental health procedure codes, descriptions, modifiers, and place of service (POS) codes. Refer to Attachment 2 for a list of allowable POS codes, descriptions, and restrictions.

Reimbursement

Due to NCCI unit limits, ForwardHealth reviewed rates in the outpatient mental health benefit and updated rates based on the typical number of hours provided for each procedure code. The reimbursement rate for procedure code 90853 (Group psychotherapy [other than of a multiple-family group]) will be twice the previous reimbursement rate. All other rates will remain the same for this benefit. For reimbursement rates, click the Fee Schedules link in the Quick Links box on the ForwardHealth Portal home page at www.forwardhealth.wi.gov/.

Reporting Psychotherapy Time-Based Procedure Codes

Psychotherapy *Current Procedural Terminology* (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). Values indicated in this *Update* are subject to change in accordance with CPT as these values are updated annually. Refer to the current CPT code book for further information and current values.

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.

Prolonged services (procedure codes 99354 and 99355) will allow providers to submit claims for more than one hour of psychotherapy.

Providers should refer to CPT coding guidelines for prolonged services for more information. Values indicated in this *Update* are subject to change in accordance with CPT as these values are updated annually. Refer to the current CPT code book for further information and current values.

Refer to the following table for the current 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:

- 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).

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. For reimbursement rates, click the Fee Schedules link in the Quick Links box on the ForwardHealth Portal home page.

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 service area of the Online Handbook on the ForwardHealth Portal.

Claim Submission

Refer to Attachment 3 for examples of how to submit claims based on the previously described changes.

Prior Authorization

ForwardHealth is currently working to revise the prior authorization forms for the outpatient mental health benefit. Once completed, an *Update* will be issued with the revised forms.

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/.

P-1250

ATTACHMENT 1

Outpatient Mental Health Procedure Codes

The following table lists procedure codes and descriptions, modifiers, place of service (POS) codes, and allowable units per date of service (DOS) for all allowable *Current Procedural Terminology* (CPT) codes in the outpatient mental health benefit.

CPT Code	Description	Enrolled Providers Who May Perform Service	Required Modifier	Allowable Place of Service Codes	Allowable Units
+ 90785	Interactive complexity (List separately in addition to the code for primary procedure)	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 12*, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		
90791 ¹	Psychiatric diagnostic evaluation	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 12*, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		
90792 ¹	Psychiatric diagnostic evaluation with medical services	Psychiatrist	UA	03, 04, 05, 06, 07, 08, 11, 12*, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		APNP with Psychiatric Specialty	UB		

CPT Code	Description	Enrolled Providers Who May Perform Service	Required Modifier	Allowable Place of Service Codes	Allowable Units
90832 ²	Psychotherapy, 30 minutes with patient and/or family member	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 12*, 15, 21, 22, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		
+ 90833 ²	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)	Psychiatrist	UA	03, 04, 05, 06, 07, 08, 11, 12*, 15, 21, 22, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		APNP with Psychiatric Specialty	UB		
90834 ²	Psychotherapy, 45 minutes with patient and/or family member	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 12*, 15, 21, 22, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		
+ 90836 ²	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)	Psychiatrist	UA	03, 04, 05, 06, 07, 08, 11, 12*, 15, 21, 22, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		APNP with Psychiatric Specialty	UB		

CPT Code	Description	Enrolled Providers Who May Perform Service	Required Modifier	Allowable Place of Service Codes	Allowable Units
90837 ²	Psychotherapy, 60 minutes with patient and/or family member	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 12*, 15, 21, 22, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		
+ 90838 ²	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)	Psychiatrist	UA	03, 04, 05, 06, 07, 08, 11, 12*, 15, 21, 22, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		APNP with Psychiatric Specialty	UB		
90839 ²	Psychotherapy for crisis; first 60 minutes	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 12*, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		
+ 90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to the code for primary service)	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 12*, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	N/A
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		

CPT Code	Description	Enrolled Providers Who May Perform Service	Required Modifier	Allowable Place of Service Codes	Allowable Units
90845 ²	Psychoanalysis	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		
90846 ²	Family psychotherapy (without the patient present)	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 12*, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		
90847 ²	Family psychotherapy (conjoint psychotherapy) (with patient present)	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 12*, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		
90849 ²	Multiple-family group psychotherapy	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 15, 21, 22, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		

CPT Code	Description	Enrolled Providers Who May Perform Service	Required Modifier	Allowable Place of Service Codes	Allowable Units
90853 ²	Group psychotherapy (other than of a multiple-family group)	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 15, 21, 22, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)	Doctoral level	HP	03, 04, 05, 06, 07, 08, 11, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		Psychiatrist	UA		
90870	Electroconvulsive therapy (includes necessary monitoring)	Psychiatrist	UA	11, 21, 22, 24, 51, 52	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	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		
90876	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); 45 minutes	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		

CPT Code	Description	Enrolled Providers Who May Perform Service	Required Modifier	Allowable Place of Service Codes	Allowable Units
90880	Hypnotherapy	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		
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	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	N/A
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		
90899	Unlisted psychiatric service or procedure	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	N/A
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		

CPT Code	Description	Enrolled Providers Who May Perform Service	Required Modifier	Allowable Place of Service Codes	Allowable Units
96101 ³	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting test results and preparing the report	Doctoral level	HP	05, 06, 07, 08, 11, 13, 14, 20, 21, 22, 23, 31, 32, 34, 49, 50, 51, 54, 57, 61, 71, 72	6
		Neurologist, Psychiatrist	UA		
96102 ³	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	Doctoral level	HP	05, 06, 07, 08, 11, 13, 14, 20, 21, 22, 23, 31, 32, 34, 49, 50, 51, 54, 57, 61, 71, 72	6
		Neurologist, Psychiatrist	UA		
96103 ³	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report	Doctoral level	HP	05, 06, 07, 08, 11, 13, 14, 20, 21, 22, 23, 31, 32, 34, 49, 50, 51, 54, 57, 61, 71, 72	1
		Neurologist, Psychiatrist	UA		

CPT Code	Description	Enrolled Providers Who May Perform Service	Required Modifier	Allowable Place of Service Codes	Allowable Units
96105 ³	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	Doctoral level	HP	05, 06, 07, 08, 11, 13, 14, 20, 21, 22, 23, 31, 32, 34, 49, 50, 51, 54, 57, 61, 71, 72	3
		Neurologist, Psychiatrist	UA		
96110 ³	Developmental screening, with interpretation and report, per standardized instrument form	Doctoral level	HP	05, 06, 07, 08, 11, 13, 14, 20, 21, 22, 23, 31, 32, 34, 49, 50, 51, 54, 57, 61, 71, 72	2
		Neurologist, Pediatrician, Psychiatrist	UA		
96111 ³	Developmental Testing (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report	Doctoral level	HP	05, 06, 07, 08, 11, 13, 14, 20, 21, 22, 23, 31, 32, 34, 49, 50, 51, 54, 57, 61, 71, 72	1
		Neurologist, Pediatrician, Psychiatrist	UA		

CPT Code	Description	Enrolled Providers Who May Perform Service	Required Modifier	Allowable Place of Service Codes	Allowable Units
96116 ³	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	Doctoral level	HP	05, 06, 07, 08, 11, 13, 14, 20, 21, 22, 23, 31, 32, 34, 49, 50, 51, 54, 57, 61, 71, 72	6
		Neurologist, Pediatrician, Psychiatrist	UA		
96118 ³	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Doctoral level	HP	05, 06, 07, 08, 11, 13, 14, 20, 21, 22, 23, 31, 32, 34, 49, 50, 51, 54, 57, 61, 71, 72	6
		Neurologist, Psychiatrist	UA		
96119 ³	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	Doctoral level	HP	05, 06, 07, 08, 11, 13, 14, 20, 21, 22, 23, 31, 32, 34, 49, 50, 51, 54, 57, 61, 71, 72	6
		Neurologist, Psychiatrist	UA		

CPT Code	Description	Enrolled Providers Who May Perform Service	Required Modifier	Allowable Place of Service Codes	Allowable Units
96120 ³	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	Doctoral level	HP	05, 06, 07, 08, 11, 13, 14, 20, 21, 22, 23, 31, 32, 34, 49, 50, 51, 54, 57, 61, 71, 72	1
		Neurologist, Psychiatrist	UA		
96150 ⁴	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	8
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		
96151 ⁴	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; Re-assessment	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	8
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		
96152 ⁴	Health and behavior intervention, each 15 minutes, face-to-face; individual	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	8
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		

CPT Code	Description	Enrolled Providers Who May Perform Service	Required Modifier	Allowable Place of Service Codes	Allowable Units
96153 ⁴	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	8
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		
96154 ⁴	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	8
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		
96155 ⁴	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 15, 20, 21, 22, 23, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	6
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		

CPT Code	Description	Enrolled Providers Who May Perform Service	Required Modifier	Allowable Place of Service Codes	Allowable Units
+ 99354 ²	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)	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 15, 21, 22, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	1
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		
+ 99355 ²	Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	Masters degree level	HO	03, 04, 05, 06, 07, 08, 11, 15, 21, 22, 26, 31, 32, 33, 49, 50, 51, 52, 53, 54, 56, 61, 62, 71, 72, 99	4
		Doctoral level	HP		
		QTT	U6		
		Psychiatrist	UA		
		APNP with Psychiatric Specialty	UB		

+ Add on procedure code.

- ¹ Assessment services (codes 90791 and 90792) are limited to eight hours per member per calendar year before prior authorization (PA) is required under DHS 107.13(2)(c)4, Wis. Admin. Code.
- ² Procedure codes 90832-90839, 90845-90847, 90849, 90853, 99354, and 99355 count towards the 15 hour/\$825 limit for PA. Prior authorization is applied per billing provider per calendar year. When services are provided to a member in an inpatient hospital, those services do not count towards the prior authorization limits.
- ³ Prior authorization is not required for central nervous system assessments and tests (codes 96101-96120). Up to six units per DOS of any combination of these services may be covered. Central nervous system testing may be part of the mental health evaluation, but it does not require PA and must be billed under the appropriate codes.
- ⁴ A maximum of eight units of assessment and/or intervention services, per member, per DOS, may be reimbursed for procedure codes 96150-96154 and a maximum of six units of assessment and/or intervention services, per member, per DOS may be reimbursed for procedure code 96155.
- * Place of service code 12 is allowable only for central nervous system assessments/tests and outpatient mental health services for members under 21 years of age. Services provided in the home (POS code 12) are only reimbursable when billed by a Medicaid-enrolled mental health outpatient clinic.

Outpatient mental health services provided outside the main office of a DHS 35, Wis. Admin. Code, certified outpatient mental health clinic are considered to be rendered within the clinic if the alternate location is certified as a branch office by the Wisconsin

Department of Health Services Division of Quality Assurance. All branch office locations should use the POS code to specify the place where the service(s) was rendered.

For providers who are able to bill Medicaid directly for outpatient mental health services, DHS 107.13(2)(a)4.a., Wis. Admin. Code, only permits Medicaid reimbursement for psychotherapy provided in the provider's office.

The outpatient mental health benefit does not include services provided in the home or community settings for members age 21 and over. Refer to the Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults service area of the Online Handbook on the ForwardHealth Portal for outpatient services covered in the home or community for members age 21 and over. This benefit is a county-matched benefit.

Inpatient POS codes are not allowable for providers when payment for those services is included in the hospital's Medicaid diagnosis-related group (DRG) reimbursement. Refer to the Inpatient Hospital service area of the Online Handbook for more information on what services are included in the DRG payments.

ATTACHMENT 2

Outpatient Mental Health Place of Service Codes

The following table lists allowable place of service (POS) codes and descriptions for the outpatient mental health benefit. Note that not all of the POS codes listed in this table are allowable for each procedure code allowed in the outpatient mental health benefit. Refer to Attachment 1 of this *ForwardHealth Update* for allowable POS codes for each procedure code.

Place of Service Codes and Descriptions			
Code	Description	Code	Description
03	School	31	Skilled Nursing Facility
04	Homeless Shelter	32	Nursing Facility
05	Indian Health Service Free-standing Facility	33	Custodial Care Facility
06	Indian Health Service Provider-based Facility	34	Hospice
07	Tribal 638 Free-standing Facility	49	Independent Clinic
08	Tribal 638 Provider-based Facility	50	Federally Qualified Health Center
11	Office	51	Inpatient Psychiatric Facility
12*	Home	52	Psychiatric Facility-Partial Hospitalization
13	Assisted Living Facility	53	Community Mental Health Center
14	Group Home	54	Intermediate Care Facility/Mentally Retarded
15	Mobile Unit	56	Psychiatric Residential Treatment Center
20	Urgent Care Facility	57	Non-residential Substance Abuse Treatment Facility
21	Inpatient Hospital	61	Comprehensive Inpatient Rehabilitation Facility
22	Outpatient Hospital	62	Comprehensive Outpatient Rehabilitation Facility
23	Emergency Room — Hospital	71	Public Health Clinic
24	Ambulatory Surgical Center	72	Rural Health Clinic
26	Military Treatment Facility	99	Other Place of Service

* Place of service code 12 is allowable only for central nervous system assessments/tests and outpatient mental health services for members under 21 years of age. Services provided in the home (POS code 12) are only reimbursable when billed by a Medicaid-enrolled mental health outpatient clinic.

Outpatient mental health services provided outside the main office of a DHS 35, Wis. Admin. Code, certified outpatient mental health clinic are considered to be rendered within the clinic if the alternate location is certified as a branch office by the Wisconsin Department of Health Services Division of Quality Assurance. All branch office locations should use the POS code to specify the place where the service(s) was rendered.

For providers who are able to bill Medicaid directly for outpatient mental health services, DHS 107.13(2)(a)4.a., Wis. Admin. Code only permits Medicaid reimbursement for psychotherapy provided in the provider's office.

The outpatient mental health benefit does not include services provided in the home or community settings for members age 21 and over. Refer to the Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults service area of the Online Handbook for outpatient services covered in the home or community for members age 21 and over. This benefit is a county-matched benefit.

Inpatient POS codes are not allowable for providers when payment for those services is included in the hospital's Medicaid diagnosis-related group (DRG) reimbursement. See the Inpatient Hospital service area of the Online Handbook for more information on what services are included in the DRG payments.

ATTACHMENT 3

Outpatient Mental Health Claim Submission Samples

Below are four examples of how to submit claims based on the procedure code changes described in this *ForwardHealth Update*.

Example One

A provider (Master's degree-level psychotherapist) provides 65 minutes of psychotherapy (60 minutes and 5 minutes prolonged).

To correctly report this for claim submission, the provider would list procedure code, modifier, and unit: 90837-HO x 1.

Example Two

A provider (Doctoral-level psychotherapist) provides 95 minutes of psychotherapy (60 minutes and 35 minutes prolonged).

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

- 90837-HP x 1.
- 99354-HP x 1.

Example Three

A provider (Master's degree-level psychotherapist) provides 145 minutes of psychotherapy (60 minutes and 85 minutes prolonged).

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

- 90837-HO x 1.
- 99354-HO x 1.
- 99355-HO x 1.

Example Four

A provider (M.D., physician assistant) provides 90 minutes of psychoanalysis.

To correctly report this for claim submission, the provider would list procedure code, modifier, and unit: 90845-UA x 1.