

**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, Psychiatrists, Psychologists, HMOs and Other Managed Care Programs

## 2014 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, 2014, the federal share will decrease from 59.06 percent to 58.27 percent for the following services:

- Community Support Program (CSP) services.
- Comprehensive Community Services (CCS).
- 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. The contracted rate is the uniform rate determined by the Department of Health Services and required by the Medicaid state plan. The contracted rates for CSP, Crisis Intervention, Outpatient Mental Health and Substance Abuse Services in the Home

or Community for Adults, and CRS remain unchanged. 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.

*Note:* For regional CCS programs, Wisconsin Medicaid will also pay the state share. Refer to Attachment 2 of this *ForwardHealth Update* for more information.

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.

*Note:* For regional CCS programs, providers are not responsible for the state share. Refer to Attachment 2 for more information.

### Updated Allowable Fees

Refer to Attachments 1-5 for the updated allowable fees for services provided to Wisconsin Medicaid and BadgerCare Plus members.

## **Annual Rates Available on the ForwardHealth Portal**

Beginning with the 2016 federal fiscal year, ForwardHealth will no longer publish *Updates* announcing annual rate changes or the federal shares reimbursement rate for services receiving only federal funds (i.e., CSP, CCS, Crisis Intervention, Outpatient Mental Health and Substance Abuse in the Home or Community for Adults, and CRS). Providers should refer to the interactive maximum allowable fee schedule on the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/) for current reimbursement rates. The fee schedule can be accessed by selecting the Fee Schedules link from the Quick Links box on the right side of the Providers home page. As a reminder, rates are updated on October 1 each year.

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/](http://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:

<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 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**

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Modifier and Description</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/14</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/14</b>
H0039	Assertive community treatment, face-to-face, per 15 minutes	HM — Less than Bachelor degree level	\$5.63	\$3.33	\$3.28
		HN — Bachelors degree level	\$15.00	\$8.86	\$8.74
		HO — Masters degree level	\$22.51	\$13.29	\$13.12
		HP — Doctoral level	\$28.14	\$16.62	\$16.40
		U1 — Group, Bachelors	\$3.75	\$2.21	\$2.19
		U2 — Group, Masters	\$5.63	\$3.33	\$3.28
		U3 — Group, Ph.D.	\$7.03	\$4.15	\$4.10
		U4 — Group, MD/Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$9.38	\$5.54	\$5.47
		UA — Psychiatrist	\$37.51	\$22.15	\$21.86
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$37.51	\$22.15	\$21.86

# 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.

**State-Wide Interim Rate**

Interim rate that the state will pay for Comprehensive Community Services (CCS) claims. Cost settlements will continue to occur for CCS programs after the close of each calendar year.

*Note:* Non-regional CCS programs will receive the federal share of the interim rate, while regional CCS programs will receive both the federal and state share.

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.

**State-Wide Interim Rates for Comprehensive Community Services (CCS)<sup>1</sup>**

Procedure Code	Procedure Code Description	Professional Modifier <sup>6</sup>	Indiv. <sup>2</sup> Service vs. Group Service and Modifier		Contracted Rate (State-Wide Interim Rate)	Reimbursement (FS <sup>3</sup> ) Paid Through 9/30/14 for Non-Regional CCS Programs	Reimbursement (FS <sup>3</sup> ) Effective on and After 10/1/14 for Non-Regional CCS Programs
			Individual	Group			
H2017	Psychosocial rehabilitation services, per 15 minutes	HN	Individual	U5	\$21.43	\$12.66	\$12.49
			Group	HQ	\$5.36	\$3.17	\$3.12
		HO	Individual	U5	\$32.14	\$18.28	\$18.73
			Group	HQ	\$8.04	\$4.75	\$4.68
		HP	Individual	U5	\$40.00	\$23.62	\$23.31
			Group	HQ	\$10.00	\$5.91	\$5.83
		TD	Individual	U5	\$21.43	\$12.66	\$12.49
			Group	HQ	\$5.36	\$3.17	\$3.12
		U6	Individual	U5	\$32.14	\$18.98	\$18.73
			Group	HQ	\$8.04	\$4.75	\$4.68
		U7	Individual	U5	\$32.14	\$18.98	\$18.73
			Group	HQ	\$8.04	\$4.75	\$4.68
		U8	Individual	U5	\$13.97	\$8.25	\$8.14
			Group	HQ	\$3.49	\$2.06	\$2.03
		U9	Individual	U5	\$13.97	\$8.25	\$8.14
			Group	HQ	\$3.49	\$2.06	\$2.03
		UA	Individual	U5	\$53.57	\$31.64	\$31.22
			Group	HQ	\$13.39	\$7.91	\$7.80
		UB	Individual	U5	\$53.57	\$31.64	\$31.22
			Group	HQ	\$13.39	\$7.91	\$7.80
UC	Individual	U5	\$32.14	\$18.98	\$18.73		
	Group	HQ	\$8.04	\$4.75	\$4.68		
UD	Individual	U5	\$13.97	\$8.25	\$8.14		
	Group	HQ	\$3.49	\$2.06	\$2.03		

State-Wide Interim Rates for Comprehensive Community Services (CCS) <sup>1</sup>								
Procedure Code	Procedure Code Description	Prof. <sup>4</sup> Provider Type and Modifier <sup>6</sup>	Indiv. <sup>2</sup> Service vs. Group Service and Modifier <sup>6</sup>	Req. <sup>5</sup> Modifier (Travel)	Contracted Rate (State-Wide Interim Rate)	Reimbursement (FS <sup>3</sup> ) Paid Through 9/30/14 for Non-regional CCS Programs	Reimbursement (FS <sup>3</sup> ) Effective on and After 10/1/14 for Non-regional CCS Programs	
99199	Unlisted special service, procedure or report	HN	Individual	U5	U3	\$21.43	\$12.66	\$12.49
			Group	HQ	U3	\$5.36	\$3.17	\$3.12
		HO	Individual	U5	U3	\$32.14	\$18.98	\$18.73
			Group	HQ	U3	\$8.04	\$4.75	\$4.68
		HP	Individual	U5	U3	\$40.00	\$23.62	\$23.31
			Group	HQ	U3	\$10.00	\$5.91	\$5.83
		TD	Individual	U5	U3	\$21.43	\$12.66	\$12.49
			Group	HQ	U3	\$5.36	\$3.17	\$3.12
		U6	Individual	U5	U3	\$32.14	\$18.98	\$18.73
			Group	HQ	U3	\$8.04	\$4.75	\$4.68
		U7	Individual	U5	U3	\$32.14	\$18.98	\$18.73
			Group	HQ	U3	\$8.04	\$4.75	\$4.68
		U8	Individual	U5	U3	\$13.97	\$8.25	\$8.14
			Group	HQ	U3	\$3.49	\$2.06	\$2.03
		U9	Individual	U5	U3	\$13.97	\$8.25	\$8.14
			Group	HQ	U3	\$3.49	\$2.06	\$2.03
		UA	Individual	U5	U3	\$53.57	\$31.64	\$31.22
			Group	HQ	U3	\$13.39	\$7.91	\$7.80
		UB	Individual	U5	U3	\$53.57	\$31.64	\$31.22
			Group	HQ	U3	\$13.39	\$7.91	\$7.80
UC	Individual	U5	U3	\$13.97	\$8.25	\$8.14		
	Group	HQ	U3	\$3.49	\$2.06	\$2.03		
UD	Individual	U5	U3	\$13.97	\$8.25	\$8.14		
	Group	HQ	U3	\$3.49	\$2.06	\$2.03		

<sup>1</sup> Note: Regional Comprehensive Community Services (CCS) programs will receive both the federal and state share of the interim rate. For regional CCS programs, no county match is required.

<sup>2</sup> Individual.

<sup>3</sup> Federal share.

<sup>4</sup> Professional.

<sup>5</sup> Required.

<sup>6</sup> Refer to the following table for professional modifiers and descriptions listed in the State-Wide Interim Rates for CCS table of this attachment.

<b>Professional Modifiers and Descriptions</b>	
HN	Bachelors degree level
HO	Masters degree level
HP	Doctoral level
TD	RN
U6	Qualified Treatment Trainee Type 2
U7	Qualified Treatment Trainee Type 1
U8	Certified Peer Specialist
U9	Rehab Worker
UA	M.D.
UB	Advanced Practice Nurse Prescriber with Psychiatric Specialty
UC	Other Provider Type
UD	Associate Degree



# 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:

<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 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.

<b>Maximum Allowable Fees for Crisis Intervention Services</b>					
<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Modifier and Description</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/14</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/14</b>
S9484	Crisis intervention mental health services, per hour	HN — Bachelors degree level	\$88.90	\$52.50	\$51.80
		HO — Masters degree level	\$88.90	\$52.50	\$51.80
		HP — Doctoral level	\$110.23	\$65.10	\$64.23
		U7 — Paraprofessional	\$47.42	\$28.01	\$27.63
		UA — Psychiatrist	\$148.16	\$87.50	\$86.33
		UB — Advanced Practice Nurse Prescriber with Psychiatric Specialty	\$148.16	\$87.50	\$86.33
S9485	Crisis intervention mental health services, per diem	None	\$139.54	\$82.41	\$81.31

# **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:

<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 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**

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Modifiers*</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/14</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/14</b>
90791	Psychiatric diagnostic evaluation	HO	\$90.04	\$53.18	\$52.47
		HP	\$112.53	\$66.46	\$65.57
		U6	\$72.03	\$42.54	\$41.97
		UA	\$150.04	\$88.61	\$87.43
		UB	\$150.04	\$88.61	\$87.43
90792	Psychiatric diagnostic evaluation with medical services	UA	\$126.46	\$74.69	\$73.69
		UB	\$126.46	\$74.69	\$73.69
90832	Psychotherapy, 30 minutes with patient and/or family member	HO	\$45.02	\$26.59	\$26.23
		HP	\$56.27	\$33.23	\$32.79
		U6	\$36.02	\$21.27	\$20.99
		UA	\$75.02	\$44.31	\$43.71
		UB	\$45.02	\$26.59	\$26.23
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service	UA	\$75.02	\$44.31	\$43.71
		UB	\$45.02	\$26.59	\$26.23

**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>Modifiers*</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/14</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/14</b>
90834	Psychotherapy, 45 minutes with patient and/or family member	HO	\$90.04	\$53.18	\$52.47
		HP	\$112.53	\$66.46	\$65.57
		U6	\$72.03	\$42.54	\$41.97
		UA	\$150.04	\$88.61	\$87.43
		UB	\$90.04	\$53.18	\$52.47
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service	UA	\$150.04	\$88.61	\$87.43
		UB	\$90.04	\$53.18	\$52.47
90837	Psychotherapy, 60 minutes with patient and/or family member	HO	\$135.06	\$79.77	\$78.70
		HP	\$168.80	\$99.69	\$98.36
		U6	\$108.05	\$63.81	\$62.96
		UA	\$225.06	\$132.92	\$131.14
		UB	\$135.06	\$79.77	\$78.70
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service	UA	\$225.06	\$132.92	\$131.14
		UB	\$135.06	\$79.77	\$78.70

**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>Modifiers*</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/14</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/14</b>
90839	Psychotherapy for crisis; first 60 minutes	HO	\$168.80	\$99.69	\$98.36
		HP	\$135.06	\$79.77	\$78.70
		U6	\$108.05	\$63.81	\$62.96
		UA	\$225.06	\$132.92	\$131.14
		UB	\$135.06	\$79.77	\$78.70
90840	each additional 30 minutes	HO	\$45.02	\$26.59	\$26.23
		HP	\$56.27	\$33.23	\$32.79
		U6	\$135.06	\$79.77	\$78.70
		UA	\$75.02	\$44.31	\$43.71
		UB	\$45.02	\$26.59	\$26.23
90845	Psychoanalysis	HO	\$90.04	\$53.18	\$52.47
		HP	\$112.53	\$66.46	\$65.57
		U6	\$72.03	\$42.54	\$41.97
		UA	\$150.04	\$88.61	\$87.43
		UB	\$90.04	\$53.18	\$52.47
90846	Family psychotherapy (without the patient present) (quantity of 1 = 60 minutes)	HO	\$90.04	\$53.18	\$52.47
		HP	\$112.53	\$66.46	\$65.57
		U6	\$72.03	\$42.54	\$41.97
		UA	\$150.04	\$88.61	\$87.43
		UB	\$90.04	\$53.18	\$52.47
90847	Family psychotherapy (conjoint psychotherapy) (with patient present) (quantity of 1 = 60 minutes)	HO	\$90.04	\$53.18	\$52.47
		HP	\$112.53	\$66.46	\$65.57
		U6	\$72.03	\$42.54	\$41.97
		UA	\$150.04	\$88.61	\$87.43
		UB	\$90.04	\$53.18	\$52.47
90849	Multiple-family group psychotherapy (quantity of 1 = 60 minutes)	HO	\$90.04	\$53.18	\$52.47
		HP	\$112.53	\$66.46	\$65.57
		U6	\$72.03	\$42.54	\$41.97
		UA	\$150.04	\$88.61	\$87.43
		UB	\$90.04	\$53.18	\$52.47

**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>Modifiers*</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/14</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/14</b>
90853	Group psychotherapy (other than of a multiple-family group) (quantity of 1 = 60 minutes)	HO	\$22.51	\$13.29	\$13.12
		HP	\$28.11	\$16.60	\$16.38
		U6	\$18.01	\$10.64	\$10.49
		UA	\$37.51	\$22.15	\$21.86
		UB	\$22.51	\$13.29	\$13.12
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	HO	\$45.02	\$26.59	\$26.23
		HP	\$56.27	\$33.23	\$32.79
		U6	\$36.02	\$21.27	\$20.99
		UA	\$75.02	\$44.31	\$43.71
		UB	\$45.02	\$26.59	\$26.23
90876	45 minutes	HO	\$90.04	\$53.18	\$52.47
		HP	\$112.53	\$66.46	\$65.57
		U6	\$72.03	\$42.54	\$41.97
		UA	\$150.04	\$88.61	\$87.43
		UB	\$90.04	\$53.18	\$52.47
90880	Hypnotherapy (quantity of 1 = 60 minutes)	HO	\$90.04	\$53.18	\$52.47
		HP	\$112.53	\$66.46	\$65.57
		U6	\$72.03	\$42.54	\$41.97
		UA	\$150.04	\$88.61	\$87.43
		UB	\$90.04	\$53.18	\$52.47

**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>Modifiers*</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/14</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/14</b>
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	\$90.04	\$53.18	\$52.47
		HP	\$112.53	\$66.46	\$65.57
		U6	\$72.03	\$42.54	\$41.97
		UA	\$150.04	\$88.61	\$87.43
		UB	\$150.04	\$88.61	\$87.43
90899	Unlisted psychiatric service or procedure (quantity of 1.0 = 60 minutes)	HO	\$90.04	\$53.18	\$52.47
		HP	\$112.53	\$66.46	\$65.57
		U6	\$72.03	\$42.54	\$41.97
		UA	\$150.04	\$88.61	\$87.43
		UB	\$90.04	\$53.18	\$52.47
99354	Prolonged service in the office or 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)	HO	\$135.06	\$79.77	\$78.70
		HP	\$168.80	\$99.69	\$98.36
		U6	\$108.05	\$63.81	\$62.96
		UA	\$225.06	\$132.92	\$131.14
		UB	\$135.06	\$79.77	\$78.70
99355	each additional 30 minutes (List separately in addition to code for prolonged service)	HO	\$67.53	\$39.88	\$39.35
		HP	\$84.40	\$49.85	\$49.18
		U6	\$54.03	\$31.91	\$31.48
		UA	\$112.53	\$66.46	\$65.57
		UB	\$67.53	\$39.88	\$39.35
H0005	Alcohol and/or drug services; group counseling by a clinician (quantity of 1.0 = 60 minutes)	HN	\$15.01	\$8.86	\$8.75
		HO	\$22.51	\$13.29	\$13.12
		HP	\$28.11	\$16.60	\$16.38
		UA	\$37.51	\$22.15	\$21.86



**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>Modifiers*</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid Through 9/30/14</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/14</b>
H0022	Alcohol and/or drug intervention service (planned facilitation) (quantity of 1.0 = per person in group per 60 minutes)	HN	\$60.00	\$35.44	\$34.96
		HO	\$90.04	\$53.18	\$52.47
		HP	\$112.53	\$66.46	\$65.57
		UA	\$150.04	\$88.61	\$87.43
T1006	Alcohol and/or substance abuse services, family/couple counseling (quantity of 1.0 = 60 minutes)	HN	\$60.00	\$35.44	\$34.96
		HO	\$90.04	\$53.18	\$52.47
		HP	\$112.53	\$66.46	\$65.57
		UA	\$150.04	\$88.61	\$87.43

**\* Modifiers and Descriptions**

HN	Bachelors degree level
HO	Masters degree level
HP	Doctoral level
U6	Qualified treatment trainee with a graduate degree
UA	MD, Psychiatrist
UB	Advanced Practice Nurse Prescriber with Psychiatric Specialty

# 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:

<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 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.

<b>Maximum Allowable Fees for Community Recovery Services</b>					
<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Modifier and Description</b>	<b>Contracted Rate</b>	<b>Reimbursement (Federal Share) Paid 7/1/14 Through 9/30/14*</b>	<b>Maximum Allowable Fee (Federal Share) Effective on and After 10/1/14*</b>
H0038	Self-help/peer services, per 15 minutes	TU — Travel Time	\$9.78	\$5.78	\$5.70
H0043	Supported housing, per diem	TU — Travel Time U8 — Periodic U9 — Per Diem	\$5.00 periodic (15-minute increments) \$125.00 per diem	\$2.95 periodic \$73.83 per diem	\$2.91 periodic \$72.84 per diem
H2023	Supported employment, per 15 minutes	TU — Travel Time	\$11.51	\$6.80	\$6.71

\* 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.