

January 26th, 2018: This *ForwardHealth Update* has been revised since its original publication. Providers should refer to the maximum allowable fee schedule for the correct rates. Several rates published in the attachments of this *Update* were recently revised. ForwardHealth will be publishing another Update soon with current information.



Update
December 2017
No. 2017-41

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, Outpatient Substance Abuse Clinics, Physician Clinics, Physicians, Psychiatrists, Psychologists, Qualified Treatment Trainees, Substance Abuse Counselors, HMO and Other Managed Care Programs

Increased Reimbursement and Changes to Claims Submission Requirements for Outpatient Behavioral Health Services

Overview

In October 2017, Governor Scott Walker directed the Wisconsin Department of Health Services to increase reimbursement for professionals providing outpatient mental health and substance use disorder services. As a result, effective for dates of service (DOS) **on and after** January 1, 2018, ForwardHealth will implement changes to the rate structure, maximum allowable fee schedule, and units of time for outpatient mental health and substance use disorder services. These reimbursement changes simplify the fee schedule for outpatient behavioral health services and increase reimbursement rates to more accurately reflect the value of these high-need and cost-effective services. The changes to the rate structure and max fees do not change other BadgerCare Plus and Medicaid program requirements for outpatient behavioral health services, including allowable providers, documentation requirements, and medical necessity.

Note: The updates to the rate structure and fee schedule **only** apply to the services outlined in the Outpatient Mental Health and Outpatient Substance Abuse service areas of the ForwardHealth Online Handbook on the ForwardHealth Portal.

Rate Structure

Effective for DOS **on and after** January 1, 2018, the rate structure for outpatient behavioral health services will be modified from a four-rate structure to a two-rate structure. For most outpatient behavioral health services, ForwardHealth will now set two max fees per procedure. Providers will continue to be reimbursed at a particular rate according to their qualifications and the type of treatment provided. Refer to Attachment 1 of this *ForwardHealth Update* for a complete table of the behavioral health provider reimbursement rate assignments.

Reimbursement Rates

Effective for DOS **on and after** January 1, 2018, ForwardHealth reimbursement rates will be increased for outpatient behavioral health services. The fee schedules listed on the Portal will be updated on January 1, 2018, when the new rates are effective. Refer to Attachment 2 for the full list of the impacted Healthcare Common Procedure Coding System (HCPCS) procedure codes and their established rates.

For the current reimbursement rates, refer to the fee schedules by clicking the Fee Schedules link in the Providers quick link box on the home page of the Portal.

Department of Health Services

Substance Abuse Claims Submission Requirements

Effective for DOS **on and after** January 1, 2018, HCPCS codes H0005, H0022, H0047, and T1006 will represent 15 minutes of service per one unit. Refer to Attachment 3 for a complete table of the listed HCPCS procedure codes and their required modifiers.

When submitting claims, providers are required to round codes to the closest unit of time, per HCPCS rounding guidelines. A unit of time has been reached when a provider has completed 51 percent of the designated time.

Note: The updates to the units of time for substance use disorder services apply to the procedure codes covered in both the Outpatient Substance Abuse and the Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults service areas of the Online Handbook.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to providers on a fee-for-service basis only. For managed care policy and rates, contact the appropriate managed care organization (MCO). MCOs 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 Medicaid Services, the 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, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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ATTACHMENT 1

Behavioral Health Provider Reimbursement Rates Assignments

Effective for dates of service **on and after** January, 1, 2018, the reimbursement structure will be modified to the two-tier structure below to align with Medicare tiers. For the current reimbursement rates, refer to the maximum allowable fee schedules by clicking the Fee Schedules link in the Providers quick links box on the home page of the ForwardHealth Portal at www.forwardhealth.wi.gov/.

Provider Qualifications	Modifier	Mental Health Rates	Substance Abuse Rates
M.D. Psychiatrist	UA	Rate 1	Rate 1
Advanced Practice Nurse Prescriber	UB	Rate 1	Rate 1
Ph.D. Psychologist	HP	Rate 1	Rate 1
Licensed or Certified Psychotherapist	HO	Rate 2	Rate 1*
Qualified Treatment Trainee	U6	Rate 2	N/A
Substance Abuse Counselor	HN	N/A	Rate 2

* Psychotherapists with a substance use disorder treatment specialty.

ATTACHMENT 2

Behavioral Health Provider Reimbursement Rates Assignments

Effective for dates of service **on and after** January, 1, 2018, the maximum allowable fees will be updated. Procedure codes where a Rate 2 is not listed indicates that either no changes were made to the existing rate or providers in that tier are not eligible to provide the service. For the current reimbursement rates, refer to the maximum allowable fee schedules by clicking the Fee Schedules link in the Providers quick link box on the home page of the ForwardHealth Portal at www.forwardhealth.wi.gov/.

Procedure Code	Description	Rate	Established Max Fee
90785	Interactive complexity (List separately in addition to the code for primary procedure)	Rate 1	13.72
		Rate 2	10.29
90791	Psychiatric diagnostic evaluation	Rate 1	129.03
		Rate 2	96.77
90792	Psychiatric diagnostic evaluation with medical services	Rate 1	144.14
90832	Psychotherapy, 30 minutes with patient	Rate 1	62.89
		Rate 2	47.17
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	Rate 1	64.93
90834	Psychotherapy, 45 minutes with patient	Rate 1	83.56
		Rate 2	62.67
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	Rate 1	82.20
90837	Psychotherapy, 60 minutes with patient	Rate 1	125.25
		Rate 2	93.94
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	Rate 1	108.34

Procedure Code	Description	Rate	Established Max Fee
90839	Psychotherapy for crisis; first 60 minutes	Rate 1	130.95
		Rate 2	98.21
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to the code for primary service)	Rate 1	62.54
		Rate 2	46.91
90845	Psychoanalysis	Rate 1	89.72
		Rate 2	67.29
90846	Family psychotherapy (without the patient present), 50 minutes	Rate 1	100.99
		Rate 2	75.74
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	Rate 1	104.92
		Rate 2	78.69
90849	Multiple-family group psychotherapy	Rate 1	34.02
		Rate 2	25.51
90853	Group psychotherapy (other than of a multiple-family group)	Rate 1	27.92
		Rate 2	22.74
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital [Amytal] interview)	Rate 1	164.11
		Rate 2	123.08
90870	Electroconvulsive therapy (includes necessary monitoring)	Rate 1	173.02
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	Rate 1	60.34
		Rate 2	45.26
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	Rate 1	105.67
		Rate 2	79.26
90880	Hypnotherapy	Rate 1	99.81
		Rate 2	74.86
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	Rate 1	86.16
		Rate 2	64.62

Procedure Code	Description	Rate	Established Max Fee
90899	Unlisted psychiatric service or procedure	Rate 1	83.56
		Rate 2	62.67
96150	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	Rate 1	21.36
		Rate 2	16.02
96151	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	Rate 1	20.64
		Rate 2	15.48
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	Rate 1	20.23
		Rate 2	14.69
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	Rate 1	5.11
		Rate 2	3.33
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	Rate 1	20.23
		Rate 2	14.42
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)	Rate 1	22.12
		Rate 2	16.59
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)	Rate 1	126.39
		Rate 2	94.79
99355	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)	Rate 1	95.34
		Rate 2	75.51
H0005	Alcohol and/or drug services; group counseling by a clinician	Rate 1	4.21
		Rate 2	3.16
H0022	Alcohol and/or drug intervention service (planned facilitation)	Rate 1	20.89
		Rate 2	15.67
H0047	Alcohol and/or other drug abuse services, not otherwise specified	Rate 1	20.89

Procedure Code	Description	Rate	Established Max Fee
T1006	Alcohol and/or substance abuse services, family/couple counseling	Rate 1	26.23
		Rate 2	19.67
96101	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	Rate 1	80.93
96102	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	Rate 1	60.29
96103	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	Rate 1	43.60
96105	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	Rate 1	105.81
96110	Developmental screening, with interpretation and report, per standardized instrument form	Rate 1	9.08
96111	Developmental Testing (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report	Rate 1	128.89
96116	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	Rate 1	90.53
96118	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 with the patient and time interpreting test results and preparing the report	Rate 1	96.03

Procedure Code	Description	Rate	Established Max Fee
96119	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	Rate 1	77.36
96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	Rate 1	72.84

ATTACHMENT 3

Substance Abuse HCPCS Codes Represented by 15 Minutes of Service per One Unit

Effective for dates of service **on and after** January 1, 2018, the following Healthcare Common Procedure Coding System (HCPCS) codes will be represented by 15 minutes of service per one unit.

HCPCS Code	Description	Modifier (Required)	Unit Time Allocation	Rates
H0005	Alcohol and/or drug services; group counseling by a clinician	HN, HO, HP, UA	1 unit = 15 minutes	Rate 1 – 4.21
				Rate 2 – 3.16
H0022*	Alcohol and/or drug intervention service (planned facilitation)	HN, HO, HP, UA	1 unit = 15 minutes	Rate 1 – 20.89
				Rate 2 – 15.67
H0047	Alcohol and/or drug abuse services, not otherwise specified	HO, HP, UA	1 unit = 15 minutes	Rate 1 – 20.89
T1006	Alcohol and/or substance abuse services, family/couple counseling	HN, HO, HP, UA	1 unit = 15 minutes	Rate 1 – 26.23
				Rate 2 – 19.67

* Providers should use this HCPCS code for **individual** alcohol and/or drug intervention services.

The following table lists the applicable modifiers that providers are required to use when submitting claims for outpatient substance abuse services. Not all providers may be reimbursed for all substance abuse services.

Modifier	Provider
HN	Wisconsin Department of Safety and Professional Services-certified substance abuse counselors or clinical substance abuse counselors who are not a certified or licensed psychotherapist
HO	Licensed or certified psychotherapists who have a DSPS certificate as a substance abuse counselor or clinical substance abuse counselor or a DSPS issued substance abuse specialty (Licensed or certified psychotherapists include licensed or certified social workers, professional counselors, or marriage/family therapists who have completed their 3,000 hours of post-graduate supervised clinical hours, per DSPS, or who have a a DQA Provider Status Approval letter).
HP	Psychologist, Ph.D.
UA	Psychiatrist billing mental health and substance abuse services Physician billing substance abuse services Physician assistant billing substance abuse services