

Update
April 2018

No. 2018-15

Affected Programs: BadgerCare Plus, Medicaid

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

New Policy for Outpatient Behavioral Health Services

Overview

This ForwardHealth Update announces policy changes for behavioral health providers. Effective for dates of service (DOS) on and after May 1, 2018, the following new policy for outpatient mental health services will be implemented:

- New group enrollment criteria for independent mental health providers
- New allowable places of service (POS) for independent mental health providers and group practices

Note: The policy above **only** applies to outpatient mental health services. Services provided under other benefits (e.g., In-Home Mental Health/Substance Abuse Treatment Services for Children, HealthCheck "Other Services") are not impacted.

Effective for DOS on and after May 1, 2018, the following new policy for outpatient substance abuse services will be implemented:

- New enrollment for substance abuse counselors-intraining
- Dual enrollment for qualified treatment trainees (QTTs) and substance abuse counselors

Independent Mental Health Providers

The following is a list of allowed independent mental health providers and their governing Wisconsin Statutes in parentheses:

- Advanced Practice Nurse Prescribers (APNP) (Wis. Stat. ch. 441)
- Licensed clinical social worker (LCSW) (Wis. Stat. ch. 457)
- Licensed marriage and family therapist (LMFT) (Wis. Stat. ch. 457)
- Licensed professional counselor (LPC) (Wis. Stat. ch. 457)
- Licensed psychologist (Wis. Stat. ch. 455)
- Psychiatrists (Wis. Stat. ch. 448)

Policy changes for independent mental health providers only apply to the providers in the list above.

Group Enrollment

Currently, ForwardHealth allows psychologists, psychiatrists, and APNPs to enroll as a group. All providers in the group must have the same mental health specialty.

Effective for DOS on and after May 1, 2018, all independent mental health providers, including those with different mental health specialties, are allowed to enroll as a

group practice. Groups of individual practitioners are enrolled as billing-only providers as an accounting convenience. This allows the group to receive one reimbursement, one Remittance Advice, and the 835 Health Care Claim Payment/Advice transaction for covered services rendered by individual practitioners within the group.

ForwardHealth requires at least two independent mental health providers of any mental health specialty, to qualify as a group practice. Rendering-only providers do not count towards the requirement for two or more independent providers to qualify in group practice. Any provider who can render psychotherapy services may work within a group. All individual providers in the group must be listed, and it is their responsibility to keep the list current. Providers can update this information using the Demographic maintenance tool on the Portal. This can be reached through the ForwardHealth Portal by logging in and clicking the Demographic Maintenance link.

Providers may not have more than one group practice enrolled in Wisconsin Medicaid, Wisconsin Chronic Disease Program, or the Wisconsin Well Woman Program with the same ZIP+4 code address, National Provider Identifier (NPI), and taxonomy code combination. Provider group practices located at the same ZIP+4 code address are required to differentiate their enrollment using an NPI or taxonomy code that uniquely identifies each group practice. For more information on how to enroll, refer to the Provider Enrollment Information page, which can be reached by clicking the Become a Provider link on the homepage of the Portal.

Group Billing

Effective for DOS on and after May 1, 2018, group practices are allowed to submit claims for services provided by any individual provider enrolled with the group. These claims must designate the group provider as the billing provider.

As a reminder, all providers enrolled in a group are required to be Medicaid enrolled. Groups are required to identify the provider(s) who rendered the service(s) on claims. Claims from group billers that are submitted without a certified rendering provider will be denied. On claims submitted to ForwardHealth, provider group practices are reminded that they are required to use the group practice's NPI as the billing provider and the individual provider's NPI as the rendering provider. Providers must meet all ForwardHealth treatment requirements.

As a reminder, all outpatient mental health services are subject to audit.

Place of Service

Currently and for DOS **before** May 1, 2018, outpatient mental health services provided in the home are restricted to central nervous system assessments/tests and for outpatient mental health services for members under 21 years of age. Services provided in the home are only reimbursable when billed by a DHS 35-certified mental health outpatient clinic. Independent providers who are able to bill Medicaid directly for outpatient mental health services may only be reimbursed for psychotherapy provided in the provider's office or a school.

Effective for DOS on and after May 1, 2018, independent mental health providers and mental health group practices may be reimbursed for outpatient mental health services provided to members under 21 years of age in any allowable POS, regardless of DHS 35 certification status. For services provided outside an office setting (POS 11), the provider must document the therapeutic reasons which show that it is appropriate to use an alternative location to support the member's recovery. As a reminder, all POS codes should accurately reflect where the service was provided. For all allowable POS codes for the outpatient mental health benefit, refer to the Place of Service Codes topic (topic #6125) in the Codes chapter of the Covered and Noncovered Services section of the Outpatient Mental Health service area of the Online Handbook.

As a reminder, ForwardHealth does not cover outpatient mental health services for members aged 21 years and older in the home under the "Outpatient Mental Health" benefit. ForwardHealth expects that outpatient mental health services

provided in the home for adults will continue to be provided under the separate benefit, Outpatient Mental Health and Substance Abuse Services in the Home and Community for Adults.

Substance Abuse Counselors-in-Training

Overview of Medicaid Policy

Substance abuse counselors-in-training are required to follow all policy and procedures for the benefit under which they are providing services. For the most complete and up-to-date information regarding Medicaid enrollment, covered services, prior authorization, claims submission, member information, and other policy and procedures, providers should access the Online Handbook for the applicable benefit area. The Online Handbook is located on the Portal at www.forwardhealth.wi.gov/.

Medicaid Enrollment

Effective for DOS on and after May 1, 2018, substance abuse counselors-in-training may be enrolled in Wisconsin Medicaid as substance abuse counselors. In order to qualify for enrollment in Wisconsin Medicaid, substance abuse counselors-in-training are required to have Wisconsin Department of Safety and Professional Services (DSPS) substance abuse counselor-in-training certification. For more information on how to enroll, refer to the Provider Enrollment Information page on the Portal by clicking the Become a Provider link on the home page.

Substance abuse counselors-in-training who meet the requirements will be enrolled as **rendering-only providers**.

Notice of Medicaid Enrollment Decision

Wisconsin Medicaid will notify substance abuse counselorsin-training of the status of their Medicaid enrollment usually within 10 business days, but no more than 60 days, after receipt of the completed enrollment application. Wisconsin Medicaid will either approve the application — and enroll the substance abuse counselor — or deny the application. If the enrollment application is denied, Wisconsin Medicaid will give the substance abuse counselor reasons, in writing, for the denial.

Supervision Requirements

As a reminder, ForwardHealth expects providers to adhere to all supervision requirements as indicated by DSPS licensing. The following requirements continue to apply to all substance abuse counselor providers who will be supervising other providers, particularly rendering-only providers.

Substance abuse counselors-in-training are required to follow all supervision requirements detailed in the following sources:

- All applicable DSPS regulations
- Requirements specified in Wis. Admin. Code ch. DHS
 75
- Requirements published in the Online Handbook under the benefit for which they are providing services
- Requirements specified in Wis. Admin. Code chs. SPS 162 and 163

Covered Services

Substance abuse counselors-in-training may render the same services as substance abuse counselors, provided that the substance abuse counselor-in-training's supervisor considers these services appropriate for their level of skills and training. Performance of the services provided by the substance abuse counselor-in-training must be consistent with the clinic's personnel policies and procedures.

Claim Submission

Effective for DOS on and after May 1, 2018, modifier HL will be required on claims for services provided by substance abuse counselors-in-training. Modifier HL is an informational modifier that will be used by ForwardHealth to differentiate between substance abuse counselors and substance abuse counselors-in-training. A claim submitted for services provided by a substance abuse counselor-in-training must include all of the following:

- The substance abuse counselor-in-training will be listed as the rendering provider
- The clinic's NPI will be listed as the billing provider
- The professional level modifier HN
- The informational modifier HL indicating that a substance abuse counselor-in-training rendered the service

For a complete list of modifiers and their descriptions, refer to the Professional Level Modifiers topic (topic #5957) in the Codes chapter of the Covered and Noncovered Services section of the Outpatient Substance Abuse service area of the Online Handbook.

Changing Medicaid Enrollment

Once a substance abuse counselor-in-training completes their training — and meets all other requirements — they may update their certification status in their provider file with ForwardHealth to become a substance abuse counselor. Providers are allowed to submit claims without the HL modifier after updating their certification status on file.

Providers can update their certifications using the demographic maintenance tool on the Portal, which can be reached by logging in and clicking the Demographic Maintenance link.

Dual Enrollment

Effective for DOS on and after May 1, 2018, providers who meet the ForwardHealth provider requirements for QTTs and substance abuse counselors will be allowed to dual enroll. As a reminder, providers must submit a separate enrollment application to become dual enrolled.

Providers must keep their documentation for each specialty separate and ensure they update the correct files when making changes to their enrollment documentation. For more information on how to enroll, refer to the Provider Enrollment Information page of the Portal, which can be reached by clicking the Become a Provider link on the home page.

QTT Changing Medicaid Enrollment

Once a QTT completes their training — and meets all other requirements — they may update their certification status in their provider file with ForwardHealth to become a licensed psychotherapist with substance abuse counselor specialty. Once updated, the separate QTT and substance abuse counselor enrollments will be end dated.

Providers can update their certifications using the demographic maintenance tool on the Portal, which can be reached by logging in and clicking the Demographic Maintenance link.

Documentation Requirements

Providers are responsible for meeting medical and financial documentation requirements. Refer to Wis. Admin Code § DHS 106.02(9)(a) for preparation and maintenance documentation requirements and Wis. Admin. Code § DHS 106.02(9)(c) for financial record documentation requirements. The documentation must accurately reflect the services rendered and support the level of service submitted on the claim.

The following are the medical record documentation requirements stated in Wis. Admin. Code § DHS 106.02(9)(b), as they apply to all mental health and substance abuse services. In each element, the applicable administrative code language is in parentheses. Providers are required to maintain the following written documentation in the member's medical record, as applicable:

- Date, department, or office of the provider, as applicable, and provider name and profession
- Presenting problem (chief medical complaint or purpose of the service or services)
- Assessments (clinical findings, studies ordered, or diagnosis or medical impression)
 - ✓ Intake note signed by the therapist (clinical findings)
 - ✓ Information about past treatment, such as where it occurred, for how long, and by whom (clinical findings)
 - Mental status exam, including mood and affect, thought processes — principally orientation X3, dangerousness to others and self, and behavioral and motor observations. Other information that may be essential depending on presenting symptoms includes thought processes other than orientation X3, attitude, judgment, memory, speech, thought content, perception, intellectual functioning, and general appearance (clinical findings and/or diagnosis or medical impression)

- ✓ Biopsychosocial history, which may include, depending on the situation, educational or vocational history, developmental history, medical history, significant past events, religious history, substance abuse history, past mental health treatment, criminal and legal history, significant past relationships and prominent influences, behavioral history, financial history, and overall life adjustment (clinical findings)
- ✓ Psychological, neuropsychological, functional, cognitive, behavioral, and/or developmental testing as indicated (studies ordered)
- ✓ Current status, including mental status, current living arrangements and social relationships, support system, current activities of daily living, current prescribed medications, current and recent substance abuse usage, current personal strengths, current vocational and educational status, and current religious attendance (clinical findings)
- ✓ Required substance abuse assessments that include documentation of nationally approved screening assessment to assure the appropriate level of care (e.g., the American Society for Addiction Medicine placement criteria)
- Treatment plans, including treatment goals, which are expressed in functional terms that provide measurable indices of performance, planned intervention, mechanics of intervention (frequency, duration, responsible party[ies]) (disposition, recommendations, and instructions given to the member, including any prescriptions and plans of care or treatment provided)
- Progress notes (therapies or other treatments administered) that provide data relative to accomplishment of the treatment goals in measurable terms and must document significant events related to the person's treatment plan and assessments and that contribute to an overall understanding of the person's ongoing level and quality of functioning

Supervision Requirements

As a reminder, ForwardHealth expects providers to adhere to all supervision requirements as indicated by DSPS licensing. The following requirements continue to apply to all independent mental health providers who will be supervising other providers, particularly rendering-only providers.

Supervising providers are required to:

- Adhere to all applicable DSPS regulations. For example, LPCs, LMFTs, and LCSWs who will be supervising or submitting claims on behalf of certified providers continue to be required to be one of the following:
 - ✓ An individual certified as a LPC, LMFT, or LCSW who holds a doctorate degree in professional counseling, marriage and family therapy, or social work, or
 - ✓ An individual certified as an LPC, LMFT, or LCSW who has engaged in the equivalent of five years of full-time work as an LPC, LMFT, or LCSW. Must have adequate training, knowledge and skill to competently render any service they are supervising.
- Not permit a supervisee to engage in any service they cannot competently perform.
- Be legally, financially, and ethically responsible for the supervised activities of the supervisee.
- Be available or make appropriate provisions for emergency consultation and intervention.
- Be able to interrupt or stop the supervisee from practicing in given cases, or recommend to the supervisee's employer that the employer interrupt or stop the supervisee from practicing in given cases, and terminate the supervised relationship, if necessary.

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 (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/.

P-1250