This Update has been revised since its original publication. Information under Covered Services has been changed for the definition of mental health clinical consultation.



Update
July 2018

No. 2018-25

Affected Programs: BadgerCare Plus, Medicaid

To: Advance Practice Nurse Prescribers With Psychiatric Specialty, Community Health Centers, 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, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

New Outpatient Mental Health Policy Adding Coverage of Mental Health Clinical Consultations for Students

Effective for dates of service on and after July 1, 2018, mental health clinical consultations for members who are students under 21 years of age with an established mental health diagnosis are covered services under the Outpatient Mental Health services benefit.

Covered Services

As established in 2017 Wisconsin Act 59, a mental health clinical consultation is a communication from a mental health provider to coordinate services for a BadgerCare Plus or Medicaid beneficiary, who is a student under 21 years of age with an established mental health diagnosis. The intent of the mental health clinical consultation is to inform individuals working with the member of the following:

- Member's symptoms
- Strategies for effective engagement, care, and intervention
- Treatment expectations for the member

Mental health clinical consultations are reimbursable services when provided by enrolled mental health providers currently allowed to render outpatient mental health services to any of the following:

- Educator teams
- Individual educators
- School staff

Mental health clinical consultations may be provided via telephone or face-to-face interviews. The content and duration of the mental health clinical consultation must be documented. Mental health clinical consultations follow the same documentation requirements as other outpatient mental health services. These requirements can be found in the Documentation chapter of the Provider Enrollment and Ongoing Responsibilities section of the Outpatient Mental Health service area of the ForwardHealth Online Handbook at www.forwardhealth.vi.gov/.

Note: This policy does not apply to the School-Based Services benefit. For coverage information regarding the School-Based Services benefit, refer to the School-Based Services service area of the Online Handbook.

Noncovered Services

Mental health clinical consultations not related to the member's diagnosis or treatment for mental illness are considered noncovered services. As a reminder, outpatient mental health services for persons with the primary diagnosis of intellectual disability are considered noncovered services, except when they experience psychological problems that necessitate psychotherapeutic intervention.

For a list of noncovered services, refer to the Noncovered Services topic (topic #6117) of the Noncovered Services chapter of the Covered and Noncovered Services section of the Outpatient Mental Health service area of the Online Handbook.

Claims Submission

Codes and Modifiers

Mental health providers are required to use Healthcare Common Procedure Coding System procedure code H0046 (Mental health services, not otherwise specified) to bill for 15-minute increments of mental health clinical consultations. Units must be rounded to the closest 15-minute unit, per *Current Procedural Terminology* rounding guidelines. Mental health clinical consultations may only be billed separately as an individual service and cannot be billed as a part of any other service or assessment.

Providers are required to indicate the member's established mental health diagnosis with an appropriate *International Classification of Diseases* diagnosis code.

Providers are required to use the appropriate professional level modifiers when submitting claims. For a complete list of professional modifiers and their descriptions, refer to the Modifiers topic (topic #6218) in the Codes chapter of the Covered and Noncovered Services section of the Outpatient Mental Health service area of the Online Handbook.

Information Regarding Managed Care Organizations

This is a new service available for all eligible members, regardless of enrollment in an HMO. BadgerCare Plus and Medicaid HMOs 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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