

# ForwardHealth **UPDATE**

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## REIMBURSEMENT CHANGES AND PROVIDER TRAVEL POLICY CLARIFICATION FOR IN-HOME MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT SERVICES FOR CHILDREN

### Reimbursement Changes

Effective for dates of service (DOS) on and after August 1, 2024, ForwardHealth has made changes to reimbursements for in-home mental health and substance abuse treatment services for children:

- ForwardHealth has increased reimbursement rates for in-home mental health and substance abuse treatment services for children. Refer to the [maximum allowable fee schedule](#) for current reimbursement rates.
- ForwardHealth has changed the reimbursement policy for services provided by a two-member provider treatment team. Each team member will be reimbursed at the rate associated with their respective professional credential(s).

### AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

### TO

Advanced Practice Nurse Prescribers With Psychiatric Specialty, Child/Adolescent Day Treatment Providers, HealthCheck "Other Services" Providers, 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, Psychologists, Qualified Treatment Trainees, Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Agencies, Substance Abuse Counselors, HMOs and Other Managed Care Programs

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(2)(a)9 and Wis. Admin Code § DHS 107.22.



Note: There are no changes to the coverage or eligibility criteria for in-home mental health and substance abuse treatment services for children.

ForwardHealth still requires all in-home mental health and substance abuse treatment service provider to submit two forms for reimbursement:

- Prior Authorization Request Form (PA/RF), F-11018 (05/2013)
- Prior Authorization/Intensive In-Home Treatment Attachment (PA/ITA), F-11036 (12/2019)

Providers may search for forms on the [Forms](#) page of the ForwardHealth Portal.

## Claims Submission Requirements for Services Provided by Two Team Members

If two providers render services to the same member at the same time, there are two claims submission options:

- Each provider's time is submitted on a separate claim.
- Both providers' time is submitted on one claim, with each provider's time indicated on a separate detail line.

All claims must include a professional level modifier.

Note: When the second provider does not meet criteria to enroll as an individual practitioner, the supervisor must be listed as the renderer on the claim detail line for the second provider, and the modifier must reflect the second provider's professional level (not the supervisor's professional level).

Refer to the ForwardHealth Online Handbook's Program Requirements topic [#7485](#) for more information about team members' roles.

## Provider Travel Time Clarification

Effective for DOS on and after August 1, 2024, providers are required to indicate Current Procedural Terminology (CPT) code **99199** (Unlisted special service, procedure or report) on claims for provider travel time to deliver in-home mental health and substance abuse treatment services for children.

## QUICK LINKS

- [ForwardHealth Online Handbook](#)
- [Interactive fee schedules](#)

## Coverage Requirements and Limitations

These coverage requirements and limitations are related to provider travel time for in-home mental health and substance abuse treatment services for children:

- CPT code 99199 is limited to 12 units per provider per DOS for each member served. One unit is equal to 15 minutes of travel.
- Travel time and distance traveled (in miles) must be documented in the member's medical record and should consist of:
  - The time it takes to travel directly to the member's home from the provider's office or the previous patient appointment, whichever is less.
  - The return trip from the member's home to the provider's office, unless the provider travels directly to another patient appointment.

## Claims Submission Requirements

When submitting claims for travel time, providers are required to indicate:

- CPT code 99199.
- Modifier U3 in addition to the appropriate professional level modifier.
- Place of service code 99 (Other place of service).

ForwardHealth only covers travel time when it is submitted on the same claim as the professional service. Travel time is separately reimbursed.

## Limitations

ForwardHealth generally limits travel time to one hour, one way:

- Providers are required to explain travel time in excess of two hours (eight units) round trip or one hour (four units) one-way on the PA form to be considered for an exception.
- ForwardHealth will **not** cover travel beyond three hours (12 units) per provider, per member, per DOS.
- Travel time is not covered when the member is not at home since there is no face-to-face contact.
- Providers are required to round to the closest unit of time traveled, per CPT rounding guidelines.
- A unit of time is reached when a provider completes 51 percent of the designated time.
- Providers may not claim travel time as part of the professional service.

## THE KEY MESSAGE

Providers are now required to indicate CPT code **99199** (Unlisted special service, procedure or report) on claims for provider travel time to deliver in-home mental health and substance abuse treatment services for children.

## QUICK LINKS

Fee-for-service providers should refer to the Online Handbook Provider Travel Time topics [#23417](#) and [#23418](#) for the most up-to-date policy.

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## Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to the Wisconsin Department of Health Services (DHS) upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

## Information Regarding Managed Care Organizations

This ForwardHealth Update applies to in-home mental health and substance abuse treatment services for children that members receive on a fee-for-service basis and through BadgerCare Plus, Medicaid SSI, and other managed care programs. For information about managed care implementation of the updated 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.

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**This Update was issued on 7/29/2024 and information contained in this Update was incorporated into the Online Handbook on 8/1/2024.**

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 within 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 within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).