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The Online Handbook has not yet been revised to include information in this Update.

ForwardHealth UPDATE

Wisconsin serving you

Your First Source of ForwardHealth Policy and Program Information

CLAIMS SUBMISSION INFORMATION FOR EXPANDED SCHOOL-BASED SERVICES

Effective August 11, 2025, schools that provide school-based services (SBS) can submit claims to ForwardHealth for the expanded services outlined in ForwardHealth Update 2025-20, "School-Based Services Expansion."

For general SBS policy and coverage information and requirements, refer to:

- The School-Based Services service area of the ForwardHealth Online Handbook.
- The School-Based Services provider-specific resources page of ForwardHealth Portal (the Portal).
- The Wisconsin SBS/MAC Program website.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

HealthCheck Other Services Providers, Occupational Therapists, Physical Therapists, Physician Clinics, Physicians, School-Based Services Providers, Speech-Language Pathologists, HMOs and Other Managed Care Programs

QUICK LINKS

- School-Based Services service area
- Trainings page

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code §§ DHS 105.53 and 107.36.

WISCONSIN DEPARTMENT of HEALTH SERVICES

Using Procedure Codes and Modifiers to Document Services for Reimbursement

New Allowable Procedure Codes

Effective for dates of service (DOS) on and after August 11, 2025, providers can submit claims for expanded SBS using the procedure codes included in the Attachment to this ForwardHealth Update. This includes codes and reimbursement for:

- Psychological, counseling, social work, and mental and behavorial health services.
- Therapy and audiology services.
- Nursing and physician services.
- Dental services.

Refer to the interactive maximum allowable fee schedule on the Portal for a complete list of allowable SBS procedure codes and related coverage information.

Claims submission requirements for SBS have not changed.

Modifier Requirements

ForwardHealth will no longer require modifiers on claims for SBS with DOS on and after August 11, 2025. ForwardHealth will continue to accept allowable modifiers if providers choose to include them on SBS claims.

Cost Reporting and Settlement Process and Medicaid Administrative Claiming

ForwardHealth is updating the SBS cost reporting, cost settlement, and Medicaid Administrative Claiming (MAC) processes to include the expanded services. Basic process and other requirements for cost reporting, cost settlement, and MAC remain the same. Refer to the Wisconsin SBS/MAC Program website to submit required reporting and for related resources and information.

Note: Users must log in to access this site. Each school's designated district admin for this site can begin the process to add new users.

DID YOU KNOW?

To access SBS-specific information in the max fee schedule:

- Go to the Max Fee Schedule page of the Portal.
- Click the Begin using the interactive max fee schedule link toward the bottom of the page or the Interactive Max Fee Search link in the Quick Links box at the top right side of the page.
- Click Accept on the license agreement page to access the Fee Schedule Search page.
- Click the Service Area button in the Search By heading.
- Select School Based Services from the Service Area drop-down menu.
- Click Search and the search results will appear.

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For general cost reporting, cost settlement, and MAC information, refer to the Cost Reporting and Cost Settlement Method chapters in the Settlement section of the School-Based Services service area of the Online Handbook.

Coordination With Managed Care Organizations

Students get SBS on a fee-for-service basis. However, all SBS providers and BadgerCare Plus HMOs that share a service area must attempt to:

- Sign a joint memorandum of understanding (MOU).
- Communicate with each other to coordinate care for students.

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.

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ATTACHMENT
Allowable Procedure Codes for Expanded School-Based Services

Refer to the interactive maximum allowable fee schedule for additional policy and coverage information.

NEWLY ALLOWABLE SCHOOL-BASED SERVICES PROCEDURE CODES	
Code	**Description**
Psychological, Counseling, Social Work, and Mental and Behavioral Health Services Codes	
90791	Psychiatric diagnostic evaluation
90832	Psychotherapy, 30 minutes with patient
90834	Psychotherapy, 45 minutes with patient
90837	Psychotherapy, 60 minutes with patient
90839	Psychotherapy for crisis; first 60 minutes
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
H0001	Alcohol and/or drug assessment
H0002	Behavioral health screening to determine eligibility for admission to treatment program
H0004	Behavioral health counseling and therapy, per 15 minutes
H0005	Alcohol and/or drug services, group counseling by a clinician
H0031	Mental health assessment, by nonphysician
H0034	Medication training and support, per 15 minutes
H2000	Comprehensive multidisciplinary evaluation
H2011	Crisis intervention service, per 15 minutes
S9484	Crisis intervention mental health services, per hour
Therapy and Audiology Codes	
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92551	Screening test, pure tone, air only
92552	Pure tone audiometry (threshold); air only
92553	Pure tone audiometry (threshold); air and bone
92555	Speech audiometry threshold;
92556	Speech audiometry threshold; with speech recognition
92557	Comprehensive audiometry threshold evaluation and speech recognition 92553 and 92556 combined)
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes

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NEWLY ALLOWABLE SCHOOL-BASED SERVICES PROCEDURE CODES	
Code	**Description**
Nursing and Physician Services Codes	
99173	Screening test of visual acuity, quantitative, bilateral
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

NEWLY ALLOWABLE SCHOOL-BASED SERVICES PROCEDURE CODES	
Code	**Description**
Nursing and Physician Services Codes (cont.)	
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
V2799	Vision item or service, miscellaneous
Dental Services Codes	
D0140	Limited oral evaluation—problem focused
D0191	Assessment of patient
D1206	Topical application of fluoride varnish
D1208	Topical application of fluoride—excluding varnish
D1351	Sealant—per tooth

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