

ForwardHealth **UPDATE**

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FORWARDHEALTH ENHANCES BEHAVIORAL HEALTH TREATMENT WITH MORE OPTIONS FOR CONTINUING CARE AND CONCURRENT SERVICES

ForwardHealth is expanding the availability of continuing care and concurrent service options to providers administering mental health and substance abuse treatment per Wis. Admin. Code § DHS [75](#).

Effective December 1, 2025, ForwardHealth will:

- Add [continuing care](#) coverage for members discharged from DHS 75-certified outpatient substance use disorder (SUD) treatment programs.
- Require a [new modifier](#) for billing continuing care services.
- Reimburse claims for members who receive outpatient mental health as a [concurrent service](#) with residential SUD treatment.
- Allow members receiving residential SUD treatment to also receive [medication management through Comprehensive Community Services \(CCS\)](#).

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Adult Mental Health Day Treatment Providers, Advanced Practice Nurse Prescribers With Psychiatric Specialty, Child/Adolescent Day Treatment Providers, Community Support Programs, Comprehensive Community Service Providers, Crisis Intervention Providers, HealthCheck Other Services Providers, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Intensive Outpatient Program Providers, Master's-Level Psychotherapists, Narcotic Treatment Services Providers, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Physician Clinics, Physicians, Psychiatrists, Psychologists, Qualified Treatment Trainees, Residential Substance Use Disorder Treatment Providers, Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Agencies, Substance Abuse Counselors, Substance Abuse Day Treatment Providers, HMOs and Other Managed Care Programs

- Reimburse claims for members who require [point-of-care \(POC\) drug testing](#) within the Intensive Outpatient Program (IOP) benefit.
- Require a [billing code](#) or separate POC drug testing.

Continuing Care

Some members who have completed services and been discharged may be eligible for “continuing care.” The Wisconsin Department of Health Services (DHS) [defines](#) continuing care as treatment for members who plan to continue contact with their provider, either at agreed-upon intervals or on an unplanned basis depending on unexpected needs without completing a new clinical assessment, intake, or treatment plan.

To be eligible for continuing care coverage, members must:

- Be discharged from a course of outpatient SUD or integrated treatment.
- Have a discharge plan that includes the option of continuing care.
- Seek outpatient SUD or integrated services from the clinic they were discharged from within one year of the date of discharge.
- Be treated by a clinician from the same agency that provided initial treatment.

Members are encouraged, but not required, to seek continuing care services from the same clinician who provided initial treatment. The provider may authorize the member to work with any clinician from the same agency. This must be documented in the discharge plan.

Continuing Care Reassessment Requirement Removed

Effective December 1, 2025, ForwardHealth will allow eligible members to receive coverage for additional planned or unplanned outpatient SUD or integrated services without a full reassessment.

This change only applies to:

- Mental health and SUD facilities authorized by Wis. Admin. Code §§ DHS [75.49](#) and [75.50](#).
- Services described in Wis. Admin. Code § DHS [75.24\(23\)](#).

If a member seeks services from a different agency, ForwardHealth does not consider those services to be continuing care. A qualified clinician from the new agency must complete a new intake and assessment before providing services.

QUICK LINKS

- Continuing Care topic [#23943](#)
- Concurrent Services topic [#23944](#)
- [Resources for Mental Health and Substance Abuse Providers](#) page

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code §§ DHS 75.03(24), 75.23(4), and 75.24(23).

Documenting Continuing Care Services in the Member's Discharge Plan

Providers must document continuing care services in the member's discharge plan, including:

- Which services will be offered during the one year continuing care period after discharge.
- Whether the services approved are:
 - Planned, such as regular, scheduled visits.
 - Unplanned, such as a contingency plan for unexpected needs.

Note: Unplanned visits require documentation in clinical notes. Refer to the ForwardHealth Online Handbook Documentation Requirements topic [#18998](#) for more information.

The provider must complete an updated level of care screening and make appropriate referrals if the member needs treatment outside the scope of the discharge plan.

New Billing Modifier for Continuing Care Services

Mental health and SUD service providers who bill for continuing care on dates of service on or after December 1, 2025, must use both:

- The procedure code for the services rendered.
- The new billing code modifier U2 for continuing care.

The new U2 modifier can be used with any of these procedure codes for mental health and other SUD services:

- H0005 (Alcohol and/or drug services; group counseling by a clinician)
- H0022 (Alcohol and/or drug intervention service [planned facilitation])
- H0047 (Alcohol and/or other drug abuse services, not otherwise specified)
- T1006 (Alcohol and/or substance abuse services, family/couple counseling)
- 90832 (Psychotherapy, 30 minutes with patient)
- 90834 (Psychotherapy, 45 minutes with patient)
- 90837 (Psychotherapy, 60 minutes with patient)
- 90846 (Family psychotherapy [without the patient present], 50 minutes)
- 90847 (Family psychotherapy [conjoint psychotherapy] [with patient present], 50 minutes)
- 90853 (Group psychotherapy [other than of a multiple-family group])

QUICK LINKS

- Documentation Requirements topic [#18998](#)
- Procedure Codes topic [#5807](#)
- Concurrent Adult Mental Health Day Treatment Services topic [#5917](#)
- Expectations and Documentation Requirements for Collaborating Providers topic [#21337](#)
- Concurrent Mental Health Prior Authorizations topic [#6497](#)
- Point-of-Care Drug Testing topic [#22937](#)
- Procedure Codes topic [#23741](#)
- Coordination Between Comprehensive Community Services and Residential Substance Use Disorder Treatment topic [#22997](#)

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Use of the U2 modifier for mental health procedure codes applies only to DHS 75.50-certified programs. **The U2 modifier does not apply to DHS 35 outpatient mental health clinics.** Refer to the Procedure Codes topics [#5807](#) and [#6123](#) for more information about SUD and mental health procedure codes.

Concurrent Services

DHS [defines](#) “concurrent services” as treatment by two distinct and appropriately credentialed providers for a member who has multiple substance use needs or co-occurring substance use and mental health needs. Providers must document the reason for using two different providers instead of one dually credentialed provider in the member’s record.

All ForwardHealth services must be non-duplicative and medically necessary, as required by Wis. Admin. Code § DHS [101.03\(96m\)](#). For more information about how this requirement applies to providers working together to render concurrent services, refer to the Expectations and Documentation Requirements for Collaborating Providers topic [#21337](#).

Refer to the [Resources for Mental Health and Substance Abuse Providers](#) page of the ForwardHealth Portal (the Portal) for a full list of allowed, concurrent ForwardHealth behavioral health services.

Prior Authorization

Prior authorization (PA) is not required for a member to receive concurrent behavioral health services. However, if one or more of the services typically require PA, providers must request PA for the service according to the policy for that service.

Outpatient Mental Health and Residential Substance Use Disorder Concurrent Services

Effective December 1, 2025, members participating in either a low- or high-intensity residential SUD program can receive concurrent outpatient mental health services.

Billing for Outpatient Mental Health Services

Only outpatient mental health providers may bill for outpatient mental health services. If the member receiving these concurrent services is enrolled in an HMO, the outpatient mental health provider must bill for their services

KEY TERM

Members receiving two unique behavioral health services at the same time for two or more unique needs, such as mental health and SUD services, are receiving concurrent services.



RESOURCES

Refer to the Concurrent Adult Mental Health Day Treatment Services [#5917](#) and Concurrent Mental Health Prior Authorizations [#6497](#) topics for specific instructions about requesting PA for adult mental health day treatment services.

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through the member's HMO. Outpatient mental health providers must have a contract with the member's HMO to receive reimbursement.

Providers with questions about acquiring in-network status should contact the member's HMO. Refer to the [HMO Providers Resource](#) page of the Portal for HMO contact information.

Outpatient mental health providers cannot bill for residential SUD services.

Members in Residential Substance Use Disorder Treatment Programs Permitted Medication Management Through Comprehensive Community Services

ForwardHealth must suspend a member's CCS enrollment when they use a residential SUD service outside of CCS.

Effective December 1, 2025, there will be two exceptions to this suspension to prevent service duplication:

- Members can receive "service planning and service facilitation" through CCS in the 30 days leading up to their discharge from residential SUD treatment.
- Members enrolled in CCS who are receiving residential SUD treatment are allowed to receive medication management through CCS for the duration of residential SUD treatment.

The CCS may not duplicate services provided by the residential SUD treatment program. Refer to the Coordination Between Comprehensive Community Services and Residential Substance Use Disorder Treatment topic [#22997](#) for more information.

Point-of-Care Drug Testing in Intensive Outpatient Program

Effective December 1, 2025, ForwardHealth will cover POC drug testing provided to members receiving care in IOPs certified under Wis. Admin. Code §§ DHS [75.51](#) and the [Clinical Laboratory Improvement Amendments \(CLIA\) Waiver](#).

ForwardHealth will cover POC drug testing as part of IOP when it's rendered by a Medicaid-enrolled IOP provider ([11/804 provider type and specialty](#)).

Billing for Point-of-Care Drug Testing

When billing for drug testing, IOP providers must use HCPCS code **80305** (Drug test[s], presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation

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only [eg, utilizing immunoassay (eg, dipsticks, cups, cards, or cartridges)], includes sample validation when performed, per date of service).

Refer to the Point-of-Care Drug Testing topic [#22937](#) and Procedure Codes topic [#23741](#) for more information.

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 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 continuing care and concurrent services, including IOP drug testing, 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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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 HIV 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/.