

ForwardHealth **UPDATE**

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NEW COVERAGE FOR PEER RECOVERY SUPPORT SERVICES

ForwardHealth will cover non-clinical complements to behavioral health treatment services called peer recovery support (PRS) services for dates of service (DOS) on and after April 1, 2026. Members may receive up to 520 hours of PRS services per calendar year.

This ForwardHealth Update includes:

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AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Adult Mental Health Day Treatment Providers, Advanced Practice Nurse Prescribers With Psychiatric Specialty, Community Health Centers, Community Support Programs, Crisis Intervention Providers, Hospital 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, Nurse Practitioners, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Overdose Treatment Provider Agencies, Peer Recovery Support Services Providers, Pharmacists, Physician Assistants, Physician Clinics, Physicians, Psychologists, Qualified Treatment Trainees, Rural Health Clinics, Substance Abuse Counselors, Substance Abuse Day Treatment Providers, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

Overview

Peer providers are an important part of recovery-oriented systems of care. They offer empathetic support, reduce stigma, and increase engagement in recovery activities. According to the Substance Abuse and Mental Health Services Administration, [emerging research](#) shows that peer support can be effective for supporting members' recovery from behavioral health conditions.

In Wisconsin, peers provide recovery support services in a range of settings, including peer recovery centers or peer-run respites, and are a complement to treatment. This Update specifically relates to the PRS services that are covered by Wisconsin Medicaid.

Under Wisconsin Medicaid, PRS services are non-clinical services that help support and maintain recovery for Medicaid members of all ages who are experiencing mental health challenges, substance use challenges, or both.

- Medicaid-enrolled provider agencies submit claims and receive reimbursement for PRS services.
- PRCs provide PRS services. They are individuals with lived experience who:
 - Have been trained to provide these services.
 - Are in stable recovery.
 - Are supervised by trained professionals.

Note: PRCs may be parents or adult family members of an individual who has experienced SUD or mental health challenges.

PRCs offer informational, emotional, social, and practical support under the supervision of a competent mental health professional and in line with a member's plan of care. PRCs should be aware of and sensitive to the cultural backgrounds of the members they are helping.

PRS services are part of an overall behavioral health plan of care. These services do **not** duplicate or replace clinical treatment or case management.

ForwardHealth only reimburses services that are medically necessary as defined under Wis. Admin. Code § [DHS 101.03\(96m\)](#). ForwardHealth may deny or recoup payment if a service does not meet Medicaid medical necessity requirements.

QUICK LINKS

- [Provider Enrollment Information](#) homepage
- [Trainings](#) page
- [User Guides](#) page
- [Resources for Mental Health and Substance Abuse Providers](#) page

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Peer Recovery Support Services Provider Roles and Responsibilities

PRCs provide PRS services through their employment with a PRS provider agency and under the direction and supervision of qualified professionals.

Peer Recovery Support Provider Agencies

PRS provider agencies enroll with Wisconsin Medicaid, submit claims for PRS services, and receive reimbursement.

ForwardHealth reimburses two types of agencies for providing PRS services to Medicaid members:

- Overdose treatment provider agencies certified under Wis. Admin. Code ch. [DHS 72](#) and enrolled with Wisconsin Medicaid
- Agencies or programs not certified under Wis. Admin. Code ch. DHS 72 that are enrolled with Wisconsin Medicaid to provide services through one or more of these benefits per Wis. Admin. Code § [DHS 107.13\(8\)\(a\)](#):
 - Community support programs
 - Hospitals
 - Intensive outpatient programs (IOPs)
 - Narcotic treatment services
 - Outpatient mental health services
 - Outpatient substance abuse services
 - Residential SUD treatment services
 - Substance abuse day treatment services

PRS provider agencies are responsible for making sure that PRCs receive their required supervision per Wis. Admin. Code § [DHS 72.06](#).

Note: PRS provider agencies are referred to as “providers” in this Update.

Provider Roles for Peer Recovery Support Services

This section defines PRCs and other types of professionals who support them:

- **Peer recovery coaches** provide PRS services under the supervision of competent mental health professionals. They will not be individually enrolled with Wisconsin Medicaid or be directly reimbursed by ForwardHealth.
- **Competent mental health professionals**, as defined in Wis. Admin. Code § [DHS 72.03\(4\)](#), supervise PRCs, document each supervisory session, and make sure the PRS services align with a member’s plan of care. They are listed as the rendering provider on claims. Either the competent

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mental health professional or another treatment provider develops and oversees a member's plan of care and progress. They must be individually enrolled with Wisconsin Medicaid but will not be directly reimbursed by ForwardHealth.

- **Peer recovery coach supervisors** provide co-supervision to PRCs along with competent mental professionals, as defined in Wis. Admin. Code §§ DHS [72.06\(4\)](#) and [72.06\(5\)](#). This optional position is only needed when a provider is using a co-supervision model. They will not be individually enrolled with Wisconsin Medicaid or be directly reimbursed by ForwardHealth.
- **Treatment providers** evaluate a member's treatment needs, develop a plan of care, and specify the amount and frequency of PRS services. They are licensed or certified mental health or substance use treatment professionals who are acting within their scope of practice and working within an agency certified by the Wisconsin Department of Health Services (DHS) Division of Quality Assurance. A single professional can be both the treatment provider and the competent mental health professional. They must be individually enrolled with Wisconsin Medicaid but will not be directly reimbursed by ForwardHealth for PRS services.
- **Qualified prescribers** prescribe or order PRS services within their scope of practice under law. These prescribers include Medicaid-enrolled physicians, physician assistants, advanced practice nurse prescribers, nurse practitioners, and pharmacists. A qualified prescriber is not required to be part of a treatment program but may prescribe PRS services before a member has worked with a treatment provider. They must be individually enrolled with Wisconsin Medicaid but will not be directly reimbursed by ForwardHealth for PRS services.

Requirements for Peer Recovery Coaches

PRCs are nontraditional, paraprofessional providers who are not licensed or certified by the Wisconsin Department of Safety and Professional Services, but they may be certified by other training programs. Wisconsin Medicaid does not require individual practitioners to hold a specific certification to receive reimbursement.

ForwardHealth reimburses the agency where the PRC is employed. For Medicaid reimbursement, the PRC must:

- Be supervised by a competent mental health professional as defined in Wis. Admin. Code § DHS 72.03(4).

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- Provide services according to the member’s plan of care.
- Meet and keep documentation of all education, training, experience, and supervision requirements in Wis. Admin. Code ch. DHS 72, subchapter II.

Training requirements must include:

- Forty hours of specific training.
- Twenty-four hours of supervised, relevant volunteer work or paid work experience.
- Eight hours of annual continuing education.

Supervision must be one of two types:

- **Sole supervision** by a competent mental health professional, which includes one hour of supervision (individual or group) for every 30 hours of face-to-face PRS services they provide.
- **Co-supervision** by a competent mental health professional and a PRC supervisor, which must include:
 - One hour of supervision (individual or group) by a PRC supervisor for every 30 hours of face-to-face PRS services they provide.
 - One hour of supervision (individual or group) by a competent mental health professional for every 60 hours of face-to-face PRS services they provide.

A PRC may be required by their employer to complete additional training that is tailored to a specific service setting, such as a crisis intervention program or a hospital.

Benefit Areas With Existing Peer Coverage

Comprehensive community services (CCS) and crisis intervention programs have existing coverage policy that allows certified peer specialists to render certain services within their scope of practice.

Beginning April 1, 2026, PRCs will be allowable renderers and can be reimbursed for the same services that are allowed for certified peer specialists under CCS and crisis intervention programs. CCS or crisis intervention programs do not need to submit a new enrollment. For more information on each benefit’s coverage policy, refer to the ForwardHealth Online Handbook An Overview topic [#17177](#) for CCS or the Approval Is Required by Licensed Treatment Professionals topic [#6801](#) for crisis intervention programs.

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Allowable PRC services for CCS and crisis intervention programs:

- Must be billed using the benefit-specific code(s).
- Must use the **U8 professional-level modifier** (Services provided by a peer).

To be reimbursed, PRCs must meet the requirements in Wis. Admin. Code ch. DHS 72, subchapter II, and provide services aligned with the benefit they are rendering services under.

ForwardHealth will not reimburse PRCs at a higher rate based on education, licensure, or other professional credentials. For example, if a PRC holds a Master's degree, peer services must still be billed using the U8 modifier and reimbursed at the peer rate.

ForwardHealth is not changing the coverage policy for community recovery services or SUD health home pilot sites.

These benefits have existing coverage policy, billing codes, and reimbursement approaches for PRS services. PRCs and certified peer specialists may both render peer services as allowed by each benefit's coverage policy.

“ PRS services reimbursed under Wisconsin Medicaid should not duplicate any other Medicaid-covered PRS service. A PRS service may be billed by only one provider.

PRS services reimbursed under Wisconsin Medicaid should not duplicate any other Medicaid-covered PRS service. **A PRS service may be billed by only one provider.** Duplicate billing may result in recoupment or other corrective action.

Changes for Residential Substance Use Disorder Treatment Providers

Previously, providers included hours from peer support and recovery coaching in the minimum required treatment hours for residential SUD treatment.

Residential SUD providers could bill them as a part of the daily rate. However, Wis. Admin. Code § [DHS 72.03\(15\)](#) defines PRS services as a non-clinical, complementary service rather than a treatment service. **Effective April 1, 2026, residential SUD providers may no longer include peer services in the minimum required hours of a member's weekly treatment.**

Instead, residential SUD providers will now be reimbursed separately for PRS services. Residential SUD providers must bill PRS services on a professional claim following the billing guidelines in the [Claims and Reimbursement](#) section of this Update.

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Note: PRS services rendered by residential SUD providers will be billed fee for service for all Medicaid members, including members enrolled in HMOs.

Peer Recovery Support Covered Services

PRS services are available to members of all ages enrolled in Wisconsin Medicaid, BadgerCare Plus, Medicaid SSI HMO, Family Care, Family Care Partnership, or Program of All-Inclusive Care for the Elderly (PACE).

PRS services can be authorized in one of two ways:

- A **treatment provider** can include PRS services in a member's plan of care.
- A **qualified prescriber** acting within their legal scope of practice, such as a physician, physician assistant, or nurse practitioner, can order or prescribe PRS services.

ForwardHealth does not require prior authorization (PA) for PRS services.

PRS services may include:

- Helping members set goals and accomplish the tasks and goals on their plan of care.
- Teaching members about recovery resources and strategies, including encouraging access to locations that offer opioid overdose reversal supplies, substance test kits, and disease prevention services.
- Coaching members to increase skills, coping and problem-solving strategies, and healthy behaviors that support progress toward recovery goals.
- Connecting members to community-based resources that support their recovery goals, including community health, employment, housing, education, social services, and public transportation.
- Helping members find and engage with new social networks that support recovery, such as team sports, healthy community celebrations, and other social events that are alcohol and drug free.
- Helping members engage in traditional Native American cultural wellness activities that support their recovery.
- Coaching and supporting parents or legal guardians of youth members during the recovery process.

A member's plan of care must specify the amount and frequency of PRS services based on the needs identified by their treatment provider.

DID YOU KNOW?

A PRC provides PRS services, but the rendering provider on the claim should be the competent mental health professional supervising the PRC.

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Plan of Care

A plan of care, also known as a treatment plan or service plan, is developed and maintained by the member's treatment provider and must satisfy all applicable benefit requirements. PRS services may be included in a plan of care as a complementary service.

In addition to each benefit's requirements, plans for PRS services must include:

- Treatment goals for the member.
- The recommended quantity, frequency, and duration of PRS services.

The competent mental health professional should make sure the PRC provides services that align with the member's plan of care.

Service Locations

PRCs can offer covered services in clinical settings like behavioral health clinics, residential treatment facilities, and hospital emergency departments. They can also provide covered services in non-clinical community settings, such as homes, shelters, workplaces, places of worship, schools, and parks.

Group Services

ForwardHealth will cover PRS services delivered in a group that has:

- At least two and not more than 16 members.
- No more than two PRCs leading the activity.
- At least one PRC for every 10 members.

The member's individualized plan of care must specify group services and ensure any group activities are clearly related to their treatment goals.

ForwardHealth only covers group services that are within the PRC's non-clinical scope of practice. ForwardHealth **does not cover** group activities that are purely recreational, entertainment-based, or not specifically meant to support the member's recovery (for example, concerts, bowling outings, or bingo nights).

Per the Centers for Medicare & Medicaid Services National Correct Coding Initiative (NCCI):

- Each minute of service may be reported only once on a claim.
- The same minute of service cannot be reported by two different providers.

When billing group services that are led by multiple PRCs, the two PRCs must coordinate their billing so each minute of service they provide to a member

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is only claimed once. Refer to the [Medicare NCCI Policy Manual](#) for more information.

Telehealth

PRS services should be performed in person whenever possible. PRCs may provide services through telehealth when the service can be delivered with the same quality as an in-person visit, meaning the transmission of voices, images, data, or video must be clear and understandable. Telehealth should include both audio and visual components whenever possible.

If audio-visual telehealth is not possible due to a member's preference or technology limitations, telehealth may include real-time interactive audio-only communication (that is, over the phone) if the service is functionally equivalent to the in-person service. ForwardHealth may reimburse audio-only telehealth when:

- The PRC calls the member as part of a scheduled appointment or part of their plan of care.
- The member or their parent or caregiver calls the PRC when the member is facing significant challenges in maintaining their recovery, including relapse, traumatic events, or a sudden decline in health or life circumstances (for example, job loss, eviction, or arrest).

Refer to the Telehealth Policy topic [#510](#) for information about:

- When to use telehealth.
- Allowable services.
- Documentation requirements.
- Billing modifiers.
- Other requirements and restrictions, including privacy and security requirements for ensuring the member's information remains confidential.

Note: Text messaging is **not** a covered service.

Travel

ForwardHealth does not cover the PRC's travel time to provide services or transport members. Members can receive rides to non-emergency medical appointments through the non-emergency medical transportation benefit. Refer to the General Non-Emergency Medical Transportation Information topic [#11900](#) for more information.

ForwardHealth may reimburse for PRS services a PRC provides while traveling with a member if the services are consistent with their plan of care and

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appropriately documented. For example, the PRC plans to ride with a member on a 20-minute bus ride to an appointment or recovery event. During this time, they discuss the member's coping strategies and how to improve healthy behaviors for recovery.

Services to Family Members

PRCs may provide PRS services to parents or caregivers of children receiving mental health or SUD services. This service must be related to their child's behavioral health needs, goals, and objectives as documented in their plan of care.

Documentation Requirements

PRCs must document details about individual and group service delivery for each DOS, including:

- Service start and end time.
- Service date.
- Names of both the PRC(s) and the member(s) served.
- Number of group members (for group services only).
- Place of service.
- Type of service provided.
- Brief description of services provided.
- General goals addressed.

The PRC must sign and date the documentation for each DOS.

Supervision Documentation Requirements

Competent mental health professionals must also document all supervision sessions they provide to PRCs, including the dates, times, and duration.

Supervision documentation must be retained in agency records. Certifying entities and agencies may have additional requirements for documentation.

Pre-Treatment and Post-Treatment Services

ForwardHealth will also cover:

- A 30-day pre-treatment period to help the member begin services.
- A 60-day post-treatment period to help the member continue their recovery once they have finished treatment.

Pre-Treatment Coverage

Pre-treatment services are services provided to a member before they begin formal clinical treatment. A qualified prescriber may order a time-

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limited course of PRS services when they determine that a member needs mental health and/or SUD treatment, but the member cannot begin services right away. **This would apply to a member either starting a new service or transitioning to a higher level of care.**

PRS services may be reimbursed for up to 30 consecutive days from one of the following:

- The date of a qualified prescriber's order or prescription
- The start date on a treatment provider's plan of care

The goal of pre-treatment care is to:

- Support a member during the interim period.
- Encourage a member to engage in care.
- Increase the likelihood that a member will initiate or successfully transition to the recommended treatment.

Services must be:

- Documented in and aligned with a member's individualized plan of care, including the quantity, duration, and type of PRS services.
- Provided by a PRC under the supervision of a competent mental health professional as defined in Wis. Admin. Code § [DHS 72.03\(4\)\(a\)](#).
- Properly documented by a PRC.
- Discontinued if a member declines treatment and is not admitted for services within 30 days.

Post-Treatment Coverage

To support continuing care, a treatment provider may include a time-limited course of PRS services in the plan of care when the professional determines that a member has completed a course of mental health and/or SUD treatment. **This includes whether a member has completed the course through discharge or a planned transition to a lower level of care.**

PRS services may be reimbursed for up to 60 consecutive days following a member's discharge date from services.

The goal of post-treatment care is to:

- Help the member establish healthy connections in their community.
- Encourage the member to engage with continuing care or lower-intensity treatment services.
- Reduce the risk of the member relapsing or disengaging from care during the post-treatment adjustment period.

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Services must be:

- Documented in and aligned with a member's individualized plan of care (for example, a continuing care plan, discharge plan, or aftercare plan), including the quantity, duration, and type of PRS services.
- Provided by a PRC under the supervision of a competent mental health professional as defined in Wis. Admin. Code § DHS 72.03(4)(a).
- Properly documented by a PRC.
- Discontinued no later than 60 days after discharge.

Noncovered Services

PRS services **do not** include:

- Child care.
- Any clinical activities, including assessments, diagnoses, and treatments.
- Any activities that are not directly related to a member's individualized plan of care.
- Recreational activities that are not directly related to goals on a member's plan of care.
- Sponsorship in a mutual aid or fellowship program, like a 12-step program.
- PRS services offered as an alternative to clinical treatment.
- Outreach efforts that do not result in direct member contact (like leaving a voicemail or attempting to locate a member).
- Missed appointments (no shows).

Provider Enrollment

PRS services are provided by PRCs, but PRS provider agencies enroll in Wisconsin Medicaid and are reimbursed for services. More information on reimbursement can be found in the [Claims and Reimbursement](#) section of this Update.

To be reimbursed for PRS services, PRS provider agencies must:

- [Enroll with Wisconsin Medicaid through the ForwardHealth Portal \(the Portal\)](#). This only applies to new agencies certified under Wis. Admin. Code ch. DHS 72.
- [Complete an attestation](#). This only applies to agencies that are already enrolled with Wisconsin Medicaid.
- [Maintain updated information with Wisconsin Medicaid through the Portal](#).
- [Contract with managed care organizations \(MCOs\)](#).

IN THE KNOW

Stay current by [signing up](#) for ForwardHealth's email subscription service. Select from a list of service areas to receive policy, training, and benefit information specific to those areas.

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Find more information on each of these steps below.

New Overdose Treatment Provider Agency Specialty

Beginning April 1, 2026, providers certified under Wis. Admin. Code ch. DHS 72 can enroll with the new overdose treatment provider agency specialty.

Wisconsin Medicaid Enrollment Process

Providers must enroll with Wisconsin Medicaid to be reimbursed for services provided to Medicaid or BadgerCare Plus members. PRCs will not enroll as providers to receive reimbursement. A PRS provider agency that employs PRCs must enroll as a Medicaid provider.

Once a provider starts an enrollment application, they have 10 business days to complete it. If the application is not completed within 10 business days, the provider needs to restart the application.

Providers can find more enrollment information on the [Provider Enrollment Information](#) homepage of the Portal. The **Information for Specific Provider Types** page provides enrollment information specific to mental health and substance abuse agencies.

Follow these steps to enroll as an overdose treatment provider agency:

1. Go to the [Portal](#).
2. Click **Become a Provider** in the Providers quick links box on the Portal homepage to display the Provider Enrollment Information page.
3. Click the [Start or Continue Your Enrollment Application](#) link on the Provider Enrollment Information homepage.
4. Click the [Medicaid/Border Status Provider Enrollment Application](#) link in the To Start a New Medicaid Enrollment box.
5. Read the instructions, then click **Next**.
6. Select **Organization**, then click **Next**.
7. Enter or select the applicable information, and click **Next** to continue.
8. Select **Mental Health/Substance Abuse Clinics** in the Provider Type panel.
9. Select **Overdose Treatment Provider Agency** in the Provider Specialty panel.
10. Finish filling out the application within 10 days.
11. Click **Submit**.

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Notice of Enrollment Decision

ForwardHealth will notify an applicant of their enrollment status within 90 days after receiving the complete enrollment application.

- If approved, ForwardHealth will enroll the provider with Wisconsin Medicaid.
- If denied, ForwardHealth will give the applicant the reason(s) for the denial in writing.

ForwardHealth sends a welcome letter to new Medicaid-enrolled providers. It includes a copy of the provider agreement and important program participation details, such as their assigned provider type and specialty and effective dates.

Enrollment Effective Date

The effective date of a provider's enrollment is based on the date ForwardHealth receives the complete and correct enrollment application materials from the provider.

ForwardHealth considers an application complete when it has all required information and supplemental documents.

The earliest possible effective date is the date the applicant submits their complete online provider enrollment application to ForwardHealth as long as:

- The applicant meets all applicable screening, licensure, certification, authorization, or other credential requirements on the date of submission.
- ForwardHealth receives all required supplemental documents within 30 calendar days of the date the enrollment application was submitted.

To avoid a delay of the enrollment effective date, providers are encouraged to upload documents during the enrollment process.

If ForwardHealth receives the required supplemental documents more than 30 calendar days after the provider has submitted their application, the provider's effective date will be the date ForwardHealth received all the supplemental documents.

Revalidation for Enrolled Medicaid Providers

ForwardHealth requires Medicaid-enrolled providers to revalidate their enrollment information every three years.

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ForwardHealth will mail a Provider Revalidation Notice to enrolled providers when it is time for them to revalidate. It will be mailed to the provider's practice location on file.

During the revalidation process, providers must:

- Update their enrollment information.
- Sign the Wisconsin Medicaid Provider Agreement and Acknowledgement of Terms of Participation.

Establishing a Portal Account

Once providers are enrolled, they can update their information, confirm a member's Medicaid enrollment, and submit claims by setting up a secure ForwardHealth Provider Portal account. Providers should refer to the [ForwardHealth Provider Portal Account User Guide \(PDF\)](#) for steps to request secure Portal access.

Keeping Information Current With the Demographic Maintenance Tool

Providers are responsible for keeping their information up to date by using the demographic maintenance tool on the Portal. This includes addresses and financial information.

The [ForwardHealth Portal Demographic Maintenance Tool User Guide \(PDF\)](#) shows providers how to use the demographic maintenance tool to update their information.

Attestation for Other Medicaid-Enrolled Providers

Agencies that can newly provide PRS services without being certified under Wis. Admin. Code ch. DHS 72 must complete an attestation in the demographic maintenance tool before billing for PRS services. Providers can find a list of allowable certifications in Wis. Admin. Code § [DHS 107.13\(8\)\(a\)](#). The attestation confirms that each PRC meets all the education, training, experience, and supervision requirements in Wis. Admin. Code ch. DHS 72, subchapter II.

Community health centers, rural health clinics (RHCs), and Tribal federally qualified health clinics (FQHCs) that are certified under Wis. Admin. Code ch. [DHS 35](#) or Wis. Admin. Code §§ [DHS 75.49](#) or [75.50](#) must complete the attestation as well. More information for RHCs and FQHCs can be found in the [Reimbursement](#) section of this Update.

REMINDER

Agencies enrolled in these benefits are eligible to receive reimbursement for PRS services:

- Community support programs
- Hospitals
- IOPs
- Narcotic treatment services
- Outpatient mental health services
- Outpatient substance abuse services
- Residential SUD treatment services
- Substance abuse day treatment services

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Medicaid HMOs or MCOs may request a copy of the agency's completed attestation as part of their contracting process.

Contracting With Managed Care Organizations

Beginning April 1, 2026, all Medicaid HMOs and MCOs must reimburse contracted Medicaid-enrolled providers for PRS services provided to members enrolled in their health plans. This includes BadgerCare Plus and Medicaid SSI HMOs and Family Care, Family Care Partnership, and PACE MCOs. **Overdose treatment provider agencies must have a contract with a member's HMO or MCO to receive reimbursement.**

Contracts with HMOs or MCOs may cover information such as:

- Scope of services.
- Payment terms.
- Billing processes and timelines.
- Quality standards and reporting.
- Dispute resolution processes.
- Termination and renewal terms.

Providers can find more information and contact information for HMOs or MCOs on the Portal:

- **For BadgerCare Plus or Medicaid SSI HMOs**, go to the Resources and Help tab of the [HMO Providers](#) page.
- **For Family Care, Family Care Partnership, or PACE MCOs**, go to the Help and Contacts tab of the [Family Care, Family Care Partnership, PACE Providers](#) page.

Claims and Reimbursement

As a reminder, ForwardHealth only reimburses services that are medically necessary. ForwardHealth may deny or recoup payment if a service does not meet Medicaid medical necessity requirements.

To receive payment, providers must bill ForwardHealth for covered services on a professional claim using one of three methods:

- An 837 Health Care Claim: Professional electronic transaction
- Direct Data Entry on the Portal
- A 1500 Health Insurance Claim Form

ForwardHealth requires Healthcare Common Procedure Code System (HCPCS) procedure codes and applicable modifiers on all claims. Claims or

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claim adjustments without a valid HCPCS procedure code and corresponding modifier will be denied.

Beginning April 1, 2026, providers must submit claims to one of these options:

- To ForwardHealth for PRS services provided to Medicaid and BadgerCare Plus fee-for-service members
- To the member's HMO or MCO for PRS services provided to BadgerCare Plus and Medicaid SSI HMO members or Family Care, Family Care Partnership, or PACE members

ForwardHealth will only pay claims submitted for fee-for-service members.

Managed Care Billing

Many Medicaid members receive services through managed care, so providers may need to coordinate and contract with members' HMOs or MCOs.

Billing processes may vary among HMOs and MCOs. Providers should work with each HMO or MCO to understand their specific billing requirements and ensure accurate and timely payment, including claim submission timelines, coding standards, audit procedures, and the need for additional documentation.

Note: Residential SUD providers should continue to submit claims on a fee-for-service basis.

Procedure Code and Modifiers

For DOS on and after April 1, 2026, providers can use HCPCS code H0038 (Self-help/peer services, per 15 minutes) on claims for PRS services. Providers are required to use either modifier U5 (Individual service) or HQ (Group setting) on each claim detail.

As a reminder, services rendered by a PRC for CCS and crisis intervention programs must be billed using the benefit-specific code(s) and the U8 professional-level modifier.

Providers should refer to the [maximum allowable fee schedule](#) for reimbursement rates for PRS services.

Reimbursement

ForwardHealth will only reimburse certified agencies for PRS services.

The rendering provider on the claim must be the competent mental health professional providing clinical supervision to the PRC. **No PRS services will be reimbursed to PRCs, individually enrolled providers, or billing groups.**

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PRS services may be reimbursed only if the PRC has completed all training, supervision, and work/volunteer requirements in Wis. Admin. Code ch. DHS 72, subchapter II. **ForwardHealth will not reimburse for training time.**

ForwardHealth will reimburse providers for PRS services in 15-minute units.

- Each unit of time submitted on a claim represents 15 minutes of service.
- A unit of time is reached when a provider completes 51% of the designated time unit.

The annual limit for all PRS services is 520 hours per member per calendar year. These hours include both individual and group services.

Coverage for Members Under Age 21

PRS services are available for members under age 21, and these services may not have the same coverage limitations as services for members age 21 and older.

HealthCheck, also known as Wisconsin’s Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program, is a preventive health checkup program for anyone under the age of 21 who is currently enrolled in Wisconsin Medicaid or BadgerCare Plus.

For members under age 21, coverage limitations (30 consecutive days prior to submitting an order of care, 60 consecutive days following discharge, or the 520 hour annual limit) do not apply when a service is determined to be medically necessary and reasonable for the member to be covered by Wisconsin Medicaid per Wis. Admin. Code § [DHS 107.02\(3\)\(e\)](#).

Medical necessity under HealthCheck Other Services is determined on a case-by-case basis, so most services require PA per Wis. Admin. Code § [DHS 107.02](#). Refer to the Prior Authorization for HealthCheck “Other Services” topic [#1](#) for more information about PA submission requirements.

Information for Federally Qualified Health Centers

FQHCs must be certified under Wis. Admin. Code chs. DHS 35, 72, or [75](#) to be reimbursed for PRS services. FQHCs certified under Wis. Admin. Code chs. DHS 35 or 75 must also meet the requirements of Wis. Admin. Code ch. DHS 72, subchapter II, which gives information about the education, training, supervision, and service requirements for PRS services.

CALL TO ACTION

To be reimbursed for PRS services, providers must:

- Enroll as an overdose treatment provider agency if they are a new provider.
- Complete an attestation through the demographic maintenance tool if they are an existing provider.

The information provided in this ForwardHealth Update is published in accordance with 2019 Wisconsin Act 122.

ForwardHealth will reimburse providers for PRS services on a fee-for-service basis outside the prospective payment reimbursement system. On a single DOS for a single member:

- FQHCs may be reimbursed the prospective payment system rate for a direct behavioral health service.
- The fee-for-service rate for PRS services may also be reimbursed.

Information for Rural Health Clinics

RHCs must be certified under Wis. Admin. Code chs. DHS 35, 72, or 75 to be reimbursed for PRS services. An RHC certified under Wis. Admin. Code chs. DHS 35 or 75 must also meet the requirements of Wis. Admin. Code ch. DHS 72, subchapter II, which gives information about the education, training, supervision, and service requirements for PRS services.

Payment Integrity Review Program

PRS service providers are advised that DHS may use its PIR program to safeguard the integrity of Wisconsin Medicaid from fraud, waste, and abuse. This program:

- Allows the Office of the Inspector General (OIG) to review claims prior to payment.
- Requires providers to submit all required documentation to support approval and payment of PIR-selected claims.

Refer to the Payment Integrity Review Program topic [#22798](#) and the Payment Integrity Review Supporting Documentation topic [#22797](#) for more information.

Resources

Providers are encouraged to use the following resources to help them succeed in doing business with ForwardHealth.

Upcoming Trainings

ForwardHealth will provide video trainings on April 1, 2026, with information about PRS policy, instructions on how to enroll, and instructions on how to submit claims. Providers, HMOs, and MCOs can watch these videos on the [Trainings](#) page of the Portal.

Office of the Inspector General Trainings

Providers should review the trainings under the Office of the Inspector General (OIG) drop-down menu of the [Trainings](#) page for more information on:

- Fraud, waste, and abuse.
- Self-audit tips.

These will help providers understand the OIG's oversight and what audit processes DHS will use to monitor PRS providers.

ForwardHealth Updates and Online Handbook

Updates are the first sources of provider information and announce the latest information on policy and coverage changes.

Providers can find Wisconsin Medicaid policy and billing information in the [Online Handbook](#). ForwardHealth will add information about PRS services in the new **Peer Recovery Support Services** service area under the BadgerCare Plus and Medicaid program area that will be available after publication of this Update. The Online Handbook is updated when new policy changes go into effect. Providers can access this information without a secure Provider Portal account. More information can be found in the Online Handbook topic [#4459](#).

User Guides and Instruction Sheets

[Portal user guides and instruction sheets](#) give step-by-step instructions on how to work through various functional areas of the Portal. Refer to the ForwardHealth user guides for information on verifying member enrollment, submitting electronic claims and adjustments, and viewing other reports and data.

Portal Messaging and Email Subscription

ForwardHealth sends Portal account messaging and email subscription messaging to notify providers of newly released Updates.

Providers who have established a Portal account will automatically receive notifications from ForwardHealth in their Portal Messages inbox.

Providers and other interested parties may also [register](#) to receive email subscription notifications. Refer to the [ForwardHealth Portal Email Subscription User Guide \(PDF\)](#) for instructions on how to sign up for email subscriptions.



UPCOMING TRAININGS

- PRS Services Overview
- Agency Requirements for PRS Services
- Staff Requirements for PRS Services
- New Overdose Treatment Provider Agency Enrollment
- PRS Services Claims Submission
- Adding PRS Services to Existing Benefits

The information provided in this ForwardHealth Update is published in accordance with 2019 Wisconsin Act 122.

Provider Services

Providers can call Provider Services for questions about enrollment, policy, and billing. Provider Services offers program- and service-specific assistance to providers. Providers may contact Provider Services at 800-947-9627, Monday–Friday, 7 a.m.–6 p.m. Central Time (CT).

Additionally, WiCall is an automated voice response system that allows direct access to enrollment information for providers. Providers can reach WiCall at 800-947-3544, and select “1” to begin.

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 Update applies to mental health and SUD services that members receive on a fee-for-service basis and through BadgerCare Plus, Medicaid SSI, Family Care, Family Care Partnership, and PACE. For information about managed care implementation of the updated policy, contact the appropriate MCO. MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

CONTACT INFORMATION

Provider Services:
800-947-9627, Monday–
Friday, 7 a.m.–6 p.m. CT

The information provided in this ForwardHealth Update is published in accordance with 2019 Wisconsin Act 122.

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/.