

To:
AODA Counselors
Mental Health/
Substance
Abuse Clinics
Psychiatrists
Psychologists
Psychotherapists

Mental Health and Substance Abuse Outpatient Services

Wisconsin Medicaid now accepts CPT time-specific codes for mental health outpatient services

Wisconsin Medicaid now accepts the Current Procedural Terminology (CPT) 1998 psychiatry code changes for mental health outpatient services. For all claims submitted on and after April 1, 1999, Wisconsin Medicaid requires that providers use the procedure codes from Attachment 1 of this Update to bill for services performed on and after January 1, 1998.

Providers should note the following:

- This Update is for Medicaid fee-for-service providers. Medicaid managed care providers need to contact their managed care organizations (MCO) to determine their MCO policies. This Update does not affect county-owned mental health/substance abuse clinics.
- The adoption of the CPT code changes does not affect Medicaid policies and processes, including prior authorization (PA).
- PA requests received by the Medicaid fiscal agent, EDS, on and after April 1, 1999, must contain procedure codes from Attachment 1 of this Update. Providers do not need to amend PAs previously approved under the obsolete codes (90835 and 90844). Wisconsin Medicaid will automatically accept new procedure codes on claims billed with

previously approved PA numbers (from the Prior Authorization Request Form) for dates of service on and after January 1, 1998.

- Wisconsin Medicaid requires all claims be submitted within 365 days of the date when services were performed. For services performed prior to January 1, 1998, which meet the exceptions to the 365-day limit (e.g., retroactive recipient eligibility), Wisconsin Medicaid requires that providers use the codes that were in effect for Medicaid at that time.
- The 1999 CPT psychiatry code changes do not affect Wisconsin Medicaid.
- No changes were made to the Wisconsin Medicaid procedure codes for substance abuse services. For substance abuse services, providers must continue to bill under Medicaid's local "W" codes found on Attachment 1 of this Update.

Billing pharmacologic management services provided by a psychiatrist

The 1998 CPT codes specify which code to use when medication evaluation and management services are part of the services provided by a psychiatrist. When a psychiatrist sees a recipient for psychotherapy on the same date of service that medications are reviewed, use the psychotherapy code that includes medica-

For all claims submitted on and after April 1, 1999, Wisconsin Medicaid requires that providers use the procedure codes from Attachment 1 of this Update to bill for services performed on and after January 1, 1998.

tion evaluation and management services. Wisconsin Medicaid will not pay for a pharmacologic management service (procedure code 90862) when provided by a psychiatrist on the same date of service that a psychotherapy service is performed by the same provider.

Billing quantities for time-specific codes

Since the 1998 CPT procedure codes are time-specific, providers need to use the time code applicable to the time spent in performing the service. Thus, choose the CPT code that most accurately reflects the time spent as well as the service provided. Bill time-specific codes 90804 through 90829 with a quantity of one.

When greater than one-and-one-half hours of psychotherapy service are performed on one date of service, use procedure code 90899 with the quantity equal to the number of hours provided (e.g., one hour and 55 minutes is billed as 90899, quantity 2.0). Wisconsin Medicaid requires that supporting documentation be submitted with a claim when providers use this code.

Updated list of procedure codes attached

Refer to Attachment 1 of this Update for a list of the procedure codes that Wisconsin Medicaid accepts on claims and PA requests for mental health and substance abuse outpatient services. The list includes the procedure code, description, who may provide the service, any limitations, allowable diagnoses, allowable type of service, and allowable place of service. Please replace Appendix 3 in Part H, Division I, the mental health and alcohol and other drug abuse handbook, with Attachment 1.

Please note that pursuant to HFS 107.13 (2) (b) 1., Wis. Admin. Code, all treatment services count toward the 15-hour/\$500 limit and require

PA beyond that limit. Evaluations beyond the six-hour/two-year limit are counted toward the 15-hour/\$500 limit before requiring PA.

Background information about usual and customary charges and maximum allowable fees

When health professionals and agencies become Medicaid-certified providers, they agree to:

- Bill Wisconsin Medicaid their usual and customary charge – the amount they would charge a non-Medicaid patient for the same service.
- Accept as payment-in-full the lesser of their usual and customary charge or the Medicaid maximum allowable fee.

Providers determine their usual and customary charges. The Department of Health and Family Services (DHFS) sets the Medicaid maximum allowable fees. Providers are reimbursed at the lesser of their billed amount or the maximum allowable fee.

Reimbursement

Wisconsin Medicaid's hourly reimbursement rate is not affected by the new codes presented in this Update. Medicaid reimbursement for the new procedure codes is based on the same hourly rate that was paid previously. Refer to Attachment 2 of this Update for an updated maximum allowable fee schedule.

Since the 1998 CPT procedure codes are time-specific, providers need to use the time code applicable to the time spent in performing the service.

Wisconsin Medicaid's hourly reimbursement rate is not affected by the new codes presented in this Update.

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

Wisconsin Medicaid is administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For provider questions, call the Medicaid fiscal agent at (800) 947-9627 or (608) 221-9883 or visit our web site at:
www.dhfs.state.wi.us/medicaid

Attachment 1

MENTAL HEALTH AND SUBSTANCE ABUSE PROCEDURE CODES

Allowable Types of Service for Specific Service Providers and Services

Not all providers may be reimbursed for all mental health or substance abuse services. To determine which certified providers may be reimbursed for a particular service, please consult the following chart.

Psychiatrists, physicians, physician assistants, nurse practitioners: Use type of service (TOS) “1” for all outpatient services.

Psychologist, Ph.D.: Use type of service (TOS) “9” for all outpatient services except substance abuse therapy. For substance abuse therapy, use TOS “1.”

Master’s-level therapists*: Use type of service (TOS) “9” for all outpatient services except substance abuse therapy. For substance abuse therapy, use TOS “1.”

AODA counselors: For AODA counselors who are not one of the above, use type of service (TOS) “1” for substance abuse therapy.

* Master’s-level therapists are master’s-level mental health professionals with 3,000 hours of supervised experience or are listed in an appropriate national registry as stated in HFS 61.96, Wis. Admin. Code. (This includes registered nurses with a master’s degree in psychiatric-mental health nursing or community mental health nursing from a graduate school of nursing accredited by the National League for Nursing.)

Psychiatry Procedure Codes

Psychiatric Diagnostic or Evaluative Interview Procedures

Action	Procedure Code	Description	Certified Providers Who May Perform Service	Limitations	Allowable ICD-9-CM Diagnoses	Allowable Place of Service
No change	90801	Psychiatric diagnostic interview examination (quantity of 1=1 hour)	Master’s-level therapist Psychologist - Ph.D. Psychiatrist	Combination of 90801 and 90802 are limited to six hours in a two-year period.**	All	0, 1*, 2, 3, 7, 8
Added	90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication (quantity of 1=1 hour)	Master’s-level therapist Psychologist - Ph.D. Psychiatrist	Combination of 90801 and 90802 are limited to six hours in a two-year period.**	All	0, 1*, 2, 3, 7, 8
No change	W8987	Limitation - Exceeded Psychotherapy/ substance abuse (AODA) diagnostic interview examination (quantity of 1=1 hour)	Master’s-level therapist Psychologist - Ph.D. Physician	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	All	0, 1*, 2, 3, 7, 8

* Place of Service 1 is not allowable for master’s-level providers. Payment is included in the hospital’s Medicaid diagnosis-related group (DRG) reimbursement.

** Diagnostic interview examinations beyond this limit must be billed under W8987, which accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required.

Psychiatric Therapeutic Procedures: Office or Other Outpatient Facility *Insight Oriented, Behavior Modifying and/or Supportive Psychotherapy* (These new codes replace 90844)

Action	Procedure Code	Description	Certified Providers Who May Perform Service	Limitations	Allowable ICD-9-CM Diagnoses	Allowable Place of Service
Added	90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required.	290-316	0, 2, 3
Added	90805	with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required.	290-316	0, 2, 3
Added	90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required.	290-316	0, 2, 3
Added	90807	with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required.	290-316	0, 2, 3
Added	90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required.	290-316	0, 2, 3
Added	90809	with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required.	290-316	0, 2, 3

Psychiatric Therapeutic Procedures: Office or Other Outpatient Facility *Interactive Psychotherapy* (These new codes replace 90844)

Action	Procedure Code	Description	Certified Providers Who May Perform Service	Limitations	Allowable ICD-9-CM Diagnoses	Allowable Place of Service
Added	90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required.	290-316	0, 2, 3
Added	90811	with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required.	290-316	0, 2, 3
Added	90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required.	290-316	0, 2, 3
Added	90813	with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required.	290-316	0, 2, 3
Added	90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required.	290-316	0, 2, 3
Added	90815	with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required.	290-316	0, 2, 3

Psychiatric Therapeutic Procedures: Inpatient Hospital or Residential Care Facility *Insight Oriented, Behavior Modifying and/or Supportive Psychotherapy* (These new codes replace 90844)

Wisconsin Medicaid covers "partial hospital" services under a separate benefit—Day Treatment/Day Hospital services (HFS 107.13 (4), Wis.Admin. Code).

Action	Procedure Code	Description	Certified Providers Who May Perform Service	Limitations	Allowable ICD-9-CM Diagnoses	Allowable Place of Service
Added	90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	290-316	1*, 7, 8
Added	90817	with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	290-316	1, 7, 8
Added	90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	290-316	1*, 7, 8
Added	90819	with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	290-316	1, 7, 8
Added	90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	290-316	1*, 7, 8
Added	90822	with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	290-316	1, 7, 8

* Place of Service 1 is not allowable for master's-level providers. Payment is included in the hospital's Medicaid diagnosis-related group (DRG) reimbursement.

Psychiatric Therapeutic Procedures: Inpatient Hospital or Residential Care Facility *Interactive Psychotherapy*
(These codes replace 90844)

See HFS 107.13, Wis. Admin. Code, for the Medicaid policy on partial hospital/day treatment services. Wisconsin Medicaid covers “partial hospital” services under a separate benefit—Day Treatment/Day Hospital services.

Action	Procedure Code	Description	Certified Providers Who May Perform Service	Limitations	Allowable ICD-9-CM Diagnoses	Allowable Place of Service
Added	90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	290-316	1*, 7, 8
Added	90824	with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	290-316	1, 7, 8
Added	90826	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	290-316	1*, 7, 8
Added	90827	with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	290-316	1, 7, 8
Added	90828	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	290-316	1*, 7, 8
Added	90829	with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	290-316	1, 7, 8

* Place of Service 1 is not allowable for master's-level providers. Payment is included in the hospital's Medicaid diagnosis-related group (DRG) reimbursement.

Psychiatric Therapeutic Procedures: Other Psychotherapy

Action	Procedure Code	Description	Certified Providers Who May Perform Service	Limitations	Allowable ICD-9-CM Diagnoses	Allowable Place of Service
No change	90845	Psychoanalysis (quantity of 1=60 minutes)	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold, beyond which prior authorization is required (except for inpatient hospital).	290-316	0, 1*, 2, 3, 7, 8
No change	90846	Family psychotherapy (without the patient present) (quantity of 1=60 minutes)	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold, beyond which prior authorization is required (except for inpatient hospital).	290-316	0, 1*, 2, 3, 7, 8
No change	90847	Family psychotherapy (conjoint psychotherapy) (with patient present) (quantity of 1=60 minutes)	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold, beyond which prior authorization is required (except for inpatient hospital).	290-316	0, 1*, 2, 3, 7, 8
No change	90849	Multiple-family group psychotherapy (quantity of 1=60 minutes)	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold, beyond which prior authorization is required.	290-316	0, 2, 3, 7, 8
No change	90853	Group psychotherapy (other than of a multiple-family group) (quantity of 1=60 minutes)	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold, beyond which prior authorization is required.	290-316	0, 2, 3, 7, 8
Added	90857	Interactive group psychotherapy (quantity of 1=60 minutes)	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold, beyond which prior authorization is required.	290-316	0, 2, 3, 7, 8

* Place of Service 1 is not allowable for master's-level providers. Payment is included in the hospital's Medicaid diagnosis-related group (DRG) reimbursement.

Psychiatric Therapeutic Procedures: Other Psychiatric Services or Procedures

Action	Procedure Code	Description	Certified Providers Who May Perform Service	Limitations	Allowable ICD-9-CM Diagnoses	Allowable Place of Service
Policy change	90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (quantity of 1=15 minutes)	Master's Level Psychiatric Nurse Nurse Practitioner Physician Assistant Physician	Limited to 2 units per date of service and 4 units per month.**	290-316	0, 2, 3, 7, 8
Added (Replaces 90835)	90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (e.g., sodium amobarbital [Amytal] interview) (quantity of 1=60 minutes)	Psychiatrist Psychologist - Ph.D.	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	290-316	0, 1, 2, 3, 7, 8
No change	90870	Electroconvulsive therapy (includes necessary monitoring); single seizure	Psychiatrist		290-316	0, 1, 2, 3
No change	90871	multiple seizures, per day	Psychiatrist		290-316	0, 1, 2, 3
Policy change	90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	290-316	0, 1*, 2, 3, 7, 8
Policy change	90876	approximately 45-50 minutes	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	290-316	0, 1*, 2, 3, 7, 8
No change	90880	Hypnotherapy (quantity of 1=60 minutes)	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	290-316, except 305.1	0, 1*, 2, 3, 7, 8

* Place of Service 1 is not allowable for master's-level providers. Payment is included in the hospital's Medicaid diagnosis-related group (DRG) reimbursement.

** For psychiatrists, not payable in conjunction with 90804-90845, 90875, 90876, 90880, or 90899 by same provider on same date of service.

Action	Procedure Code	Description	Certified Providers Who May Perform Service	Limitations	Allowable ICD-9-CM Diagnoses	Allowable Place of Service
No change	90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (quantity of 1=60 minutes)	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	290-316	0, 1*, 2, 3, 7, 8
Added	90899	Unlisted psychiatric service or procedure** (quantity of 1=60 minutes)	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).**	290-316	0, 1*, 2, 3, 7, 8

Substance Abuse Treatment Procedure Codes

Substance Abuse Diagnostic or Evaluative Interview Procedures

Action	Procedure Code	Description	Certified Providers Who May Perform Service	Limitations	Allowable ICD-9-CM Diagnoses	Allowable Place of Service
No change	90801	Psychiatric diagnostic interview examination (quantity of 1=60 minutes)	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Combination of 90801 and 90802 are limited to six hours in a two-year period.***	All	0, 1*, 2, 3, 7, 8
Added	90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication (quantity of 1=60 minutes)	Master's-level therapist Psychologist - Ph.D. Psychiatrist	Combination of 90801 and 90802 are limited to six hours in a two-year period.***	All	0, 1*, 2, 3, 7, 8
No change	W8987	Limitation - Exceeded Psychotherapy/substance abuse (AODA) diagnostic interview examination (quantity of 1=60 minutes)	Master's-level therapist Psychologist - Ph.D. Physician	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required (except for inpatient hospital).	All	0, 1*, 2, 3, 7, 8

* Place of Service 1 is not allowable for master's-level providers. Payment is included in the hospital's Medicaid diagnosis-related group (DRG) reimbursement.

** This code is to be used only when greater than 90 minutes of individual psychotherapy is provided on one day and is not payable in conjunction with 90804-90829 or 90862. This code is not to be used for group psychotherapy. Bill the total time (quantity of 1=60 minutes) for the day under this code. Submit with documentation showing medical necessity.

*** Diagnostic interview examinations beyond this limit must be billed under W8987, which accumulates toward the 15-hour/\$500 calendar year threshold beyond which prior authorization is required.

Substance Abuse Therapeutic Procedures

Action	Procedure Code	Description	Certified Providers Who May Perform Service	Limitations	Allowable ICD-9-CM Diagnoses	Allowable Place of Service
No change	W8968	Individual substance abuse (AODA) Therapy (quantity of 1=1 hour)	AODA counselor Master's-level therapist Psychologist - Ph.D. Physician	Accumulates toward the 15-hour/\$500 calendar year threshold, beyond which prior authorization is required (except for inpatient hospital).	290-316	0, 1*, 2, 3, 7, 8
No change	W8969	Group substance abuse (AODA) Therapy (quantity of 1=1 hour)	AODA counselor Master's-level therapist Psychologist - Ph.D. Physician	Accumulates toward the 15-hour/\$500 calendar year threshold, beyond which prior authorization is required.	290-316	0, 2, 3, 7, 8
No change	W8970	Family substance abuse (AODA) Therapy (quantity of 1=1 hour)	AODA counselor Master's-level therapist Psychologist - Ph.D. Physician	Accumulates toward the 15-hour/\$500 calendar year threshold, beyond which prior authorization is required (except for inpatient hospital).	290-316	0, 1*, 2, 3, 7, 8

* Place of Service 1 is not allowable for master's-level providers. Payment is included in the hospital's Medicaid diagnosis-related group (DRG) reimbursement.

Attachment 2

Wisconsin Medicaid Mental Health/Substance Abuse Services Mental Health/Substance Abuse Clinics

Procedure Code	Description	Maximum Allowable Fees Effective Date July 1, 1998				Copay Effective Date Jan. 1, 1998	
		MD	PhD	MS	Other	TOS "1"	TOS "9"
		90801	Psychiatric diagnostic interview examination (quantity of 1=60 minutes)	\$77.65	\$44.39	\$34.31	
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication (quantity of 1=60 minutes)	\$77.65	\$44.39	\$34.31		\$3.00	\$2.00
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	\$38.83	\$22.20	\$17.16		\$2.00	\$1.00
90805	with medical evaluation and management services	\$38.83				\$2.00	
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	\$77.65	\$44.39	\$34.31		\$3.00	\$2.00
90807	with medical evaluation and management services	\$77.65				\$3.00	
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	\$116.48	\$66.59	\$51.47		\$3.00	\$3.00
90809	with medical evaluation and management services	\$116.48				\$3.00	

**Wisconsin Medicaid
Mental Health/Substance Abuse Services
Mental Health/Substance Abuse Clinics**

Procedure Code	Description	Maximum Allowable Fees Effective Date July 1, 1998				Copay Effective Date Jan. 1, 1998	
		MD	PhD	MS	Other	TOS "1"	TOS "9"
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	\$38.83	\$22.20	\$17.16		\$2.00	\$1.00
90811	with medical evaluation and management services	\$38.83				\$2.00	
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	\$77.65	\$44.39	\$34.31		\$3.00	\$2.00
90813	with medical evaluation and management services	\$77.65				\$3.00	
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	\$116.48	\$66.59	\$51.47		\$3.00	\$3.00
90815	with medical evaluation and management services	\$116.48				\$3.00	
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;	\$38.83	\$22.20	\$17.16		\$2.00	\$1.00
90817	with medical evaluation and management services	\$38.83				\$2.00	

**Wisconsin Medicaid
Mental Health/Substance Abuse Services
Mental Health/Substance Abuse Clinics**

Procedure Code	Description	Maximum Allowable Fees Effective Date July 1, 1998				Copay Effective Date Jan. 1, 1998	
		MD	PhD	MS	Other	TOS "1"	TOS "9"
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;	\$77.65	\$44.39	\$34.31		\$3.00	\$2.00
90819	with medical evaluation and management services	\$77.65				\$3.00	
90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;	\$116.48	\$66.59	\$51.47		\$3.00	\$3.00
90822	with medical evaluation and management services	\$116.48				\$3.00	
90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;	\$38.83	\$22.20	\$17.16		\$2.00	\$1.00
90824	with medical evaluation and management services	\$38.83				\$2.00	
90826	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;	\$77.65	\$44.39	\$34.31		\$3.00	\$2.00
90827	with medical evaluation and management services	\$77.65				\$3.00	

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Procedure Code	Description	Maximum Allowable Fees Effective Date July 1, 1998				Copay Effective Date Jan. 1, 1998	
		MD	PhD	MS	Other	TOS "1"	TOS "9"
90828	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;	\$116.48	\$66.59	\$51.47		\$3.00	\$3.00
90829	with medical evaluation and management services	\$116.48				\$3.00	
90845	Psychoanalysis (quantity of 1=60 minutes)	\$77.65	\$44.39	\$34.31		\$3.00	\$2.00
90846	Family psychotherapy (without the patient present) (quantity of 1=60 minutes)	\$77.65	\$44.39	\$34.31		\$3.00	\$2.00
90847	Family psychotherapy (conjoint psychotherapy) (with patient present) (quantity of 1=60 minutes)	\$77.65	\$44.39	\$34.31		\$3.00	\$2.00
90849	Multiple-family group psychotherapy (quantity of 1=60 minutes)	\$88.25 (per family)	\$50.45 (per family)	\$35.70 (per family)		\$2.00	\$2.00
90853	Group psychotherapy (other than of a multiple-family group) (quantity of 1=60 minutes)	\$19.60 (per person)	\$13.40 (per person)	\$10.92 (per person)		\$1.00	\$1.00
90857	Interactive group psychotherapy (quantity of 1=60 minutes)	\$19.60	\$13.40	\$10.92		\$1.00	\$1.00
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (quantity of 1=15 minutes)	\$22.86			RN* \$9.99		
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital [Amytal] interview) (quantity of 1=60 minutes)	\$77.65	\$44.39			\$3.00	\$2.00

*Registered nurses (RN) with a master's degree in either of the following: psychiatric-mental health nursing or community mental health nursing from a graduate school of nursing accredited by the National League of Nursing.

**Wisconsin Medicaid
Mental Health/Substance Abuse Services
Mental Health/Substance Abuse Clinics**

Procedure Code	Description	Maximum Allowable Fees Effective Date July 1, 1998				Copay Effective Date Jan. 1, 1998	
		MD	PhD	MS	Other	TOS "1"	TOS "9"
90870	Electroconvulsive therapy (includes necessary monitoring); single seizure	\$131.36				\$3.00	
90871	multiple seizures, per day	\$131.36				\$3.00	
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	\$38.83	\$22.20	\$17.16		\$2.00	\$1.00
90876	approximately 45-50 minutes	\$77.65	\$44.39	\$34.31		\$3.00	\$2.00
90880	Hypnotherapy (quantity of 1=60 minutes)	\$77.65	\$44.39	\$34.31		\$3.00	
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (quantity of 1=60 minutes)	\$77.65	\$44.39	\$34.31		\$3.00	\$2.00
90899	Unlisted psychiatric service or procedure (quantity of 1=60 minutes)	Individually Considered	Individually Considered	Individually Considered		\$3.00	\$3.00
W8968	Individual substance abuse (AODA) therapy (quantity of 1=60 minutes)	\$77.65	\$44.39	\$34.31	AODA Counselor \$25.86	\$2.00	
W8969	Group substance abuse (AODA) therapy (quantity of 1=60 minutes)	\$19.60 (per person)	\$13.40 (per person)	\$10.92 (per person)	AODA Counselor \$8.20 (per person)	\$0.50	
W8970	Family substance abuse (AODA) therapy (quantity of 1=60 minutes)	\$77.65	\$44.39	\$34.31	AODA Counselor \$25.86	\$2.00	
W8987	Limitation - exceeded psychotherapy/substance abuse (AODA) diagnostic interview evaluation (quantity of 1=60 minutes)	\$77.65	\$44.39	\$34.31		\$3.00	



Dept. of Health & Family Services
Division of Health Care Financing
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