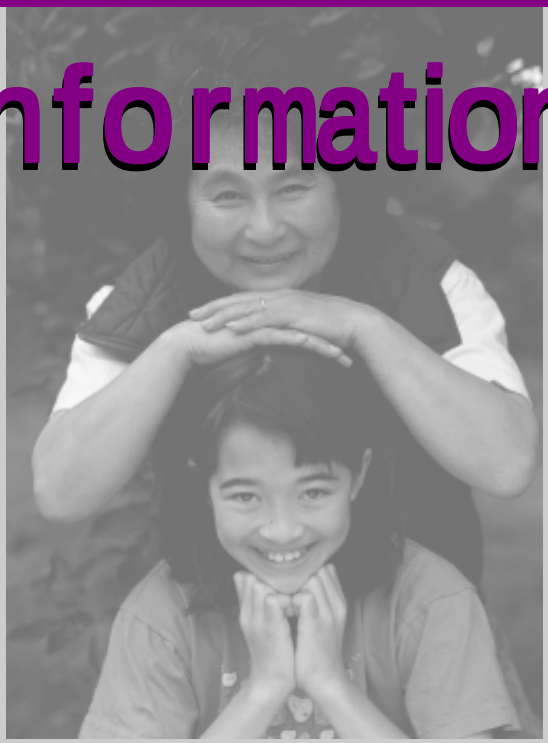
Mental Health and Substance Abuse Services

General Information



wisconsin Medicaid and BadgerCare

Information for Providers

Department of Health and Family Services

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DATE: March 1, 2006

TO: Wisconsin Medicaid-Certified Mental Health and Substance Abuse Providers

FROM: Mark Moody, Administrator
Division of Health Care Financing

SUBJECT: Wisconsin Medicaid Mental Health and Substance Abuse Services General Information section

The Division of Health Care Financing (DHCF) is pleased to provide you with a copy of the new Mental Health and Substance Abuse Services General Information section. This section articulates current Medicaid policies found in Wisconsin Administrative Code, HFS 101-108, as they apply to mental health and substance abuse services.

The Mental Health and Substance Abuse Services General Information section incorporates current Medicaid mental health and substance abuse policy information for all mental health and substance abuse providers into a single reference source. This General Information section replaces information in Part H, Division I-VI common to all mental health and substance abuse service providers and the following service-specific *Wisconsin Medicaid and BadgerCare Updates*:

- The April 2004 *Update* (2004-34), titled "Medical Record Documentation Requirements for Mental Health and Substance Abuse Services."
- The December 2004 *Update* (2004-88), titled "Coverage of Mental Health and Substance Abuse Services Provided Via Telehealth."
- The January 2005 *Update* (2005-08), titled "Wisconsin Medicaid Accepting Prior Authorization Requests Via the Web for Additional Service Areas."

All-Provider Publications
Providers are reminded to retain their all-provider publications. The revised Mental Health and Substance Abuse Services General Information section does *not* replace these publications.

Additional Copies of Publications
The Wisconsin Medicaid Web site, *dhfs.wisconsin.gov/medicaid/*, contains additional information for all Medicaid providers, service-specific information, and electronic versions of the Mental Health and Substance Abuse Services General Information section and the All-Provider Handbook.

Providers who have questions about the information in this handbook may call Provider Services at (800) 947-9627 or (608) 221-9883.

Contacting Wisconsin Medicaid

Web Site	***dhfs.wisconsin.gov/***
The Web site contains information for providers and recipients about the following: • Program requirements. • Publications. • Forms. • Maximum allowable fee schedules. • Professional relations representatives. • Certification packets.	Available 24 hours a day, seven days a week
Automated Voice Response System	**(800) 947-3544** **(608) 221-4247**
The Automated Voice Response system provides computerized voice responses about the following: • Recipient eligibility. • Prior authorization (PA) status. • Claim status. • Checkwrite information.	Available 24 hours a day, seven days a week
Provider Services	**(800) 947-9627** **(608) 221-9883**
Correspondents assist providers with questions about the following: • Clarification of program requirements. • Recipient eligibility. • Resolving claim denials. • Provider certification.	Available: 8:30 a.m. - 4:30 p.m. (M, W-F) 9:30 a.m. - 4:30 p.m. (T) Available for pharmacy services: 8:30 a.m. - 6:00 p.m. (M, W-F) 9:30 a.m. - 6:00 p.m. (T)
Division of Health Care Financing **Electronic Data Interchange Helpdesk**	**(608) 221-9036** **e-mail: *wiedi@dhfs.state.wi.us***
Correspondents assist providers with *technical* questions about the following: • Electronic transactions. • Companion documents. • Provider Electronic Solutions software.	Available 8:30 a.m. - 4:30 p.m. (M-F)
Web Prior Authorization Technical Helpdesk	**(608) 221-9730**
Correspondents assist providers with Web PA-related *technical* questions about the following: • User registration. • Passwords. • Submission process.	Available 8:30 a.m. - 4:30 p.m. (M-F)
Recipient Services	**(800) 362-3002** **(608) 221-5720**
Correspondents assist recipients, or persons calling on behalf of recipients, with questions about the following: • Recipient eligibility. • General Medicaid information. • Finding Medicaid-certified providers. • Resolving recipient concerns.	Available 7:30 a.m. - 5:00 p.m. (M-F)

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Preface

Wisconsin Medicaid and BadgerCare mental health and substance abuse services publications apply to fee-for-service Medicaid providers. The information in these publications apply to Medicaid and BadgerCare programs for recipients on fee-for-service Medicaid.

Medicaid is a joint federal and state program established in 1965 under Title XIX of the federal Social Security Act. Wisconsin Medicaid is also known as the Medical Assistance Program, WMAP, MA, Title XIX, and T19.

BadgerCare extends Medicaid coverage through a Medicaid expansion under Titles XIX and XXI. The goal of BadgerCare is to fill the gap between Medicaid and private insurance without supplanting or "crowding out" private insurance. BadgerCare recipients receive the same health benefits as Medicaid recipients, and their health care is administered through the same delivery system.

Wisconsin Medicaid and BadgerCare are administered by the Department of Health and Family Services (DHFS). Within the DHFS, the Division of Health Care Financing (DHCF) is directly responsible for managing Wisconsin Medicaid and BadgerCare.

Unless otherwise specified, all information contained in this and other Medicaid publications pertains to services provided to recipients who receive care through fee-for-service. Refer to the Managed Care section of the All-Provider Handbook for information about state-contracted managed care organizations.

Providers Who Need to Use Mental Health and Substance Abuse Services Publications

Mental health and substance abuse services publications apply to the following providers:

- Division of Disability and Elder Services (DDES)/ Bureau of Quality Assurance (BQA)-certified mental health and substance abuse programs. This includes staff providing services in these programs.
- Psychiatrists in private practice.
- Ph.D. psychologists in private practice.

General Information Section

The information in the General Information section of this Mental Health and Substance Abuse Services Handbook applies to DDES/BQA-certified mental health and substance abuse services programs.

Mental health and substance abuse service providers should refer to the All-Provider Handbook, the General Information section of this handbook, and other benefit-specific publications to find answers to policy-related questions. Refer to Appendix 1 of this section for a crosswalk of all the mental health and substance abuse services to applicable benefit-specific publications.

All-Provider Handbook

All Medicaid-certified providers receive a copy of the All-Provider Handbook, which includes the following sections:

- Certification and Ongoing Responsibilities.
- Claims Information.
- Coordination of Benefits.
- Covered and Noncovered Services.
- Informational Resources.
- Managed Care.
- Prior Authorization.
- Recipient Eligibility.

Providers are required to refer to the All-Provider Handbook for information about these topics.

Wisconsin Medicaid and BadgerCare Web Sites

Publications (including provider handbooks and *Wisconsin Medicaid and BadgerCare Updates*), maximum allowable fee schedules, telephone numbers, addresses, and more information are available on the following Web sites:

- *dhfs.wisconsin.gov/medicaid/*.
- *dhfs.wisconsin.gov/badgercare/*.

Publications

Medicaid publications apply to both Wisconsin Medicaid and BadgerCare. Publications interpret and implement the laws and regulations that provide the framework for Wisconsin Medicaid and BadgerCare. Medicaid publications provide necessary information about program requirements.

Legal Framework

The following laws and regulations provide the legal framework for Wisconsin Medicaid and BadgerCare:

- Federal Law and Regulation:
  - ✓ Law — United States Social Security Act; Title XIX (42 US Code ss. 1396 and following) and Title XXI.
  - ✓ Regulation — Title 42 CFR Parts 430-498 and Parts 1000-1008 (Public Health).

- Wisconsin Law and Regulation:
  - ✓ Law — Wisconsin Statutes: 49.43-49.499 and 49.665.
  - ✓ Regulation — Wisconsin Administrative Code, Chapters HFS 101-109.

Laws and regulations may be amended or added at any time. Program requirements may not be construed to supersede the provisions of these laws and regulations.

General Provider and Recipient Information

The General Information section of the Mental Health and Substance Abuse Services Handbook contains information applicable to all mental health and substance abuse service providers. It includes certification, covered services, prior authorization (PA) requirements, and claims submission requirements. Refer to benefit-specific publications for detailed information.

To participate in Wisconsin Medicaid, providers are required to be certified by Wisconsin Medicaid as described in HFS 105, Wis. Admin. Code.

Provider Certification

Authority

Wisconsin Statutes and the Wisconsin Administrative Code provide the legal framework for the program requirements in this section.

To participate in Wisconsin Medicaid, providers are required to be certified by Wisconsin Medicaid as described in HFS 105, Wis. Admin. Code. Providers should refer to the Certification and Ongoing Responsibilities section of the All-Provider Handbook for information about certification, provider responsibilities, provider rights, recertification, documentation requirements, and keeping information current.

Certification Packets

To become Medicaid certified, providers are required to submit a properly completed provider application, provider agreement, and when applicable, other forms that are included in the certification packet. Providers can choose from the following certification packets for mental health and substance abuse services:

- Wisconsin Medicaid Mental Health/ Substance Abuse *Individual* Certification Packet (physicians should use the Wisconsin Medicaid Physician/Osteopath/ Physician Assistant Certification Packet).
- Wisconsin Medicaid Mental Health/ Substance Abuse *Agency* Certification Packet.

Certification Requirements for Agencies and Individuals

Agencies providing mental health and substance abuse services may refer to Appendix 2 of this section for all certification requirements and types of provider numbers assigned.

Individuals providing mental health and substance abuse services may refer to Appendix 3 of this section for Medicaid certification requirements, including prerequisites and required provider numbers.

Certification Process for Agencies and Individuals

Appendix 4 of this section illustrates the certification processes, including any prerequisites, for *agencies* providing mental health and substance abuse services.

Appendix 5 of this section illustrates the certification processes for individuals who are unlicensed Master's level psychotherapists providing mental health services. For individuals who are licensed, refer to the All-Provider Handbook for the regular certification process.

Verifying Names and Addresses

When completing the appropriate Medicaid certification application, providers should verify that the name and address on the certification application matches the name and address on the required license/certificate attached to the packet.

Provider Numbers

Wisconsin Medicaid issues certified providers (whether individuals, agencies, or institutions) an eight-digit provider number for submitting claims to Wisconsin Medicaid for services provided to eligible Medicaid recipients. A provider number belongs solely to the person, agency, or institution to whom it is issued.

Refer to Appendices 2 and 3 of this section for information on what type of provider number is given for specific services. Refer to the Certification and Ongoing Responsibilities section of the All-Provider Handbook for general information about provider numbers.

Provider Responsibilities

Providers should refer to the Certification and Ongoing Responsibilities section of the All-Provider Handbook for detailed information about the responsibilities of a Medicaid-certified provider, including the following:

- Additional state and federal requirements.
- Certification.
- Documentation requirements.
- Fair treatment of the recipient.
- Grounds for provider sanctions.
- Keeping information current.
- Provider numbers.
- Provider rights.
- Recertification.
- Recipient requests for noncovered services.
- Services provided to a recipient during periods of retroactive eligibility.

Covered Services

Wisconsin Medicaid covers only medically necessary services, as defined in HFS 101.03(96m), Wis. Admin. Code. Within the provision of mental health and substance abuse services, Wisconsin Medicaid encourages the concept of recovery for all persons who receive services. This includes consumer involvement in assessment, treatment planning, and outcomes. Also, Wisconsin Medicaid promotes the use of evidence-based and culturally competent practices.

A covered service is a service for which Medicaid reimbursement is available and is provided to a Medicaid recipient by a Medicaid-certified provider qualified to provide the particular service or under the supervision of a certified and qualified provider. Refer to the Covered and Noncovered Services section of the All-Provider Handbook for more information about covered services, medical necessity, services that are not separately reimbursable, and emergency services.

Refer to HFS 107.13, Wis. Admin. Code, and the appropriate benefit-specific mental health and substance abuse publication for a list of covered and noncovered services for each benefit. Also, refer to Appendix 6 of this section for a quick-reference guide that lists allowable procedure codes and applicable benefit-specific areas.

A covered service is a service for which Medicaid reimbursement is available when *all* program requirements are met.

Special Circumstances

A physician's prescription is required for all mental health and substance abuse services with an exception for emergency services, including the crisis intervention benefit.

There are special circumstances where policy requirements may differ for specific services. Refer to the benefit-specific publication for policies that are unique to the specific benefit area.

Documentation Requirements

Wisconsin Medicaid reimburses the provision of services. Documenting the services provided is part of the provision of services.

Refer to the Certification and Ongoing Responsibilities section of the All-Provider Handbook for general information about documentation requirements.

Medical Record Documentation

Refer to Appendix 7 of this section for documentation requirements for all mental health and substance abuse service providers. Medical record documentation must be kept in each recipient's record as required under HFS 106.02(9), Wis. Admin. Code.

Medical records kept electronically are subject to the same requirements as those maintained on paper. In addition, the following requirements apply:

- Providers are required to have a paper or electronic back-up system for electronic medical records. This could include having files saved on disk or CD in case of computer failure.
- Mental health and substance abuse service providers are required to have safeguards to prevent unauthorized access to the records.

Providers are required to maintain financial records in written or electronic form as documented in HFS 106.02(9)(c), Wis. Admin. Code.

Financial Record Documentation

Providers are required to maintain financial records in written or electronic form as documented in HFS 106.02(9)(c), Wis. Admin. Code.

Retention of Records

Documentation of all services performed, including Medicaid services, must be retained by providers for a period of at least seven years according to HFS 92.12, Wis. Admin. Code. (HFS 92.12, Wis. Admin. Code, supersedes HFS 106.02[9], Wis. Admin. Code, for Bureau of Quality Assurance-certified providers.)

Similarly, Medicaid-certified psychiatrists and Ph.D. psychologists in private practice are required to retain records for a period of five years according to HFS 106.02(9)(e)2, Wis. Admin. Code.

Department of Health and Family Services Reviews

The Department of Health and Family Services (DHFS) periodically reviews provider records. The DHFS has the right to inspect, review, audit, and photocopy the records. Providers are required to permit access to any requested record(s), whether in written, electronic, or micrographic form.

Recipient Information

Verifying Recipient Eligibility

Medicaid providers should always verify a recipient's eligibility before providing services, both to determine eligibility for the current date and to discover any limitations to the recipient's coverage.

Eligibility information for specific recipients is available from the Medicaid Eligibility Verification System (EVS). The EVS is used by providers to verify recipient eligibility, including whether the recipient is enrolled in a Medicaid HMO or SSI MCO, has other health insurance, or is in a limited benefit category. Providers can access the EVS through the following methods:

- 270/271 Health Care Eligibility Benefit Inquiry/Response transactions.
- Automated Voice Response system.
- Commercial eligibility verification vendors (accessed through software, magnetic stripe card readers, and the Internet).
- Provider Services at (800) 362-3002 or (608) 221-5720.

Refer to the Recipient Eligibility section of the All-Provider Handbook for more information about recipient eligibility.

Managed Care Coverage

State-contracted managed care organizations (MCOs) cover mental health and substance abuse services. Recipients enrolled in all state-contracted MCOs are required to receive most mental health and substance abuse services through the MCO. Providers should check with the recipient's MCO for further information on coverage.

Wisconsin Medicaid strongly recommends that providers verify the recipient's current enrollment in an MCO before providing services. Claims submitted to Wisconsin Medicaid for mental health and substance abuse services covered by MCOs will be denied.

Copayment

Wisconsin Medicaid requires providers to collect copayment from recipients for certain services. Providers are required to make a reasonable attempt to collect the copayment unless the provider determines that the cost of collecting the copayment exceeds the amount to be collected.

Certain groups of recipients and certain Medicaid-covered services are exempt from copayments. Refer to the Recipient Eligibility section of the All-Provider Handbook for more information about exemptions and other information about copayments.

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Wisconsin Medicaid requires providers to collect copayment from recipients for certain services.

HealthCheck Services

HealthCheck is a comprehensive and preventive healthcare program for recipients under the age of 21. This federal benefit is also known as the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit.

All recipients under age 21 who are receiving Medicaid or BadgerCare benefits are eligible for HealthCheck services.

The purpose of HealthCheck is to find and correct or improve any health problems a recipient may have early in his or her life. Its goal is to prevent or minimize major, lifelong health problems.

HealthCheck provides the following:

- Screening exams for childhood health problems.
- A mechanism to access treatment that is considered medically necessary for medical problems that are found in the exams if the services are covered under federal rule.

The purpose of HealthCheck is to find and correct or improve any health problems a recipient may have early in his or her life.

HealthCheck Screenings

HealthCheck services consist of a comprehensive health screening of Medicaid recipients under 21 years of age. The initial screening includes evaluation of medical, vision, hearing, and dental. It also includes any necessary lab tests, immunizations, and developmental guidance. After the HealthCheck exam, the recipient may be referred for further evaluation and treatment to persons who can treat any health problems that are found during the screening.

The screening is required to be performed by a person who is Medicaid certified as a HealthCheck screener, such as a physician, a physician's assistant, a nurse practitioner, a public health nurse, or a registered nurse. Medicaid-certified primary care physicians are automatically certified to perform HealthCheck screens. Local health departments are important providers of HealthCheck screening exams.

Recipients are *not* automatically screened for mental health problems during a HealthCheck screen. If there are concerns about the recipient's mental health, the parent or guardian should speak with the provider who is performing the HealthCheck screen regarding a mental health screen.

HealthCheck screenings meet the physical exam requirements for Head Start, Child Care or the Women, Infants, and Children Special Supplemental Nutrition Program, and school physicals.

Recipients enrolled in a Medicaid HMO must get their HealthCheck screen through their Medicaid HMO.

Additional Screenings

Any person inside or outside the healthcare system (e.g., a parent, guardian, or teacher) who thinks the recipient may have an emotional or behavioral problem and would like further evaluation may request another visit for further screening. These additional visits are called "interperiodic visits" and may be scheduled between regularly scheduled comprehensive HealthCheck screens.

HealthCheck "Other Services"

The purpose of HealthCheck "Other Services" is to assure that medically necessary medical services are available to recipients under 21 years of age. Federal law requires that these services be reimbursed by Wisconsin Medicaid through HealthCheck "Other Services" if they are medically necessary. On occasion, a HealthCheck screening may identify the need

for health care services that are not otherwise covered by Wisconsin Medicaid or that exceed Medicaid limitations. These services are called HealthCheck "Other Services."

Treatment of health conditions found in a HealthCheck screening, such as a serious emotional, behavioral, or mental health problem, may be covered by Wisconsin Medicaid if the medical necessity of the requested service is established and the service is an allowable covered service under federal rules. In order to start the process, the provider is required to submit a Prior Authorization Request Form (PA/RF), HCF 11018.

Mental health services for children that have been approved under Wisconsin HealthCheck "Other Services" include child/adolescent day treatment and in-home mental health and substance abuse services at various intensities.

Refer to the Covered and Noncovered Services section of the All-Provider Handbook for more information about HealthCheck "Other Services" including, but not limited to, requirements that must be met for a service to be reimbursed through HealthCheck "Other Services."

Mental health services for children that have been approved under Wisconsin HealthCheck "Other Services" include child/adolescent day treatment and in-home mental health and substance abuse services at various intensities.

Services Provided Via Telehealth

Wisconsin Medicaid will not accept claims from individual professionals in private practice providing services via Telehealth.

Wisconsin Medicaid will reimburse certain providers for Medicaid-covered mental health and substance abuse services provided via Telehealth (using telecommunication equipment to link mental health and/or substance abuse providers and consumers in different locations) in the same way it reimburses for face-to-face contacts. Wisconsin Medicaid reimburses only one of the sites, not both.

Certification requirements include all the following:

- The provider is required to be certified by Wisconsin Medicaid.
- The provider is required to be an organization that is certified by the Bureau of Quality Assurance (BQA) within the Division of Disability and Elder Services (DDES) under one of the following program standards: HFS 34, 40, 61, 63, or 75 (excluding 75.15), Wis. Admin. Code.
- The provider is required to be certified by the BQA specifically to provide services via Telehealth. The provider is required to follow the BQA requirements for providing services via Telehealth. Providers can refer to a memo issued in 2004 by the DDES titled "Mental Health and Substance Abuse Telehealth — Criteria for Certification," available via the Web at *dhfs.wisconsin.gov/partners/local.htm*. To access the link, do the following:
  - ✓ Scroll down to "Memo Series." Under the "Numbered" bullet, select "Division of Disability and Elder Services."
  - ✓ Scroll down to 2004-14 and select the title of the memo.
- A mental health or substance abuse professional is required to work as part of an organization that is BQA certified.

Wisconsin Medicaid will not accept claims from individual professionals in private practice providing services via Telehealth.

Submitting Telehealth Claims

The following policies related to Telehealth claims submission apply:

- Wisconsin Medicaid will not reimburse for Telehealth services when the same service was provided on-site, face-to-face with the recipient on the same date of service.
- Providers are required to indicate national Healthcare Common Procedure Coding System modifier "GT" (nationally described as "via interactive audio and video telecommunication systems") with the appropriate procedure code on the claim.

Refer to Appendix 8 of this section for a list of mental health and substance abuse services in which Telehealth applies.

Prior Authorization

The majority of mental health and substance abuse services do not require prior authorization (PA). Some mental health and substance abuse services require PA after a threshold is met, and other services require PA before they are provided (detailed in Appendix 9 of this section).

A PA threshold is the number of hours/units that are allowed for a service before PA is required. Once the PA threshold is reached, PA is required for Medicaid coverage of additional services. PA thresholds for mental health and substance abuse services are set for a specific period of time or dollar amount (such as 15 hours or $500 per calendar year). Services may be provided without PA up to the hour or dollar amount at any time during the calendar year.

A PA threshold is the number of hours/units that are allowed for a service before PA is required.

Wisconsin Medicaid does not reimburse providers for services provided either before the grant date or after the expiration date indicated on the approved Prior Authorization Request Form (PA/RF), HCF 11018. If the provider delivers a service either before the grant date or after the expiration date of an approved PA, or provides a service that requires PA without obtaining PA, the *provider* is responsible for the cost of the service. In these situations, providers may not collect payment from the recipient.

Prior authorization does not guarantee payment. To receive Medicaid reimbursement, provider and recipient eligibility on the date of service, as well as other Medicaid requirements, must be met.

For more information about general PA policies, obtaining PA forms and attachments, and submitting PA requests, refer to the Prior Authorization section of the All-Provider Handbook.

Services Requiring Prior Authorization

Refer to Appendix 9 of this section for mental health and substance abuse services that require PA, services that do not require PA, when PA is required, maximum PA grant periods, and applicable PA forms. For more detailed information regarding PA, refer to the benefit-specific publication.

Utilizing Medical Record Documentation for Prior Authorization Requests

Providers may submit selected existing medical documentation with a PA request in lieu of writing the same required information on the PA attachment.

For example, as supportive documentation, the current treatment plan could be attached rather than rewritten on the PA attachment. In this case, the provider should write, “See attached treatment plan dated MM/DD/YY” in the element requesting the current treatment plan on the PA attachment.

Backdating

Wisconsin Medicaid may backdate an initial PA *if* the provider requests backdating in writing on the PA request and *if* clinical rationale to support the need for starting the service before PA is requested and approved by Wisconsin Medicaid. Providers are required to request backdating by writing, “Please Backdate,” on the PA request. Indicating the requested start date on the PA/RF does *not* suffice as a request for backdating.

Refer to Appendix 9 of this section for benefit-specific backdating information.

For all mental health and substance abuse services, ongoing or subsequent PAs cannot be backdated. In most cases, the grant (start) date will be the date the PA request was received by Wisconsin Medicaid.

Amending Prior Authorizations

A request to amend a PA request may be submitted by fax or mail to Wisconsin Medicaid and must be received by Wisconsin Medicaid *before* the expiration date of the PA request to be amended.

Examples of why providers may request an amendment to an approved or modified PA request include the following:

- To temporarily modify a recipient's frequency of a service when there is a short-term change in his or her medical condition.
- To change the performing provider information when the billing provider remains the same.
- To change the recipient's Medicaid identification number.
- To add or change a procedure code.

Note: Wisconsin Medicaid recommends that, under most circumstances, providers should enddate the current PA request and submit a new one if there is a significant, long-term change in the services required.

Amendment requests should include the following:

- A request for amendment with the exact change desired (e.g., new expiration date). Providers may develop an amendment form, write a brief letter, or use the Prior Authorization Amendment Request form, HCF 11042. The completion instructions and Prior Authorization Amendment Request form may be downloaded and printed from the Medicaid Web site.
- A copy of the PA/RF to be amended (*not* a new PA/RF).
- Additional supporting materials (medical documentation) explaining or justifying the requested changes.

For all mental health and substance abuse services, ongoing or subsequent PAs cannot be backdated.

Claims Submission

To receive reimbursement, claims and adjustment requests must be received by Wisconsin Medicaid within 365 days of the date of service (DOS).

To receive reimbursement, claims and adjustment requests must be received by Wisconsin Medicaid within 365 days of the date of service (DOS).

To receive reimbursement for services that are allowed by Medicare, claims and adjustment requests for coinsurance, copayment, and deductible must be received by Wisconsin Medicaid within 365 days of the DOS, or within 90 days of the Medicare processing date, whichever is later.

For information about exceptions to the claims submission deadline, Medicaid remittance information, adjustment requests, and returning overpayments, refer to the Claims Information section of the All-Provider Handbook.

Electronic Claims Submission

Providers are encouraged to submit claims electronically since the electronic claims format helps to reduce claim errors. With one exception, all electronic claims for mental health and substance abuse services must be submitted using the 837 Health Care Claim: Professional (837P). Claims for mental health and substance abuse services may be submitted using the 837P except when submitting claims that require additional documentation. In these situations, providers are required to submit paper claims.

For services provided by mental health and substance abuse clinics at an approved hospital facility, services may be submitted using the 837 Health Care Claim: Institutional (837I) transaction. Wisconsin Medicaid defines "hospital facility" as the physical entity, surveyed and approved by the Division of Supportive Living, BQA, under ch. 50, Wis. Stats.

Refer to the Informational Resources section of the All-Provider Handbook for more information about electronic transactions.

Paper Claims Submission

With one exception, all paper claims for mental health and substance abuse services must be submitted using the CMS 1500 claim form, dated 12/90.

For services provided by mental health or substance abuse clinics at an approved hospital facility, the services may be billed as hospital outpatient services using appropriate revenue codes on the UB-92 claim form.

Wisconsin Medicaid does not provide the CMS 1500 or UB-92 claim forms. These forms may be obtained from any federal forms supplier.

Coordination of Benefits

Except for a few instances, Wisconsin Medicaid is the payer of last resort for any Medicaid-covered service. Therefore, the provider is required to make a reasonable effort to exhaust all existing other health insurance sources before submitting claims to Wisconsin Medicaid or to state-contracted managed care organizations.

Refer to Appendix 10 of this section for a list of mental health and substance abuse services that may require providers to bill other health insurance sources before billing Wisconsin Medicaid.

Refer to the Coordination of Benefits section of the All-Provider Handbook for more information about services that require other health insurance billing, exceptions, claims submission procedures for recipients with other health insurance, and the Other Coverage Discrepancy Report, HCF 1159.

Claim Components

Procedure Codes

Refer to the appropriate benefit-specific publications for Medicaid-allowed procedure codes and their descriptions.

With one exception, all mental health and substance abuse services use *Current Procedural Terminology* (CPT) and Healthcare Common Procedure Coding System (HCPCS) procedure codes. Revenue codes may be used in lieu of procedure codes for outpatient mental health and substance abuse services provided on the premises of a hospital.

Claims or adjustments received containing procedure codes other than those allowable codes listed in the benefit-specific publication are denied.

Diagnosis and "V" Codes

Refer to the appropriate benefit-specific publication for allowable diagnosis and "V" codes.

All diagnosis and "V" codes submitted to Wisconsin Medicaid on claims or PA requests must be from the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) coding structure.

Providers are responsible for using current diagnosis and "V" codes. Claims or PA requests received without an allowable ICD-9-CM diagnosis code are denied.

Modifiers

Refer to the appropriate benefit-specific publication for allowable modifiers.

Place of Service Codes

Not all place of service (POS) codes are valid in all benefit-specific areas. Refer to the appropriate benefit-specific publications to determine which POS codes are applicable for specific areas.

Fee Schedules

Mental health and substance abuse providers may obtain a maximum allowable fee schedule that contains reimbursement rates from one of the following sources:

- An electronic version of the benefit-specific publication that has the information on the Medicaid Web site.
- A paper copy, which may be purchased by doing either of the following:
  - ✓ Calling Provider Services at (800) 947-9627 or (608) 221-9883 for the cost of the fee schedule.
  - ✓ Writing to the following address:

    Wisconsin Medicaid
    Provider Maintenance
    6406 Bridge Rd
    Madison WI 53784-0006

All diagnosis and "V" codes submitted to Wisconsin Medicaid on claims or PA requests must be from the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) coding structure.

Appendix

Appendix 1

Crosswalk of Mental Health and Substance Abuse Services to Applicable Benefit-Specific Publications

Service	Benefit-Specific Publication*
Adult Mental Health Day Treatment Services	Adult Mental Health Day Treatment Services
Case Management for Mental Health/Substance Abuse Services	Case Management
Central Nervous System Assessments/Tests	Outpatient Mental Health Services
Child/Adolescent Day Treatment Services (HealthCheck "Other Services")	Child/Adolescent Day Treatment Services (HealthCheck "Other Services")
Clozapine Management Services	Community Support Program Services
Community Support Program Services	Community Support Program Services
Comprehensive Community Services	Comprehensive Community Services
Crisis Intervention Services	Crisis Intervention Services
Health and Behavior Assessment/Intervention	Outpatient Mental Health Services
In-Home Mental Health/Substance Abuse Treatment Services for Children (HealthCheck "Other Services")	In-Home Mental Health/Substance Abuse Treatment Services for Children (HealthCheck "Other Services")
Narcotic Treatment Services	Narcotic Treatment Services
Outpatient Mental Health Services (Evaluation, Psychotherapy, Pharmacologic Management)	Outpatient Mental Health Services
Outpatient Mental Health and/or Substance Abuse Services in the Home or Community for Adults	Outpatient Mental Health and/or Substance Abuse Services in the Home or Community for Adults
Outpatient Substance Abuse Services	Outpatient Substance Abuse Services
Substance Abuse Day Treatment Services	Substance Abuse Day Treatment Services

*The mental health and substance abuse benefit-specific publications need to be used in conjunction with the General Information section of the Mental Health and Substance Abuse Services Handbook and the All-Provider Handbook.

Appendix 2

Certification Requirements for Mental Health and Substance Abuse Services Provided by Agencies

This appendix outlines Wisconsin Medicaid certification requirements for all Medicaid mental health and substance abuse service providers. Prior to obtaining Wisconsin Medicaid certification, mental health and substance abuse service providers are required to be certified by the Department of Health and Family Services (DHFS), Division of Disability and Elder Services (DDES), Bureau of Quality Assurance (BQA). County/tribal social or human services agencies that request billing-only status do not need to be certified by the DDES.

Table 1 lists required provider number types and definitions for agencies providing mental health and substance abuse services. Table 2 lists mental health and substance abuse services that only the county/tribal social or human services agency may be certified to bill.

Additional services provided by mental health and substance abuse service providers are italicized in Table 3. These services are included because they can be provided to recipients by mental health and substance abuse services providers, but some of the services can also be provided to other target populations by other types of providers.

The following terms are used in Table 3:

- "Agency Providing the Service" — The agency whose staff actually performs the service.
- "Agency Only Allowed to Bill for the Service" — The county/tribal social human services agency in situations where it contacts with other providers to only perform the service or when it is required to make available the nonfederal share needed to provide a service.

Table 1

Definitions for Provider Numbers	
Type of Provider Number	**Definition**
Billing/Performing Provider Number	Issued to providers to allow them to identify themselves on claims as either the biller of services or the performer of services.
Billing-Only Provider Number	Issued to county/tribal social or human services agencies to allow them to serve as the biller of services when contracting with a service performer.
Nonbilling Performing Provider Number	Issued to those providers who practice under the professional supervision of another provider or in collaboration with other providers. May not be used to independently submit claims to Wisconsin Medicaid.

Table 2

Services That Only County/Tribal Social or Human Services Agencies May Be Certified to Bill (County/Tribal Social or Human Services Agency Pays the State's Share of Wisconsin Medicaid)
Case Management for Mental Health and Substance Abuse
Community Support Program Services
Comprehensive Community Services
Crisis Intervention Services
Outpatient Mental Health and/or Substance Abuse Services in the Home and Community

Table 3

Service	Type of Agency	Type of Provider Number Assigned	Certification Requirements				
			Division of Disability and Elder Services/Bureau of Quality Assurance	Wisconsin Medicaid	Section of Certification Packet to Be Completed*	County/ Tribal Social or Human Services Agency Required?	Additional Requirements
Adult Mental Health Day Treatment Services	Agency Providing the Service	Adult mental health day treatment services billing/ performing provider number	The agency is required to obtain a Wisconsin DHFS certificate to provide mental health day treatment services as authorized under HFS 61.75, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement).	The agency is required to do the following: • Have a DDES, BQA certificate on file. • Complete and submit a Mental Health/Substance Abuse Agency Certification Packet.	Mental Health Day Treatment for Adults	No	No
	Agency Only Allowed to Bill for the Service	Adult mental health day treatment services billing provider number	Not required	The agency is required to complete and submit a Mental Health/Substance Abuse Agency Certification Packet to be a billing-only provider for mental health day treatment services. An allowable Medicaid billing/performing provider is required to perform the service.	Mental Health Day Treatment for Adults	Yes	No
Case Management (Mental Health/ Substance Abuse)	Refer to the Case Management Handbook for requirements.						
Central Nervous System Assessments/ Tests	Agency Providing the Service	Outpatient mental health clinic billing/ performing provider number	The agency is required to obtain a Wisconsin DHFS certificate to provide outpatient mental health services as authorized under HFS 61.91-61.98, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement).	The agency is required to do the following: • Have a DDES, BQA certificate on file. • Complete and submit a Mental Health/Substance Abuse Agency Certification Packet. An allowable Medicaid performing provider is required to perform the service (psychiatrist or Ph.D. psychologist).	Outpatient Mental Health Services	No	No
	Agency Only Allowed to Bill for the Service	Outpatient mental health clinic billing provider number	Not required	The agency is required to complete and submit a Mental Health/Substance Abuse Agency Certification Packet to be a billing-only provider for an outpatient mental health clinic. An allowable Medicaid performing provider is required to perform the service (psychiatrist or Ph.D. psychologist).	Outpatient Mental Health Services	Yes	No

*These are sections of the Medicaid Mental Health/Substance Abuse Agency Certification Packet.

**For this service, the Medicaid state share is paid by counties and tribes. Wisconsin Medicaid is funded by a combination of state/local and federal funds. Federal funding, approximately 60 percent of the total share, can be accessed only when the remaining 40 percent is covered by state or local funds. The state contributes the 40 percent matching funds for most Medicaid-covered services, but several mental health/substance abuse services are covered with local matching funds. For further information, refer to the benefit-specific publication.

Service	Type of Agency	Type of Provider Number Assigned	Certification Requirements				
			Division of Disability and Elder Services/Bureau of Quality Assurance	Wisconsin Medicaid	Section of Certification Packet to Be Completed*	County/ Tribal Social or Human Services Agency Required?	Additional Requirements
Child/ Adolescent Day Treatment Services (HealthCheck "Other Services")	Agency Providing the Service	HealthCheck "Other Services" billing/ performing provider number	The agency is required to obtain a Wisconsin DHFS certificate to provide child/adolescent day treatment services as authorized under HFS 40, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement).	The agency is required to do the following: • Have a DDES, BQA certificate on file. • Complete and submit Mental Health/Substance Abuse Agency Certification Packet.	Child/ Adolescent Day Treatment (HealthCheck "Other Services")	No	No
	Agency Only Allowed to Bill for the Service	HealthCheck "Other Services" billing provider number	Not required	The agency is required to complete and submit a Mental Health/Substance Abuse Agency Certification Packet to be a billing-only provider for child/adolescent day treatment. An allowable Medicaid billing/performing provider is required to perform the service.	Child/ Adolescent Day Treatment (HealthCheck "Other Services")	Yes	No
Clozapine Management	Agency Providing the Service	Community support program nonbilling performing provider number	The agency is required to obtain a Wisconsin DHFS certificate to provide community support program services as authorized under HFS 63, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement).	The agency is required to do the following: • Have a DDES, BQA certificate on file. • Complete and submit Mental Health/Substance Abuse Agency Certification Packet.	Community Support Program	No	No
	Agency Only Allowed to Bill for the Service	Community support program billing provider number	Not required	The agency is required to complete and submit a Mental Health/Substance Abuse Agency Certification Packet to be a billing-only provider for community support program services. An allowable Medicaid performing provider is required to perform the service.	Community Support Program	Yes	No
Community Support Program Services**	Agency Providing the Service (may not bill for the service)	Community support program nonbilling performing provider number	The agency is required to obtain a Wisconsin DHFS certificate to provide community support program services as authorized under HFS 63, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement).	The agency is required to do the following: • Have a DDES, BQA certificate on file. • Complete and submit a Mental Health/Substance Abuse Agency Certification Packet.	Community Support Program	No	No
	Agency Only Allowed to Bill the Service	Community support program billing provider number	Not required	The agency is required to complete and submit a Mental Health/Substance Abuse Agency Certification Packet to be a billing-only provider for community support program services. An allowable Medicaid performing provider is required to perform the service.	Community Support Program	Yes	The agency is required to make available the nonfederal share needed to provide CSP services.

*These are sections of the Medicaid Mental Health/Substance Abuse Agency Certification Packet.

**For this service, the Medicaid state share is paid by counties and tribes. Wisconsin Medicaid is funded by a combination of state/local and federal funds. Federal funding, approximately 60 percent of the total share, can be accessed only when the remaining 40 percent is covered by state or local funds. The state contributes the 40 percent matching funds for most Medicaid-covered services, but several mental health/substance abuse services are covered with local matching funds. For further information, refer to the benefit-specific publication.

Appendix 2 (Continued)

Service	Type of Agency	Type of Provider Number Assigned	Certification Requirements				
			Division of Disability and Elder Services/Bureau of Quality Assurance	**Wisconsin Medicaid**	**Section of Certification Packet to Be Completed***	**County/ Tribal Social or Human Services Agency Required?**	**Additional Requirements**
Comprehensive Community Services**	Agency Providing the Service (may not bill for the service)	Comprehensive community support program nonbilling performing provider number	The agency is required to obtain a Wisconsin DHFS certificate to provide comprehensive community services as authorized under HFS 36, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement).	The agency is required to do the following: • Have a DDES, BQA certificate on file. • Complete and submit a Mental Health/Substance Abuse Agency Certification Packet.	Comprehensive Community Services	No	No
	Agency Only Allowed to Bill for the Service	Comprehensive community support program billing provider number	Not required	The agency is required to complete and submit a Mental Health/ Substance Abuse Agency Certification Packet to be a billing-only provider for comprehensive community services. An allowable Medicaid performing provider is required to perform the service.	Comprehensive Community Services	Yes	The agency is required to have an agency resolution stating that the county or tribe agrees to make available the nonfederal share needed to provide comprehensive community services.
Crisis Intervention Services**	Agency Providing the Service (may not bill for the service)	Crisis intervention services nonbilling performing provider number	The agency is required to obtain a Wisconsin DHFS certificate to provide crisis intervention services as authorized under HFS 34, Subchapter III, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement).	The agency is required to do the following: • Have a DDES, BQA certificate on file. • Complete and submit a Mental Health/Substance Abuse Agency Certification Packet.	Crisis Intervention Services	No	No
	Agency Only Allowed to Bill for the Service	Crisis intervention services billing provider number	Not required	The agency is required to complete and submit a Mental Health/ Substance Abuse Agency Certification Packet to be a billing-only provider for crisis intervention services. An allowable Medicaid performing provider is required to perform the service.	Crisis Intervention Services	Yes	The agency is required to make available the nonfederal share needed to provide crisis intervention services.

*These are sections of the Medicaid Mental Health/Substance Abuse Agency Certification Packet.

**For this service, the Medicaid state share is paid by counties and tribes. Wisconsin Medicaid is funded by a combination of state/local and federal funds. Federal funding, approximately 60 percent of the total share, can be accessed only when the remaining 40 percent is covered by state or local funds. The state contributes the 40 percent matching funds for most Medicaid-covered services, but several mental health/substance abuse services are covered with local matching funds. For further information, refer to the benefit-specific publication.

Service	Type of Agency	Type of Provider Number Assigned	Certification Requirements				
			Division of Disability and Elder Services/Bureau of Quality Assurance	Wisconsin Medicaid	Section of Certification Packet to Be Completed*	County/ Tribal Social or Human Services Agency Required?	Additional Requirements
Health and Behavior Assessment/ Intervention	Agency Providing the Service	Outpatient mental health facility billing/performing provider number	The agency is required to obtain a Wisconsin DHFS certificate to provide outpatient mental health services as authorized under HFS 61.91-61.98, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement).	The agency is required to do the following: • Have a DDES, BQA certificate on file. • Complete and submit a Mental Health/Substance Abuse Agency Certification Packet. An allowable Medicaid performing provider is required to perform the service (Master's level psychotherapist, Ph.D. psychologist, or psychiatrist).	Outpatient Mental Health Services	No	No
	Agency Only Allowed to Bill for the Service	Outpatient mental health facility billing provider number	Not required	The agency is required to complete and submit a Mental Health/Substance Abuse Agency Certification Packet to be a billing-only provider for an outpatient mental health clinic. An allowable Medicaid performing provider is required to perform the service.	Outpatient Mental Health Services	Yes	No
In-Home Mental Health/ Substance Abuse Treatment Services for Children (HealthCheck "Other Services")	Agency Providing the Service	Outpatient mental health clinic billing/ performing provider number or outpatient substance abuse clinic billing/ performing provider number	The agency is required to obtain a Wisconsin DHFS certificate to provide outpatient mental health or substance abuse services as authorized under HFS 61.91-61.98, Wis. Admin. Code, or, in situations where substance abuse counseling is the only service provided, as authorized under HFS 75.13, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement).	The agency is required to do the following: • Have a DDES, BQA certificate on file. • Complete and submit a Mental Health/Substance Abuse Agency Certification Packet. An allowable Medicaid performing provider is required to perform the service.	Outpatient Mental Health Services or Outpatient Substance Abuse Services	No	No
	Agency Billing for the Service	Outpatient mental health clinic billing provider number or outpatient substance abuse clinic billing provider number	Not required	The agency is required to complete and submit a Mental Health/Substance Abuse Agency Certification Packet to be a billing-only provider for an outpatient mental health clinic or to be a billing-only provider for an outpatient substance abuse clinic in situations where substance abuse counseling is the only service provided. An allowable Medicaid performing provider is required to perform the service.	Outpatient Mental Health Services or Outpatient Substance Abuse Services	Yes	No

*These are sections of the Medicaid Mental Health/Substance Abuse Agency Certification Packet.

Appendix 2 (Continued)

Service	Type of Agency	Type of Provider Number Assigned	Certification Requirements				
			Division of Disability and Elder Services/Bureau of Quality Assurance	**Wisconsin Medicaid**	**Section of Certification Packet to Be Completed***	**County/ Tribal Social or Human Services Agency Required?**	**Additional Requirements**
Narcotic Treatment Services	Agency Providing and Billing for the Service	Narcotic treatment services billing/ performing provider number	The agency is required to obtain a Wisconsin DHFS certificate to provide narcotic treatment services for opiate addiction as authorized under HFS 75.15, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement).	The agency is required to do the following: • Have a DDES, BQA certificate on file. • Complete and submit a Mental Health/ Substance Abuse Agency Certification Packet. An allowable Medicaid performing provider is required to perform the service.	Outpatient Substance Abuse Services/ Narcotic Treatment Services	No	No
Outpatient Mental Health Services (Evaluation, Psychotherapy, Pharmacologic Management)	Agency Providing the Service	Outpatient mental health billing/ performing provider number	The agency is required to obtain a Wisconsin DHFS certificate to provide outpatient mental health services as authorized under HFS 61.91-61.98, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement).	The agency is required to do the following: • Have a DDES, BQA certificate on file. • Complete and submit a Mental Health/ Substance Abuse Agency Certification Packet. An allowable Medicaid performing provider is required to perform the service.	Outpatient Mental Health Services	No	No
		Hospitals will receive one of the following: • Outpatient mental health clinic billing/ performing provider number. • Outpatient hospital number.		Hospitals are required to complete one of the following: • The Hospital Certification Packet if billing as an outpatient hospital (using revenue codes on the UB-92 claim form). Outpatient hospitals utilizing Master's level therapists are required to be certified as a DDES, BQA-certified mental health clinic under HFS 61.91-61.98, Wis. Admin. Code. Only covered services provided by an approved hospital facility are eligible for payment under Wisconsin Medicaid's outpatient hospital payment formula. Wisconsin Medicaid defines "hospital facility" as the physical entity, surveyed and approved by the Division of Supportive Living, BQA, under ch. 50, Wis. Stats. • The Mental Health/Substance Abuse Agency Certification Packet if billing as a certified outpatient mental health clinic (using procedure codes on the CMS 1500 claim form).	Not a section of the Mental Health/ Substance Abuse Agency Certification Packet. Complete the Hospital Certification Packet.	No	No
	Agency Only Allowed to Bill for the Service	Outpatient mental health clinic billing/ performing provider number	Not required	The agency is required to complete and submit a Mental Health/Substance Abuse Agency Certification Packet to be a billing-only provider for outpatient mental health services. An allowable Medicaid performing provider is required to perform the service.	Outpatient Mental Health Services	Yes	No

*These are sections of the Medicaid Mental Health/Substance Abuse Agency Certification Packet.

Appendix 2 (Continued)

Service	Type of Agency	Type of Provider Number Assigned	Certification Requirements				
			Division of Disability and Elder Services/Bureau of Quality Assurance	Wisconsin Medicaid	Section of Certification Packet to Be Completed*	County/ Tribal Social or Human Services Agency Required?	Additional Requirements
Outpatient Mental Health and/or Substance Abuse Services in the Home or Community for Adults**	Agency Providing the Service (may not bill for the service)	Outpatient mental health clinic or substance abuse clinic billing/ performing provider number	The agency is required to obtain a Wisconsin DHFS certificate to provide outpatient mental health services as authorized under HFS 61.91-61.98 or 75.13, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement).	The agency is required to do the following: • Have a DDES, BQA certificate on file. • Complete and submit a Mental Health/Substance Abuse Agency Certification Packet.	Outpatient Mental Health Services or Outpatient Substance Abuse Services	No	No
	Agency Only Allowed to Bill for the Service	Outpatient mental health clinic or substance abuse clinic billing provider number	Not required	The agency is required to complete and submit a Mental Health/ Substance Abuse Agency Certification Packet to be a billing-only provider for outpatient mental health and/or substance abuse services in the home or community. An allowable Medicaid performing provider is required to perform the service.	Outpatient Mental Health Services or Outpatient Substance Abuse Services	Yes	The agency is required to have an agency resolution stating that the county or tribe agrees to make available the nonfederal share needed to provide outpatient mental health and substance abuse services in the home or community.
	Agency Providing *and* Billing the Service	Outpatient mental health clinic or substance abuse clinic billing/ performing provider number	The agency is required to obtain a Wisconsin DHFS certificate to provide outpatient mental health services as authorized under HFS 61.91-61.98 or 75.13, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement).	The agency is required to do the following: • Have a DDES, BQA certificate on file. • Complete and submit a Mental Health/Substance Abuse Agency Certification Packet.	Outpatient Mental Health Services or Outpatient Substance Abuse Services	Yes	The agency is required to have an agency resolution stating that the county or tribe agrees to make available the nonfederal share needed to provide outpatient mental health and substance abuse services in the home or community.

*These are sections of the Medicaid Mental Health/Substance Abuse Agency Certification Packet.

**For this service, the Medicaid state share is paid by counties and tribes. Wisconsin Medicaid is funded by a combination of state/local and federal funds. Federal funding, approximately 60 percent of the total share, can be accessed only when the remaining 40 percent is covered by state or local funds. The state contributes the 40 percent matching funds for most Medicaid-covered services, but several mental health/substance abuse services are covered with local matching funds. For further information, refer to the benefit-specific publication.

Appendix 2 (Continued)

Service	Type of Agency	Type of Provider Number Assigned	Certification Requirements				
			Division of Disability and Elder Services/Bureau of Quality Assurance	**Wisconsin Medicaid**	**Section of Certification Packet to Be Completed***	**County/ Tribal Social or Human Services Agency Required?**	**Additional Requirements**
Outpatient Substance Abuse Services	Agency Providing the Service	Outpatient substance abuse clinic billing/ performing provider number	The agency is required to obtain a Wisconsin DHFS certificate to provide outpatient substance abuse services as authorized under HFS 75.13, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement).	The agency is required to do the following: • Have a DDES, BQA certificate on file. • Complete and submit a Mental Health/ Substance Abuse Agency Certification Packet. An allowable Medicaid performing provider is required to perform the service.	Outpatient Substance Abuse Services	No	No
		Hospitals will receive one of the following: • Outpatient substance abuse clinic billing/ performing provider number. • Outpatient hospital number.		Hospitals are required to complete one of the following: • The Hospital Certification Packet if billing as an outpatient hospital (using revenue codes on the UB-92 claim form). Outpatient hospitals utilizing substance abuse counselors are required to be certified as a DDES, BQA-certified mental health clinic under HFS 75, Wis. Admin. Code. Only covered services provided by an approved hospital facility are eligible for payment under Wisconsin Medicaid's outpatient hospital payment formula. Wisconsin Medicaid defines "hospital facility" as the physical entity, surveyed and approved by the Division of Supportive Living, BQA, under ch. 50, Wis. Stats. • The Mental Health/Substance Abuse Agency Certification Packet if billing as a certified outpatient substance abuse clinic (using procedure codes on the CMS 1500 claim form).	Not a section of the Mental Health/ Substance Abuse Agency Certification Packet. Complete the Hospital Certification Packet.	No	No
	Agency Only Allowed to Bill for the Service	Outpatient substance abuse clinic billing provider number	Not required	The agency is required to complete and submit a Mental Health/Substance Abuse Agency Certification Packet to be a billing-only provider for outpatient substance abuse services. An allowable Medicaid performing provider is required to perform the service.	Outpatient Substance Abuse Services	Yes	No

*These are sections of the Medicaid Mental Health/Substance Abuse Agency Certification Packet.

Appendix 2 (Continued)

Service	Type of Agency	Type of Provider Number Assigned	Certification Requirements				
			Division of Disability and Elder Services/Bureau of Quality Assurance	Wisconsin Medicaid	Section of Certification Packet to Be Completed*	County/ Tribal Social or Human Services Agency Required?	Additional Requirements
Substance Abuse Day Treatment Services	Agency Providing the Service	Day treatment (substance abuse) billing/performing provider number	The agency is required to obtain a Wisconsin DHFS certificate to provide substance abuse day treatment services as authorized under HFS 75.12, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement).	The agency is required to do the following: • Have a DDES, BQA certificate on file. • Complete and submit a Mental Health/Substance Abuse Agency Certification Packet.	Substance Abuse Day Treatment	No	No
	Agency Only Allowed to Bill for the Service	Day treatment (substance abuse) billing provider number	Not required	The agency is required to complete and submit a Mental Health/ Substance Abuse Agency Certification Packet to be a billing-only provider for substance abuse day treatment services. An allowable Medicaid performing provider is required to perform the service.	Substance Abuse Day Treatment	Yes	No

*These are sections of the Medicaid Mental Health/Substance Abuse Agency Certification Packet.

Appendix 3

Medicaid Certification Requirements for Mental Health and Substance Abuse Services Provided by Individuals

This appendix outlines Wisconsin Medicaid certification requirements for mental health or substance abuse service professionals. The first table includes definitions for different types of provider numbers. The second table identifies the types of providers who may perform specific Medicaid mental health and substance abuse services and the third table lists mental health or substance abuse service professionals, prerequisites, and Medicaid certification requirements. This list includes psychiatrists and Ph.D. psychologists who perform in private practice. These providers may submit claims as well as perform these services. Psychiatrists and Ph.D. psychologists may also work within certified programs as defined in this appendix.

Services provided by Master's-level psychotherapists, substance abuse counselors, and narcotic treatment nurses must be billed under the billing provider number of the agency for which they work; their provider numbers indicate they are performing providers.

Additional services provided by mental health and substance abuse service providers are italicized in the following tables. These services are included because they can be provided to recipients by mental health and substance abuse services providers, but some of the services can also be provided to other target populations by other types of providers.

Definitions for Provider Numbers	
Type of Provider Number	**Definition**
Nonbilling Performing Provider Number	Issued to providers who practice under the professional supervision of another provider or in collaboration with other providers. This provider number may not be used to independently submit claims to Wisconsin Medicaid.
Billing/Performing Provider Number	Issued to providers to allow them to identify themselves on claims as either the biller of services or the performer of services.
Group/Clinic Billing Number	Issued only to physicians and Ph.D. psychologists in private practice as an accounting convenience for a clinic in which more than one individual provider performs the service(s). A provider using a group/clinic billing number receives one reimbursement, one Remittance and Status Report, and the 835 Health Care Claim/Payment Advice transaction for covered services performed by individual providers within a group/clinic.

Appendix 3 (Continued)

Services Requiring Certification of Individual Professionals

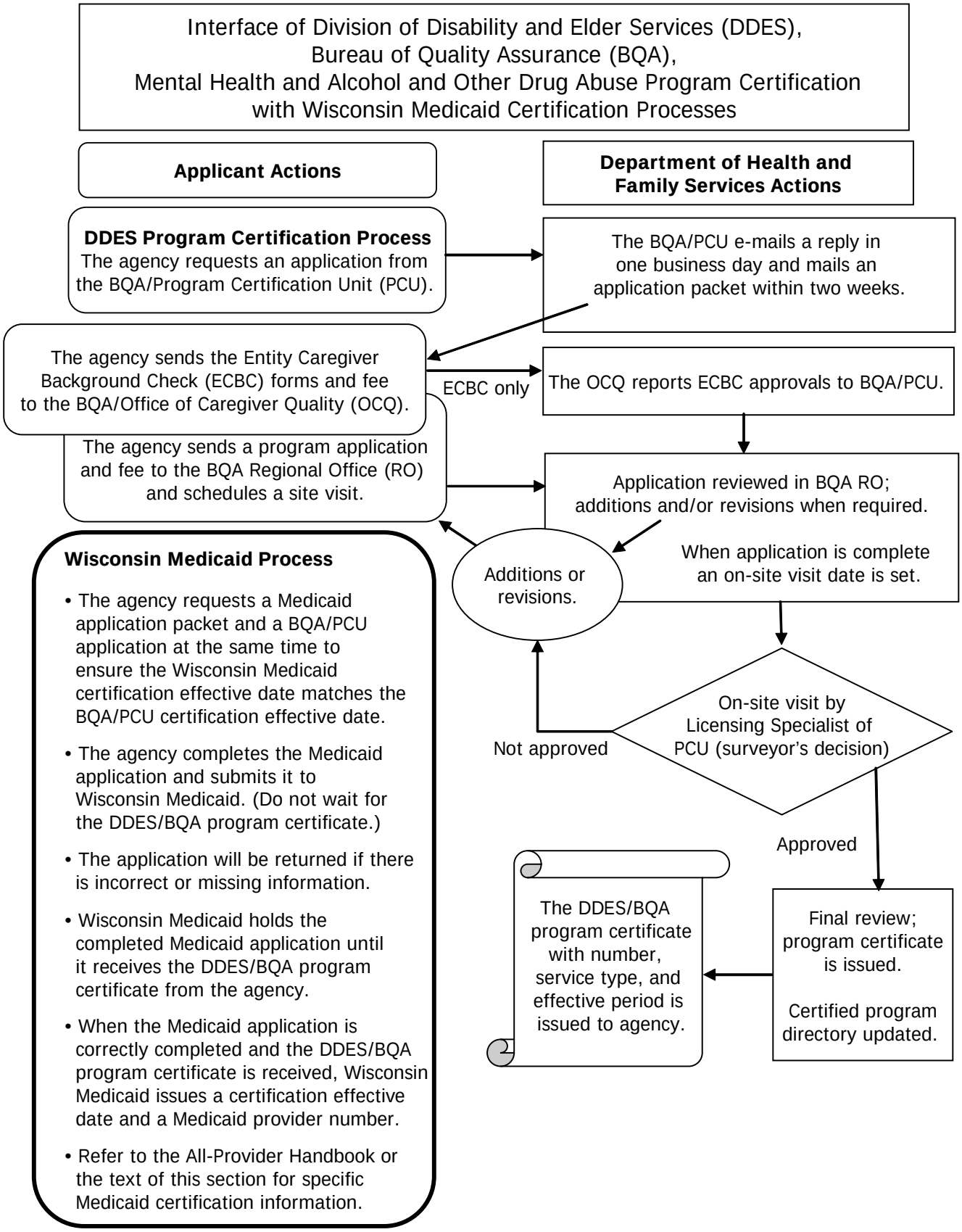
Service	Allowable Individual Provider
Adult Mental Health Day Treatment Services	N/A
Case Management (Mental Health/ Substance Abuse)	Refer to the Case Management Handbook.
Central Nervous System Assessments/Tests	Ph.D. Psychologist
	Psychiatrist
Child/Adolescent Day Treatment Services (HealthCheck "Other Services")	N/A
Clozapine Management	Physician
Community Support Program Services	N/A
Comprehensive Community Services	N/A
Crisis Intervention Services	N/A
Health and Behavior Assessment/ Intervention	Master's-Level Psychotherapist
	Ph.D. Psychologist
	Psychiatrist
In-Home Mental Health/Substance Abuse Treatment Services for Children (HealthCheck "Other Services")	Substance Abuse Counselor Without Master's Degree (In situations where substance abuse counseling is the only service provided.)
	Substance Abuse Counselor with Master's Degree (In situations where substance abuse counseling is the only service provided.)
	Master's-Level Psychotherapist (Second team member is approved through the prior authorization process.)
	Psychiatrist
	Ph.D. Psychologist

Service	Allowable Individual Provider
Narcotic Treatment Services	Substance Abuse Counselor without Master's degree
	Substance Abuse Counselor with Master's degree
	Registered Substance Abuse Counselor
	Narcotic Treatment Nurse
	Ph.D. Psychologist
Outpatient Mental Health Services (Evaluation, Psychotherapy, Pharmacologic Management)	Master's-Level Psychotherapist
	Ph.D. Psychologist
	Psychiatrist
Outpatient Mental Health and/or Substance Abuse Services in the Home or Community for Adults	Substance Abuse Counselor Without Master's Degree
	Substance Abuse Counselor with Master's Degree
	Master's-Level Psychotherapist
	Psychiatrist
	Ph.D. Psychologist
Outpatient Substance Abuse Services	Substance Abuse Counselor Without Master's Degree
	Substance Abuse Counselor with Master's Degree
	Ph.D. Psychologist
	Physician
Substance Abuse Day Treatment Services	N/A

Individual Providers, Prerequisites, and Medicaid Certification Requirements			
Type of Provider	**Prerequisite**	**Medicaid Certification Requirements**	**Type of Provider Number Assigned**
Substance Abuse Counselor Without Master's Degree	The provider is required to do the following: • Work in a certified clinic and meet the requirements listed under HFS 75.13, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement). • Have a certificate stating qualifications as a *certified* (not only registered) substance abuse counselor issued by the Wisconsin Certification Board on Alcohol and Other Drug Abuse counselors.	The provider is required to complete and submit a Mental Health/Substance Abuse Individual Certification Packet.	Nonbilling performing provider number
Substance Abuse Counselor with Master's Degree	The provider is required to do the following: • Work in a certified clinic and meet the requirements listed under HFS 75.13, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement). • Have a certificate stating qualifications as a *certified* (not only registered) substance abuse counselor issued by the Wisconsin Certification Board on Alcohol and Other Drug Abuse counselors and have a clinical social worker's license, a marriage and family therapist's license, or a professional counselor's license from the Department of Regulation and Licensing (DR&L) **or** a Provider Status Approval Letter issued by the Division of Disability and Elder Services (DDES), Bureau of Quality Assurance (BQA).	The provider is required to complete and submit a Mental Health/Substance Abuse Individual Certification Packet.	Nonbilling performing provider number
Registered Substance Abuse Counselor	The provider is required to do the following: • Work in a Narcotic Treatment Service certified under HFS 75.15, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement). • Have a certificate stating qualifications as a registered substance abuse counselor issued by the Wisconsin Certification Board on Alcohol and Other Drug Abuse counselors.	The provider is required to complete and submit a Mental Health/Substance Abuse Individual Certification Packet.	Nonbilling performing provider number
Narcotic Treatment Nurse	The provider is required to do the following: • Work in a Narcotic Treatment Service certified under HFS 75.15, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement). • Have a State of Wisconsin Registered Nurse License **or** a State of Wisconsin Practical Nurse License issued by the DR&L as required under ch. 441.06 and 441.10, Wis. Stats.	The provider is required to complete and submit a Mental Health/Substance Abuse Individual Certification Packet.	Nonbilling performing provider number
Master's-Level Psychotherapist	The provider is required to do the following: • Work in a certified mental health clinic as required under HFS 61.91-61.98, Wis. Admin. Code (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement). • Have a clinical social worker's license, a marriage and family therapist's license, or a professional counselor's license from the DR&L **or** a Provider Status Approval Letter issued by the DDES, BQA.	The provider is required to complete and submit a Mental Health/Substance Abuse Individual Certification Packet.	Nonbilling performing provider number
Psychiatrist	The provider is required to do the following: • Have a license to practice as a physician, according to ch. 448.05 and 448.07, Wis. Stats. (which meets Wisconsin Medicaid's HFS 105, Wis. Admin. Code, requirement). • Have proof that he or she completed psychiatric residency.	The provider is required to complete and submit a Physician/Osteopath/Physician Assistant Certification Packet.	Billing/performing provider number
Ph.D. Psychologist	The provider is required to have a license to practice as a psychologist, according to ch. 455, Wis. Stats. This must be at the independent practice level. If the effective date of the license is prior to October 1, 1991, the provider is required to have one of the following: • A copy of his or her listing in the current National Register of Health Service Providers in Psychology as required under HFS 105, Wis. Admin. Code. • A copy of documentation that shows he or she is eligible to be listed in the National Register of Health Service Providers in Psychology. The provider is required to include documentation of a doctorate that meets the National Register/Association of State and Provincial Psychology Boards' "Guidelines for Defining a Doctoral Degree in Psychology" with at least two years (minimum of 3,000 hours) of supervised experience in health service. One year (1,500 hours) must be post-internship, which meets the National Register's "Guidelines for Defining an Internship or Organized Health Service Training Program" as required under HFS 105.22(1)(b), Wis. Admin. Code.	The provider is required to complete and submit a Mental Health/Substance Abuse Individual Certification Packet.	Billing/performing provider number
Physician	The provider is required to have a license to practice as a physician, according to ch. 448.05, Wis. Stats., as required under HFS 105, Wis. Admin. Code.	The provider is required to complete and submit a Physician/Osteopath/Physician Assistant Certification Packet.	Billing/performing provider number

Appendix 4

Certification Process for Agencies Providing Mental Health and Substance Abuse Services



Appendix 5

Certification Process for Master's-Level Psychotherapists (Not Licensed) Providing Mental Health Services

Department of Health and Family Services (DHFS)
Processes for Individual Provider Status Approval,
Medicaid Individual Certification, and Provider Number Assignment

Wisconsin Medicaid Process

An individual requests a Medicaid application packet while the Division of Disability and Elder Services (DDES)/ Bureau of Quality Assurance (BQA) processes the application for Individual Provider Status Approval, DDE-2569.

↓

Wisconsin Medicaid sends an application packet to the individual within two business days.

↓

An individual completes Medicaid application.

↓

An individual submits the Medicaid application to Wisconsin Medicaid with the DDES/BQA Individual Provider Status Approval Letter.

↓

Wisconsin Medicaid issues an individual Medicaid provider number to the individual.

Department of Health and Family Services/Disability and Elder Services Process for Individual Provider Status Approval

Applications may be obtained by Master's-level mental health professionals seeking clinical positions as a psychotherapist under HFS 61.96 and 61.97, Wis. Admin. Code, for third-party reimbursements through the Department of Health and Family Services (DHFS) Web site at *dhfs.wisconsin.gov/forms/ddes/dde2569.pdf*.

↓

The individual submits a completed application, DDE-2569, and Supervisor Affidavit, DDE-2570, that demonstrates evidence of 3,000 hours of post-Master's degree, supervised (face-to-face), clinical experience.

↓

The BQA/Program Certification Unit reviews and confirms the information and may do one of the following:

1. Indicate approval of provider status.
2. Recognize evidence of Wisconsin Department of Regulation and Licensing licensure.
3. Issue a letter of denial.
4. Request additional documentation.

↓

Provider approvals are added to the DHFS Individual Approved Providers Directory and can be viewed on the DHFS Web site at

dhfs.wisconsin.gov/bqaconsumer/aoda_mh/indiv3rdpty.pdf.

↓

The DDES/BQA issues an Individual Provider Status Approval Letter to the individual.

The provider keeps the letter as a permanent credential.

Appendix

Appendix 6

Quick Reference — Procedure Codes and Applicable Service-Specific Mental Health and Substance Abuse Areas

The following table lists allowable *Current Procedural Terminology* (CPT) and Healthcare Common Procedure Coding System (HCPCS) procedure codes and applicable benefit-specific mental health and substance abuse areas. This table does not include billing information and should be used only as a guide by providers to determine which procedure codes can be used under a particular benefit-specific area. Refer to benefit-specific publications for billing information and for detailed information on these procedure codes. For further information on benefit-specific sections, refer to Appendix 1 of this section.

CPT/HCPCS Procedure Code(s	Applicable Service Area(s)
86580	Narcotic Treatment Services
90801-90815	Outpatient Mental Health Services
	Outpatient Mental Health Services in the Home or Community for Adults
90816-90829	Outpatient Mental Health Services
90845-90862	Outpatient Mental Health Services
	Outpatient Mental Health Services in the Home or Community for Adults
90865-90870	Outpatient Mental Health Services
90875-90880, 90887, 90899	Outpatient Mental Health Services
	Outpatient Mental Health Services in the Home or Community for Adults
96101-96120	Central Nervous System Assessments/Tests
96150-96155	Health and Behavior Assessment/Intervention
99001	Narcotic Treatment Services
99082	In-Home Mental Health/Substance Abuse Treatment Services for Children (HealthCheck "Other Services")
H0001, H0003	Narcotic Treatment Services
H0004	In-Home Mental Health/Substance Abuse Treatment Services for Children (HealthCheck "Other Services")

CPT/HCPCS Procedure Code(s)	Applicable Service Area(s)
H0005	Outpatient Mental Health and/or Substance Abuse Services in the Home or Community for Adults
	Outpatient Substance Abuse Services
H0020	Narcotic Treatment Services
H0022	In-Home Mental Health/Substance Abuse Treatment Services for Children (HealthCheck "Other Services")
	Outpatient Substance Abuse Services
	Outpatient Substance Abuse Services in the Home or Community for Adults
H0034	Clozapine Management Services
H0039	Community Support Program Services
H0046	Outpatient Mental Health Services
H0047	Outpatient Substance Abuse Services
H2012	Adult Mental Health Day Treatment Services
	Child/Adolescent Day Treatment Services (HealthCheck "Other Services")
	Substance Abuse Day Treatment Services
H2018	Comprehensive Community Services
S9484-S9485	Crisis Intervention Services
T1006	In-Home Mental Health/Substance Abuse Treatment Services for Children (HealthCheck "Other Services")
	Outpatient Substance Abuse Services
	Outpatient Mental Health Services in the Home or Community for Adults

Appendix 7

Mental Health and Substance Abuse Services Documentation Requirements

Providers are responsible for meeting Medicaid's medical and financial documentation requirements. Refer to HFS 106.02(9)(a), Wis. Admin. Code, for preparation and maintenance documentation requirements and HFS 106.02(9)(c), Wis. Admin. Code, for financial record documentation requirements.

The following are Wisconsin Medicaid's medical record documentation requirements (HFS 106.02[9][b], Wis. Admin. Code) as they apply to all mental health and substance abuse services. In each element, the applicable administrative code language is in parentheses. The provider is required to include the following written documentation in the recipient's medical record, as applicable:

1. Date, department or office of the provider (as applicable), and provider name and profession.
2. Presenting problem (chief medical complaint or purpose of the service or services).
3. Assessments (clinical findings, studies ordered, or diagnosis or medical impression).
   a. Intake note signed by the therapist (clinical findings).
   b. Information about past treatment, such as where it occurred, for how long, and by whom (clinical findings).
   c. Mental status exam, including mood and affect, thought processes — principally orientation X3, dangerousness to others and self, and behavioral and motor observations. Other information that may be essential depending on presenting symptoms includes thought processes other than orientation X3, attitude, judgment, memory, speech, thought content, perception, intellectual functioning, and general appearance (clinical findings and/or diagnosis or medical impression).
   d. Biopsychosocial history, which may include, depending on the situation, educational or vocational history, developmental history, medical history, significant past events, religious history, substance abuse history, past mental health treatment, criminal and legal history, significant past relationships and prominent influences, behavioral history, financial history, and overall life adjustment (clinical findings).
   e. Psychological, neuropsychological, functional, cognitive, behavioral, and/or developmental testing as indicated (studies ordered).
   f. Current status, including mental status, current living arrangements and social relationships, support system, current activities of daily living, current and recent substance abuse usage, current personal strengths, current vocational and educational status, and current religious attendance (clinical findings).
4. Treatment plans, including treatment goals, which are expressed in behavioral terms that provide measurable indices of performance, planned intervention, mechanics of intervention (frequency, duration, responsible party[ies]) (disposition, recommendations, and instructions given to the recipient, including any prescriptions and plans of care or treatment provided).
5. Progress notes (therapies or other treatments administered) must provide data relative to accomplishment of the treatment goals in measurable terms. Progress notes also must document significant events that are related to the person's treatment plan and assessments and that contribute to an overall understanding of the person's ongoing level and quality of functioning.

Appendix 8

Mental Health and Substance Abuse Services for Which Telehealth Is Allowed and Is Not Allowed

This table shows the services for which Telehealth and the "GT" modifier are allowed and are not allowed. Refer to the benefit-specific mental health and substance abuse services publication for information on the allowable professional level modifiers and descriptions for the procedure codes listed.

Service Area	Procedure Code	Telehealth Services Covered?
Adult Mental Health Day Treatment Services	H2012	For individual services only.
Case Management for Mental Health/ Substance Abuse Services	-----	No
Central Nervous System Assessments/Tests	-----	No
Child/Adolescent Day Treatment Services (HealthCheck "Other Services")	H2012	For individual services only.
Clozapine Management	-----	No
Community Support Program Services	H0039	Yes
	H0039 with the following group modifiers: • U1 (Group professional) • U2 (Group, Masters) • U3 (Group, Ph.D.) • U4 (Group M.D./Advanced practice nurse prescriber with mental health specialty)	No
Comprehensive Community Services	H2018	Yes
Crisis Intervention Services	S9484	Yes
	S9485 (per diem)	No
Health and Behavior Assessment/Intervention	96150-96152, 96154-96155	Yes
	96153	No
In-Home Mental Health/Substance Abuse Treatment Services for Children (HealthCheck "Other Services")	H0004, H0022, T1006	Yes
	99082	No
Narcotic Treatment Services	-----	No
Outpatient Mental Health Services (Evaluation, Psychotherapy, Pharmacologic Management)	90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90826, 90827, 90828, 90829, 90845, 90846, 90847, 90849, 90862, 90875, 90876, 90887, H0046	Yes
	90853, 90857, 90865, 90870, 90880, 90899	No
Outpatient Mental Health and/or Substance Abuse Services in the Home and Community for Adults	90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90845, 90846, 90847, 90849, 90862, 90875, 90876, 90887, H0022, T1006	Yes
	90853, 90857, 90880, 90899, H0005	No
Outpatient Substance Abuse Services	H0022, H0047, T1006	Yes
	H0005	No
Substance Abuse Day Treatment Services	H2012	For individual services only.

Appendix 9

Prior Authorization for Mental Health and Substance Abuse Services

The following table lists mental health and substance abuse services that require prior authorization (PA) and, for those services requiring PA, when PA is required, maximum grant period allowed for PA, required PA forms, and maximum backdating allowed when specifically requested.

Service	Prior Authorization Required?	When is Prior Authorization Required?	Maximum Prior Authorization Grant Period*	Required Prior Authorization Forms	Backdating
Adult Mental Health Day Treatment Services	Prior authorization is required for all day treatment services for recipients while they are inpatient hospital patients *and* for all day treatment services while the recipients are concurrently receiving outpatient psychotherapy, occupational therapy services, and/or substance abuse services of any kind.	Prior authorization required after 90 hours per calendar year except for the two situations in the preceding column. Prior authorization is required before the first hour for these two situations.	6 months	Prior Authorization Request Form (PA/RF), HCF 11018 Prior Authorization/ Adult Mental Health Day Treatment Attachment (PA/AMHDTA), HCF 11038	Up to 10 business days prior to the first date of receipt at Wisconsin Medicaid (initial request only)
Case Management for Mental Health/Substance Abuse Services**	No	N/A	N/A	N/A	N/A
Central Nervous System Assessments/Tests	No	N/A	N/A	N/A	N/A
Child/Adolescent Day Treatment Services (HealthCheck "Other Services")	Yes	Immediately	3 months	PA/RF Prior Authorization/ Child/Adolescent Day Treatment Attachment (PA/CADTA), HCF 11040	Up to 10 business days prior to the first date of receipt at Wisconsin Medicaid (initial request only)
Clozapine Management Services	No	N/A	N/A	N/A	N/A
Community Support Program Services**	No	N/A	N/A	N/A	N/A
Comprehensive Community Services**	No	N/A	N/A	N/A	N/A
Crisis Intervention Services**	No	N/A	N/A	N/A	N/A
Health and Behavior Assessments	No	N/A	N/A	N/A	N/A
Health and Behavior Interventions	Yes	Prior authorization required after recipient receives 15 hours/$500 of health and behavior intervention services in a calendar year.	6 months	PA/RF Prior Authorization/ Health and Behavior Intervention Attachment (PA/HBA), HCF 11088	Up to 10 business days prior to the first date of receipt at Wisconsin Medicaid (initial request only)

*These grant periods are listed in the PA guidelines.

**These services are billable only by county/tribal social or human services agencies. Providers are required to have a contractual arrangement with their county/tribal social or human services agency. Authorizations must be obtained from the county/tribal social or human services agency.

Service	Prior Authorization Required?	When is Prior Authorization Required?	Maximum Prior Authorization Grant Period*	Required Prior Authorization Forms	Backdating
In-Home Mental Health/Substance Abuse Treatment Services for Children (HealthCheck "Other Services")	Yes	Immediately	3 months	PA/RF Prior Authorization/ In-Home Treatment Attachment (PA/ITA), HCF 11036	Up to 10 business days prior to the first date of receipt at Wisconsin Medicaid (initial request only)
Narcotic Treatment Services	No	N/A	N/A	N/A	N/A
Outpatient Mental Health Services (Evaluation, Psychotherapy, Pharmacologic Management)	Yes (Except for services provided to a recipient who is an inpatient of a hospital. Emergency psychotherapy may be performed by a provider for a recipient without PA when the provider has reason to believe that the recipient may immediately injure himself, herself, or any other person. Emergency psychotherapy services shall be incorporated within the limits for PA for outpatient mental health services [HFS 107.13(2), Wis. Admin. Code].)	Prior authorization required after recipient receives 15 hours/$500 of mental health/substance abuse services in a calendar year.	6 months	PA/RF Prior Authorization/ Psychotherapy Attachment (PA/PSYA), HCF 11031	Up to 10 business days prior to the first date of receipt at Wisconsin Medicaid (initial request only)
Outpatient Mental Health and/or Substance Abuse Services in the Home or Community for Adults**	No	N/A	N/A	N/A	N/A
Outpatient Substance Abuse Services	Yes (Except for services provided to a recipient who is an inpatient of a hospital.)	Prior authorization required after client receives 15 hours/$500 of mental health/ substance abuse services in a calendar year.	6 months	PA/RF Prior Authorization/ Substance Abuse Attachment (PA/SAA), HCF 11032	Up to 10 business days prior to the first date of receipt at Wisconsin Medicaid (initial request only)
Substance Abuse Day Treatment Services	Yes	Immediately	6 weeks	PA/RF Prior Authorization/ Substance Abuse Day Treatment Attachment (PA/SADTA), HCF 11037	Up to five business days prior to the first date of receipt at Wisconsin Medicaid (initial request only)

*These grant periods are listed in the PA guidelines.

**These services are billable only by county/tribal social or human services agencies. Providers are required to have a contractual arrangement with their county/tribal social or human services agency. Authorizations must be obtained from the county/tribal social or human services agency.

Appendix 10

Services Requiring Other Health Insurance Billing

The following table lists mental health and substance abuse services that may require providers to bill other health insurance sources before billing Wisconsin Medicaid.

Service	Bill Commercial Health Insurance?	Bill Medicare?
Adult Mental Health Day Treatment Services	Yes	Yes
Case Management for Mental Health/Substance Abuse Services	No	No
Central Nervous System Assessments/Tests	Yes	Yes
Child/Adolescent Day Treatment Services (HealthCheck "Other Services")	Yes	No
Clozapine Management Services	Yes	No
Community Support Program Services	Yes	No
Comprehensive Community Services	Yes	No
Crisis Intervention Services	Yes	No
Health and Behavior Assessment/Intervention	Yes	Yes
In-Home Mental Health/Substance Abuse Treatment Services for Children (HealthCheck "Other Services")	Yes	Yes
Narcotic Treatment Services	Yes	Yes
Outpatient Mental Health Services (Evaluation, Psychotherapy, Pharmacologic Management)	Yes	Yes
Outpatient Mental Health and/or Substance Abuse Services in the Home or Community for Adults	Yes	Yes
Outpatient Substance Abuse Services	Yes	Yes
Substance Abuse Day Treatment Services	Yes	Yes

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