

ForwardHealth **UPDATE**

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BILLING AND CLAIMS SUBMISSION GUIDANCE FOR RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT PROVIDERS

The December 2020 ForwardHealth Update (2020-42), titled “[New Benefit for Residential Substance Use Disorder Treatment](#),” announced the residential substance use disorder (SUD) treatment benefit. This Update provides billing guidance for covered and noncovered days, guidance on prior authorization for member absences, and claims submission guidance.

Covered and Noncovered Days

ForwardHealth will reimburse for the date of service (DOS) that the member is admitted to the residential SUD treatment facility. ForwardHealth does not reimburse for the date of discharge.

When a member transitions directly from one level of care to another, the discharge date from the original level of care is not covered but the admission date to the subsequent level of care is covered.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Residential Substance Use Disorder Treatment Providers, HMOs and Other Managed Care Programs

The information provided in this ForwardHealth Update is published in accordance with the policies included in the federally approved BadgerCare Reform 1115 Demonstration Waiver, per s. 20.940(3)(c)(2).

Member Absences Less Than 24 Hours

If a member has a brief absence of less than 24 hours from the residential SUD treatment facility, then both the date of departure and date of return are covered, unless the member is discharged on the day they return. The provider must deliver the minimum number of required treatment hours for the week, despite the member's absence.

Member Absences Longer Than 24 Hours

If a member is absent from the residential SUD facility for more than 24 hours, the date of the member's departure is not covered. The date of the member's return is covered unless the member is discharged that day.

Member Absences Because of Hospitalization

If a member is included in a hospital inpatient midnight census, then that DOS is **not** covered by the residential SUD treatment benefit. An emergency department visit is not considered an inpatient stay unless the member is admitted to the hospital.

When a member is included in a hospital inpatient midnight census, any residential SUD treatment rendered on that DOS counts toward the minimum number of required treatment hours for the week.

Prior Authorization

Prior Authorization During Member Absences

If a member leaves the residential SUD treatment facility during an authorized stay but is expected to return, the provider is not required to submit an amendment to end the authorization during the member's temporary absence. The provider will only be reimbursed for covered days during the member's absence.

The provider may submit an amendment to change the authorization expiration date to accommodate the member's absence. No additional clinical information is required to extend the expiration date for the number of days the member was absent. If the provider wants to add additional units of service and extend the authorization, additional clinical information will be required.

If the member leaves the residential SUD treatment facility during an authorized stay and does not return or is not expected to return, the provider

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should submit an amendment to end the authorization. The member's date of departure from the facility is considered the discharge date.

Prior Authorization Amendment Requests

For DOS on and after July 1, 2021, ForwardHealth will allow requests for clinically managed high-intensity residential services to be extended for up to 15 days per amendment request. For more information, visit the [Prior Authorization Requirements for Requests to Extend Services Beyond 30 Days](#) topic (#22177) of the ForwardHealth Online Handbook.

Claims Submission

Billing for Multiple Dates of Service

Claims that span more than one DOS may be billed as a date span (also known as span billing) on a single detail line **or** each DOS may be billed on a separate detail on the claim. Date spans may be billed only for covered days. Refer to the [Covered and Noncovered Days](#) section of this Update for more information.

The revenue code, procedure code and modifiers (if applicable), service units, and the charge must be identical for each date within the span billing range. It is not appropriate to bill non-consecutive DOS as a date span. For example, a provider cannot bill a date span from Monday through Friday if the member was absent on Wednesday.

Interim Billing Allowed

Residential SUD treatment facilities may submit interim bills during the member's treatment stay instead of waiting until the member is discharged. To submit claims for interim payment, providers should use patient status code 30 (Still a Patient) in Form Locator 17 (Patient Discharge Status) of the UB-04 Claim Form.

UB-04 Claim Form Instructions Updated

Providers must follow National Uniform Billing Committee instructions for submitting claims. Specific guidelines related to ForwardHealth residential SUD treatment claims submission have been updated. The updated guidelines are available in the [UB-04 \(CMS 1450\) Claim Form Instructions for Residential Substance Use Disorder Treatment Services](#) topic (#22179) of the Online Handbook.

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Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to ForwardHealth upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by the Wisconsin Department of Health Services for verification of provider claims for reimbursement. The Department of Health Services may audit such records to verify actual provision of services and the appropriateness and accuracy of claims. ForwardHealth may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in sanctions including, but not limited to, termination from the Medicaid program.

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The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.