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## Attention Behavioral Health Providers – Thresholds for Children and Group Therapy Changes

The Wyoming Department of Health is in the process of implementing a variety of budget reductions due to declining state revenues. On August 26, 2020, Director Ceballos provided general information on these budget reductions as outlined in the Biennium 2021-2022 Budget Reduction Plan, [https://health.wyo.gov/wp-content/uploads/2020/08/WDH\\_2021-2022-Budget-Reduction-Plan\\_8.26.2020.pdf](https://health.wyo.gov/wp-content/uploads/2020/08/WDH_2021-2022-Budget-Reduction-Plan_8.26.2020.pdf).

### Behavioral Health Threshold Limits for Clients Under 21

Starting January 1, 2021, clients under the age 21 receiving behavioral health services and Applied Behavioral Analysis treatment will be subject to a threshold of 30 visits per calendar year. Once the threshold is reached, the provider will need to submit a Prior Authorization (PA) request for additional medically necessary services. The policy is similar to the adult population with behavioral health services but has the following differences.

- For clients ages 21 and older, all services, including the initial 30, must be rehabilitative in nature.
- For clients ages 20 and younger, all services, including the initial 30, must be medically necessary, but may fall outside the rehabilitative category.

### Prior Authorization Process and Requirements

Prior Authorizations will be processed by the vendor WYhealth. Requests must be submitted electronically via the iExchange portal.

If you have not been trained on iExchange for behavioral health prior authorizations, please email WYhealth Provider Relations: [whealth@optum.com](mailto:whealth@optum.com) or register for iExchange, <https://www.medecision.com/sign-up-today>. Follow the steps and complete all required fields for easy registration. Select “WYhealth” as the health plan for access. Please watch for email communications to come from Medecision regarding your iExchange log-in credentials. Make sure you check your spam folder if you have not added Medecision to your contacts.

The following must be submitted with your request to WYhealth in order for a determination to be made:

- Clinical assessment
- A psychological evaluation or psychosocial assessment that describes the patient’s history, need for treatment, etc.
- A copy of the most recent treatment plan (must be reviewed every 90 days)

- Progress notes (demonstrating some indication that the client is working towards goals noted in the treatment plan, and that the service being provided is rehabilitative in nature – meaning the services are helping the client keep, get back, or improve skills/functioning for daily living that have been lost or impaired due to his/her mental health issues.

To verify a Medicaid client's thresholds and eligibility, please use the IVR.

- Call the Provider Relations IVR at 1(800)251-1268
  - To obtain client eligibility, etc. – press 1
  - Select how you bill Medicaid and enter your Provider Information
    - Press 1 for 10 digit NPI, IVR repeats, if correct – press 1
    - Press 2 for 9 digit Provider ID, IVR repeats, if correct – press 1
  - Client eligibility – press 1
  - Enter the client information
    - For Client ID – press 1
      - Enter 10 digit client ID, IVR repeats, if correct – press 1
    - For SSN – press 2
      - Enter SSN, IVR repeats, if correct – press 1
      - Enter DOB (mm/dd/yyyy)
  - Enter DOS (mm/dd/yyyy)
  - For DOS this client is eligible for xx(xx) benefit plan(s)
  - To continue – press 3,
  - Check service usage for Authorization Of Medical Necessity – press 2
    - Choose the threshold type or choose to listen to all threshold information

Prior authorization (PA) inquiry and print functionality is now available on the Wyoming Medicaid secure provider portal. To view a PA status:

1. Log into the Medicaid Secure Provider Portal.
  - a. From the secured Home page, select Prior Authorization Inquiry listed at the bottom of the Inquiries column
  - b. Search the PA using Provider Medicaid ID, Client ID, and/or PA number.
    - i. Make sure to complete all required fields
    - ii. From and To Dates of Service fields are limited to a 6 month span.
    - iii. If searching by Client ID and no Client ID is entered, the results will show all PAs for the provider
  - c. Click Submit.
  - d. Click the PA number (Auth Num) to view the PA detail page.
    - i. From the detail page there is the option to print a paper copy.

## Reminders

Wyoming Medicaid covers medically necessary therapy services, including mental health and substance abuse (behavioral health) treatment services via the federal authority guidelines granted by the Centers for Medicare and Medicaid Services (CMS) and specified in the Code of Federal Regulation's (CFR) rehabilitative services option section. All Medicaid clients who meet the service eligibility

requirements and have a need for particular rehabilitative option services are entitled to receive them.

- "Medical necessity" or "Medically necessary" means a determination that a health service is required to diagnose, treat, cure, or prevent an illness, injury, or disease which has been diagnosed or is reasonably suspected to relieve pain or to improve and preserve health and be essential to life. The service must be:
  - Consistent with the diagnosis and treatment of the client's condition;
  - In accordance with the standards of good medical practice among the providers' peer group;
  - Required to meet the medical needs of the client and undertaken for reasons other than the convenience of the client and the provider; and,
  - Performed in the most cost effective and appropriate setting required by the client's condition.
- Maintenance (Habilitative) Services – Services that help clients keep, learn, or reach developmental milestones or improve skills and functioning for daily living that they have not yet acquired. Examples would include therapy for a child who is not walking or talking at the expected age.
- Restorative (Rehabilitative) Services – Services that help clients keep, get back, or improve skills and functioning for daily living that have been lost or impaired because the client was sick, hurt, or suddenly disabled.
  - Federal Medicaid Law defines rehabilitative services as: "Any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his or her practice under State law, for maximum reduction of physical or mental disability and restoration of an individual to his best possible functional level" [42 C.F.R. §440.130].

## **Changes to Coding and Rate Reductions**

### **Group Therapy**

Starting January 1st, 2021, the new Group Psychotherapy HCPCS code will be **H0046** – Mental Health Services, not otherwise specified, per session. This code, H0046, will be added so that H2019 will only be used for Individual Therapy. Please note that if you use the Current Procedural Terminology (CPT) codes such as 90853 – Group Medical Psychotherapy, you can continue to use them. Group therapy will be limited to two sessions per day and the sessions will not be allowed to be billed consecutively. For example, a group therapy session from 10-12 p.m. and then another one from 12-2p.m. will not be allowed. There must be a minimum of 1 hour between the two group sessions.

### **Intensive Outpatient Program Services**

Starting January 1st, 2021, there will be a new code S9480 – Intensive Outpatient Psychiatric Services, per diem. The new code is for Intensive Outpatient Program services provided at a Community Mental Health Centers and Substance Abuse Treatment Centers.

Please remember to use the current fee schedule in conjunction with the more

detailed coding descriptions listed in the current CPT-4 and HCPCS Level II coding books. Remember to use the fee schedule and coding books that pertain to the appropriate dates of service. Claims that are submitted for payment may be reviewed through our utilization management vendor. Appropriate changes will be made to the CMS 1500 provider manual for January 1, 2021.

## **Rate Reductions**

Due to significantly reduced state revenues, the Wyoming Department of Health (WDH), Division of Healthcare Financing will be reducing provider rates by 2.5%. With these changes, the behavioral health codes will be aligning the reimbursement rates. This means that the current rates for HCPCS codes will match the rates for the CPT procedure codes that are equivalent. This was part of the final recommendation for the 2016-2017 Behavioral Health Cost Study. It stated that payments and units differed from the same therapy services based on the use of HCPCS or CPT codes. The change to align comparable CPT/HCPCS codes to the fee schedules will also take place January 1st, 2021.

Be sure to add [wycustomersvc@conduent.com](mailto:wycustomersvc@conduent.com) to your email contact list to ensure the proper delivery of your Wyoming Medicaid updates and weekly payment summary information.

Please do not reply to this email with any customer service issues. Specific account inquiries will not be read.

### Deployment Information:

- Deployment Date: 11/2/2020
- Deployment Time: 10:30 AM
- Audience: BH Providers
  - Taxonomies: 261QR1300X, 261QF0400X, 208D00000X, 208000000X, 2083P0901X, 2084N0400X, 2084P0800X, 2080N0001X, 208100000X, 363A00000X, 207Q00000X, 207R00000X, 364SP0808X, 363LP0200X, 363L00000X, 363LA2200X, 363LF0000X, 106S00000X, 163W00000X, 164W00000X, 171M00000X, 172V00000X, 101YA0400X, 101YP2500X, 103G00000X, 103K00000X, 103TC0700X, 1041C0700X, 106E00000X, 106H00000X, 261QM0801X, 261QR0405X, 101Y00000X, 251E00000X, 332B00000X, 261Q00000X, 261QP0904X