



What Providers Need to Know About Behavioral Treatment Services

This information was developed by the Wisconsin Department of Health Services (DHS) – Office of the Inspector General (OIG) to help educate providers on federal and state program requirements. Featured topics include the rules and regulations that providers must follow, as well as program guidance, best practices, and helpful resources to support program participation efforts.

Overview

According to [ForwardHealth Handbook Topic #18978](#), the behavioral treatment benefit covers services designed specifically for adaptive behavior assessment and treatment. Treatment may be authorized for Wisconsin Medicaid members with autism or other diagnoses or conditions associated with deficient adaptive or maladaptive behaviors. The primary goal of behavioral treatment is to prepare members and their families for successful long-term participation in a normative setting and activities at home, in school, or in the community.

Program Requirements

In accordance with [ForwardHealth Handbook Topic #66](#), a covered service is a service, item, or supply for which reimbursement is available when all program requirements are met. For more information about covered services, please refer to [Wis. Stat. § 49.45\(3\)\(f\)](#) and Wis. Admin. Code §§ [DHS 101.03\(35\)](#) and [DHS 107](#).

Like all providers, behavioral treatment providers are required to disclose when billing errors occur and return any overpayments under [Wis. Admin. Code § 106.04\(5\)](#).

Treatment Types

Wisconsin Medicaid covers the three behavioral treatment types below:

- **Comprehensive Treatment:** Addresses multiple aspects of development and behaviors in young children.
- **Focused Treatment:** Addresses specific behaviors or deficits in developmental milestones.
- **Family Treatment Guidance:** Provides training and support for the member's caregivers to develop skills to support the member, which may be a standalone service.

In addition, all behavioral treatment types require a plan of care, physician orders, and Prior Authorization.

About Fraud, Waste & Abuse

Fraud is an intentional deception or misrepresentation made by a person who knows their actions could result in an unauthorized benefit for them or others. Examples include billing for services not provided; billing under a licensed supervisor who is no longer with the agency; or targeting goals that have not been approved.

Waste is the squandering of money or resources, such as offering more services or targeting goals that are not medically necessary.

Abuse occurs when provider practices are inconsistent with sound business, fiscal, or medical practices and result in unnecessary Wisconsin Medicaid program costs, or reimbursed services are not medically necessary or do not to meet recognized health care standards. This includes incorrectly reporting or inflating needs on a member's assessment.

Report Fraud, Waste & Abuse: The OIG encourages everyone to report suspected concerns at 877-865-3432 or www.reportfraud.wisconsin.gov.

Get Billing Help!

To prevent billing errors, the OIG advises providers to seek help from Provider Services at 800-947-9627 before submitting claims.

Did you know?

In 2021, Wisconsin Medicaid covered behavioral treatment for 3,428 members, totaling \$57.5 million in reimbursements.



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