

## What is billable in CCS?

---

Documented **interventions** that are **Medically Necessary**, described within the defined [ForwardHealth CCS Service Arrays](#), outlined in the recovery plan, and are within your role on the team.

### Progress notes should document – “What are we paying you to do???”

The *Data* portion of your progress note needs very little information about what the CCS Participant said, thought, or did during your session. This section is for telling us what **intervention you provided** and the **purpose of the intervention**. Helpful tip: reference language used in the ForwardHealth Service array you are billing for your intervention, reference the action step that describes what you have been asked to do, reference what assessed need you are addressing for the Participant.

The *Assessment* portion of your progress note needs a brief synopsis of how your CCS Participant responded to your intervention.

Please ensure your progress notes have enough clarity that a random reader would be able to interpret your note. Avoid using unknown acronyms or abbreviations. **Progress Notes** (therapies or other treatments administered) **must provide data relative to accomplishment of the treatment goals in measurable terms**. Progress notes also much document significant events that are related to the person’s treatment plan and assessments and that contribute to overall understanding of the person’s ongoing level and quality of functioning. [[Forward Health](#)]

## Reasons Progress Notes Get Denied

---

CCS Service are **not** billable to CCS when:

- Medicaid has lapsed
- Physician prescription is expired
- Recovery plan and/or service authorization has expired
- Participant is **out of the state** of Wisconsin
- Participant is in **jail**
- Participant is in **Residential Care Center** (youth)
- Participant is enrolled in Community Support Program (**CSP**) or Targeted Case Management (**TCM**)
- Progress note is a **duplicate note** (same author, same participant, same date and time of service, same service billed).
- Progress note date/time **overlaps** with another progress note date/time from *same author*.
- Progress note date/time **overlaps** with another progress note date/time for the same participant from *different author*.
- Progress note date/time has been **forward dated/timed** to future date/time from original signature date/time after an unlock request.
- Service provided is **not a billable service**, but was identified as a billable service by the author.<sup>1</sup>
  - Voicemails
  - Array service claims for texts or emails (SFs are the only service providers who can bill for texts or emails and can only bill if the communication is reciprocal)
  - Supervision
  - Administrative tasks
  - Reviewing your own progress notes

---

<sup>1</sup> Please reference ForwardHealth [online handbook for CCS](#), ForwardHealth [update 2014, DHS 107](#), and [Dane County CCS policies](#) for additional clarification and highlights of what is billable and not billable to CCS.

- Travel claimed, but no service was provided
- Respite services
- Observation (except for Diagnostic Evaluation service which expect clinical observation)
- Array service claim for side-by-side support without direct service provided (including attending court, attending IEP meetings, attending community groups that are facilitated by another individual providing direct service to the participant)
- Recreation –
  - Time spent at movies with participants
  - Time spent at concerts with participants
  - Time spent at the gym with participants without justification of medical necessity of how service is addressing mental health or substance use goals. Personal training and workout observations are **not** services identified in the CCS Service Arrays as billable interventions.
- Note is identified as an individual service, but the narrative indicates **group service**.
- Author is **not qualified** to provide identified service.
- Author is **not authorized** to provide identified service.
- **No** indication of actual **PSR (psychosocial rehabilitation) service** was provided in note.
- Service is **not authorized** in recovery plan (example: note identifies psychotherapy services were provided, but provider billed psychoeducation services).
- Note entered **in the wrong participant chart** (QA voids these progress notes).

#### How can I avoid my progress notes being denied?

- Know what services you are qualified to provide.
- Ensure your services are identified in the recovery plan authorizations and action steps.
- Ensure progress notes are entered and signed within 2 business days of the service [[Timely Exchange of Information](#)].
- Monitor your progress note entries by running your case note time report in the module.
- Know [Forward Health rules](#) about what can be billed and what is not billable.
- Ensure you document interventions you utilized during your services.
- **Utilize the unlock process and then opportunity QA Staff give you when they unlock your notes for fixes. After 2 unlock requests from QA Staff – if no fixes have been offered, the note will be denied.**
  - Reminder – QA Staff are unable to unlock notes once they have gone through the billing cycle (8<sup>th</sup> of the month) and may result in denials if fixes are unable to happen.

<b>Can CCS programming remain in place?</b> <small>Forward Health Updated 1.2026</small>	<b><u>NO</u> CCS Services can be billed</b>	<b><u>SF Services ONLY</u> can be billed with 30 days of discharge for discharge planning only</b>	<b><u>YES ALL Services that are non-duplicative can be billed to CCS</u></b>
<b>Jail (Adult) / Detention Facility (Youth)</b> (includes Grow Academy)	<a href="#">DHS 107</a>		
<b>Residential Care Center (Youth)</b> <a href="#">Wisconsin RCC Directory</a>	<a href="#">Forward Health Handbook</a>		
<b>IMD</b> <a href="#">List of IMDs in Wisconsin</a>		<a href="#">DHS 107</a>	
<b>Hospital</b> <a href="#">Wisconsin Hospital Directory</a>		<a href="#">DHS 107</a>  <a href="#">Forward Health Handbook</a>	
<b>Skilled Nursing Facility/ Intermediate Care Facility</b> <a href="#">Wisconsin Nursing Facility Directory</a>		<a href="#">DHS 107</a>  <a href="#">Forward Health Handbook</a>	
<b>Adult Partial Hospitalization Program</b> <sup>1, 3</sup>		<a href="#">DHS 107</a>  <a href="#">Forward Health Handbook</a>	
<b>AODA residential</b> <sup>2, 6</sup> (Including Tellurian Detox) <a href="#">Wisconsin Directory of AODA providers</a>		<a href="#">Forward Health Update 2020</a> <a href="#">Forward Health Update 2017</a> <a href="#">Forward Health Update 2025**</a>	
<b>SUD Day Treatment / AODA Intensive Outpatient</b> <a href="#">Wisconsin Directory of AODA providers</a> <a href="#">NIH Explanation of Continuum of Care</a>			<a href="#">Forward Health Handbook</a>
<b>Adult MH Day Treatment / IOP outside of CCS</b> <sup>3</sup> <a href="#">Wisconsin Directory of MH providers</a>		<a href="#">DHS 107</a>  <a href="#">Forward Health Handbook</a>	
<b>Youth MH Day Treatment/ IOP/ PHP</b> <sup>4</sup> <a href="#">Wisconsin Directory of MH providers</a>			<a href="#">Forward Health Handbook Topic 19019</a> <a href="#">Forward Health Handbook Topic 17137</a>
<b>CSP</b>	<a href="#">DHS 107</a>  <a href="#">Forward Health Handbook</a>		
<b>Targeted Case Management</b>	<a href="#">Forward Health Handbook</a>		
<b>CRS</b>			<a href="#">Forward Health Update 2010</a>
<b>CLTS</b>			<a href="#">DMS Memo 2020-01</a>
<b>Family Care</b>			<a href="#">Forward Health Update 2018</a>
<b>Youth &amp; Adult Outpatient MH Psychotherapy outside of CCS and billed to MA</b>	<a href="#">DHS 107</a>		
<b>Adult Placement/Residency in CBRF, Group Home, or AFH (including DC3)</b> <sup>5</sup>			Ensure duplication of services is not taking place. Request any applicable ISP or treatment plans to verify
<b>Youth Residency in Foster Care (Including Treatment Foster Care &amp; Shelter Home)</b>			Ensure duplication of services is not taking place. Request any applicable ISP or treatment plans to verify
<b>Behavioral Treatment (Autism Services / ABA)</b>			<a href="#">Forward Health Handbook Topic 19019</a>

<sup>1</sup> Partial Hospitalization Programs are able to operate out of Hospital Settings or Community Mental Health Center Facilities per Medicare- [Medicare description of PHP](#)

<sup>2</sup> AODA residential is able to operate out of Hospital setting or CBRF per DHS 75.11- [DHS 75.11](#)

<sup>3</sup> See email from Medicaid Program & Policy Analyst to Julie Meister dated 12/2/2020

<sup>4</sup> See email from DHS Dan K to Julie Meister dated 2/9/2017

<sup>5</sup> Dane County Care Center (DC3) uses crisis billing codes for their services and per the understanding of Medicaid, CCS Services **are billable** while our CCS participants are at DC3 because of the difference in billing codes.

<sup>6</sup> As of December 1, 2025 Members enrolled in CCS who are receiving residential SUD treatment are allowed to receive medication management through CCS for the duration of residential SUD treatment.