

ForwardHealth UPDATE

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CHANGES TO FORWARDHEALTH TELEHEALTH POLICIES FOR COVERED SERVICES, ORIGINATING SITES, AND FEDERALLY QUALIFIED HEALTH CENTERS

This ForwardHealth Update announces policy changes to current telehealth policy effective for dates of service (DOS) on or after March 1, 2020.

The Wisconsin Department of Health Services, which supports ForwardHealth, is actively working to protect and ensure the capacity of the state's health care system as it responds to COVID-19. Expanding coverage of telehealth services expands the options that providers have to safely and effectively communicate with and treat patients.

Note: Policy changes included in the emergency response to the COVID-19 outbreak that may be temporary or authorized under a different authority will be announced in additional ForwardHealth Updates. ForwardHealth is continuing to look at other services that could be provided through telehealth and will update those services as they become available for reimbursement.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Adult Mental Health Day Treatment Providers, Advanced Practice Nurse Prescribers with Psychiatric Specialty, Audiologists, Child/Adolescent Day Treatment Providers, Community Health Centers, Community Support Programs, Comprehensive Community Service Providers, Crisis Intervention Providers, End-Stage Renal Disease Service Providers, Family Planning Clinics, HealthCheck Providers, HealthCheck "Other Services" Providers, Hearing Instrument Specialists, Hospital Providers, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Master's Level Psychotherapists, Nurse Practitioners, Nursing Homes, Nurses in Independent Practice, Optometrists, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Physician Assistants, Physician Clinics, Physicians, Psychologists, Podiatrists, Qualified Treatment Trainee, Rural Health Clinics, Special Supplemental Nutrition Program for Women, Infants, and Children Agencies, Speech and Hearing Clinics, Substance Abuse Counselors, Substance Abuse Day Treatment Providers, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

New Coverage Policy for Allowable Originating Sites

For DOS on or after March 1, 2020, ForwardHealth will allow coverage of telehealth services for **all** originating sites. Allowable originating sites listed in current telehealth policy are eligible to receive a facility fee. Sites that are not listed may also serve as an originating site but are not eligible for a facility fee reimbursement.

The following providers may submit Healthcare Common Procedure Coding System code Q3014 (Telehealth originating site facility fee) if applicable for reimbursement of the originating site facility fee:

- Hospital, including emergency department
- Office/Clinic
- Skilled Nursing Facility

For more information about claim submission of the originating site facility fee, visit the [Telehealth](#) topic (#510) of the ForwardHealth Online Handbook.

New Coverage Policy for Allowable Telehealth Services

Allowable providers may be reimbursed for services currently listed in the [Telehealth](#) topic (#510) of the Online Handbook **and** the services listed in the following tables.

INPATIENT CONSULTATIONS	
PROCEDURE CODES	DESCRIPTION
99231	<p>Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:</p> <ul style="list-style-type: none">• A problem focused interval history;• A problem focused examination;• Medical decision making that is straightforward or of low complexity. <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.</p>

INPATIENT CONSULTATIONS

99232

Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:

- An expanded problem focused interval history;
- An expanded problem focused examination;
- Medical decision making of moderate complexity.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and or family's needs.

Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.

99233

Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:

- A detailed interval history;
- A detailed examination;
- Medical decision making of high complexity.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and or family's needs.

Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.

INPATIENT PROLONGED SERVICES

PROCEDURE CODES

DESCRIPTION

99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)
99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)

NURSING FACILITY SERVICE ASSESSMENTS

PROCEDURE CODES

DESCRIPTION

99307	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:</p> <ul style="list-style-type: none">• A problem focused interval history;• A problem focused examination;• Straightforward medical decision making. <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and or family's needs.</p> <p>Usually, the patient is stable, recovering or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.</p>
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NURSING FACILITY SERVICE ASSESSMENTS

99308	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:</p> <ul style="list-style-type: none">• An expanded problem focused interval history;• An expanded problem focused examination;• Medical decision making of low complexity. <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and or family's needs.</p> <p>Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.</p>
99309	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:</p> <ul style="list-style-type: none">• A detailed interval history;• A detailed examination;• Medical decision making of moderate complexity. <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and or family's needs.</p> <p>Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.</p>

NURSING FACILITY SERVICE ASSESSMENTS

99310	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:</p> <ul style="list-style-type: none"> • A comprehensive interval history; • A comprehensive examination; • Medical decision making of high complexity. <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and or family's needs.</p> <p>The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.</p>
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E-VISITS

PROCEDURE CODES

DESCRIPTION

98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11–20 minutes
98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes

E-VISITS	
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11–20 minutes
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

TELEPHONE EVALUATION AND MANAGEMENT SERVICES	
PROCEDURE CODES	DESCRIPTION
99441	Telephone evaluation and management service by a physician or other qualified health professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of medical discussion
99442	Telephone evaluation and management service by a physician or other qualified health professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11–20 minutes of medical discussion
99443	Telephone evaluation and management service by a physician or other qualified health professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21–30 minutes of medical discussion

Note: Providers should refer to Current Procedural Terminology and Healthcare Common Procedure Coding System code guidelines for appropriate uses of these codes. Providers may refer to the maximum allowable fee schedules from the Provider area of the ForwardHealth Portal for further information.

New Telehealth Policy for Federally Qualified Health Centers

For DOS before March 1, 2020, telehealth services were not counted as encounters and did not require providers to follow Prospective Payment System reimbursement guidelines. Instead, these services were carved out and reimbursed according to the maximum allowable fee schedule.

Non-Tribal Federally Qualified Health Centers

For DOS on or after March 1, 2020, ForwardHealth will count distant site telehealth services provided by a non-tribal federally qualified health center, also known as a Community Health Center, as encounters following the Prospective Payment System reimbursement guidelines.

Tribal Federally Qualified Health Centers

For DOS on or after March 1, 2020, ForwardHealth will count distant site telehealth services provided by a tribal federally qualified health center as encounters following either the Prospective Payment System or Alternative Payment Methodology guidelines, whichever is applicable.

Telehealth Reminders

As a reminder, providers may **not** require the use of telehealth as a condition of treating a member. Providers must develop and implement their own methods of informed consent to confirm that a member agrees to receive services via telehealth.

Refer to the [Telehealth](#) topic (#510) of the Online Handbook for more coverage policy and billing information.

Documentation Retention

All services provided via telehealth must be thoroughly documented in the member's medical record in the same manner as services provided face-to-face. As a reminder, documentation for originating sites must support the member's presence in order to submit a claim for the originating site facility fee. In addition, if the originating site provides and bills for services **and** the

originating site facility fee, documentation in the member's medical record should distinguish between the unique services provided.

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Information about those requirements can be found in the following Online Handbook topics:

- [Financial Records](#) (#201)
- [Medical Records](#) (#202)
- [Preparation and Maintenance of Records](#) (#203)
- [Record Retention](#) (#204)
- [Availability of Records to Authorized Personnel](#) (#1640)

Providers are required to produce and/or submit documentation to ForwardHealth upon request. 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.

Information Regarding Managed Care Organizations

This Update contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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/.