

ForwardHealth UPDATE

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TRANSITION FROM TEMPORARY TO PERMANENT SYNCHRONOUS TELEHEALTH COVERAGE POLICY AND BILLING GUIDELINES

On January 1, 2022, ForwardHealth will transition to permanent telehealth coverage policy and billing guidelines for synchronous (two-way, real-time, interactive communications) telehealth services. The list of permanent telehealth procedure codes has been updated on the maximum allowable fee schedule.

To facilitate the transition from temporary to permanent telehealth coverage policy, between July 1, 2021, and December 31, 2021, ForwardHealth will allow providers to submit claims for services identified as permanent telehealth procedure codes under either the temporary or permanent telehealth billing guidelines listed below.

Beginning January 1, 2022, only services identified under permanent telehealth policy may be reimbursed when provided via telehealth. In addition, temporary billing guidelines will end and ForwardHealth will require providers to follow permanent telehealth billing guidelines for all telehealth services. Refer to the [Telehealth](#) topic (#510) of the ForwardHealth Online Handbook for additional permanent telehealth billing guidance.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Adult Mental Health Day Treatment Providers, Advanced Practice Nurse Prescribers With Psychiatric Specialty, Ambulatory Surgery Centers, Anesthesiologist Assistants, Audiologists, Behavioral Treatment Providers, Case Management Providers, Certified Registered Nurse Anesthetists, Child/Adolescent Day Treatment Providers, Child Care Coordination Providers, Community Health Centers, Community Recovery Services Providers, Community Support Programs, Comprehensive Community Service Providers, Crisis Intervention Providers, Dental Hygienists, Dentists, End-Stage Renal Disease Service Providers, Family Planning Clinics, HealthCheck Providers, HealthCheck "Other Services" Providers, Hearing Instrument Specialists, Home Health Agencies, Hospice Providers, Hospital Providers, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Licensed Midwives, Master's-Level Psychotherapists, Narcotic Treatment Services Providers, Nurse Practitioners, Nurses in Independent Practice, Occupational Therapists, Opticians, Optometrists, Oral Surgeons, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Personal Care Agencies, Pharmacies, Physical Therapists, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Portable X-ray Providers, Prenatal Care Coordination Providers, Psychologists, Qualified Treatment Trainees, Rehabilitation Agencies, Residential Substance Use Disorder Treatment Providers, Rural Health Clinics, School-Based Services Providers, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Agencies, Speech and Hearing Clinics, Speech-Language Pathologists, Substance Abuse Counselors, Substance Abuse Day Treatment Providers, Therapy Groups, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

July 1, 2021

List of permanent telehealth codes will be updated on the fee schedule.

January 1, 2022

ForwardHealth will transition to permanent telehealth coverage policy and billing guidelines.



July 1, 2021–December 31, 2021

Submit claims under either temporary or permanent telehealth billing guidelines.

Updated Telehealth Coverage Policy

On July 1, 2021, the fee schedule was updated to allow providers to identify services allowable under permanent telehealth policy. Procedure codes for services allowed under permanent telehealth policy have place of service (POS) code 02 (Telehealth) listed as an allowable POS.

Effective January 1, 2022, if POS code 02 is not listed as an allowable POS for a procedure code, the service will not be reimbursed under permanent telehealth policy.

Additional guidance related to permanent telehealth policy changes will be published in a future ForwardHealth Update.

Claim Submission

From July 1, 2021, through December 31, 2021, providers may submit claims for services identified in permanent telehealth policy using either of the following:

- POS code 02 and the GT modifier for synchronous telehealth services
- A POS code representing where the provider is located (distant site) and modifier 95 as an informational telehealth modifier

Claims for telehealth services must include all modifiers required by coverage policy, in addition to POS code 02 and the GT modifier, in order to reimburse the claim correctly.

County-administered programs, school-based services, and any other programs that utilize cost reporting must include required modifiers, such as renderer credentials and group versus individual services, as well as correct details for cost reporting to ensure correct reimbursement.

Beginning January 1, 2022, providers will be required to bill permanent synchronous telehealth services with POS code 02 and the GT modifier.

“On January 1, 2022, ForwardHealth will transition from temporary to permanent telehealth policy and has updated the fee schedule to identify which services will be allowable under permanent telehealth policy.”

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(61).

Note: The GT modifier may not be listed on the fee schedule, but it is still required on all claim submissions that use POS code 02 to indicate the telehealth service was performed synchronously.

Temporary Telehealth Policy Continues Through December 2021

During the transition period between July 1, 2021, and December 31, 2021, temporary telehealth policy will remain in place. ForwardHealth will continue to reimburse providers for any Medicaid-covered service delivered via audio-only or audio-visual telehealth when the provider determines it is functionally equivalent to an in-person service.

Note: When possible, dental providers should indicate POS code 02 on claims for teledentistry services provided under temporary telehealth policies.

Provider Feedback

Providers can submit a request to the Wisconsin Department of Health Services for review of additional functionally equivalent services that should be allowed via telehealth under permanent policy that are not identified on the fee schedule. Functionally equivalent means that a service provided via telehealth meets all of the following criteria:

- The quality and effectiveness of the service provided must be clinically appropriate, based upon evidence-based medicine or best practices, to be delivered via telehealth.
- The service must be amenable to virtual delivery.
- The service must be of sufficient quality as to be the same level of service as an in-person visit. Transmission of voices, images, data, or video must be clear and understandable.

Providers should email telehealth coverage requests to DHStelehealth@dhs.wisconsin.gov. Include the following information in the email request:

- Use the subject line “Telehealth Code Consideration.”
- Provide a description of the service and any applicable Current Procedural Terminology or Healthcare Common Procedure Coding System procedure codes.
- Include a summary of how providing the service via telehealth is functionally equivalent to the in-person service.
- Provide any rationale and references to support the request, if applicable.

HIPAA Reminders

At the end of the federal public health emergency, the Office of Civil Rights has indicated they will once again enforce all Health Insurance Portability and

RESOURCES

For the latest information regarding telehealth expansion, refer to the [Telehealth Expansion and Related Resources for Providers page](#) of the ForwardHealth Portal and the Department of Health Services' [Medicaid Telehealth Expansion webpage](#).

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Accountability Act of 1996 regulations. The end date for the federal public health emergency has not yet been determined.

ForwardHealth encourages providers to monitor information released by the Office of Civil Rights to determine the transition date and to start moving toward HIPAA-compliant platforms when possible to ensure continuation of services following the end of the federal public health emergency.

ForwardHealth does not require the use of specific platforms, only that any platforms used meet Office of Civil Rights requirements.

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 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.

Information Regarding Managed Care Organizations

This Update pertains to fee-for-service policy. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements. BadgerCare Plus and Medicaid SSI HMOs, as well as special managed care programs including Children Come First, Wraparound Milwaukee, and Care4Kids are expected to extend the same considerations to allowable telehealth services.

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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/.