

# FAQs About Telehealth Policy Changes

Created: 03/31/2020  
Revised: 04/21/2023



Temporary telehealth policies described in the telehealth provider FAQs will end on June 1, 2023, which is the first day of the first month after the federal public health emergency (PHE) related to the COVID-19 pandemic expires. Temporary federal allowances that were established during the COVID-19 pandemic will end when the federal PHE expires on May 11, 2023. Additionally, the Telehealth Policy topic (#510) of the ForwardHealth Online Handbook has been split into several new topics that are now available under the newly created [Telehealth chapter](#). The Telehealth chapter includes all the general telehealth-related topics.

ForwardHealth has answered questions from providers about telehealth policy changes and permanent policy additions in response to the COVID-19 outbreak. These questions and their answers are included below.

## Topic Category Guide

[Federal Public Health Emergency-Related FAQs](#)

[General Telehealth](#)

[Covered Services](#)

[Claim Submission](#)

[Changes to Requirements](#)

## Federal Public Health Emergency-Related FAQs

Note: This section includes questions about both temporary policy and temporary federal allowances. Temporary federal allowances will continue until May 11, 2023, when the PHE related to the COVID-19 pandemic expires while temporary policy will remain in effect until June 1, 2023.

**Date:** Revised 04/21/2023

**Question:** Do you know when the federal PHE will end?

**Answer:** The [federal PHE](#) ends on May 11, 2023.

## FAQs About Telehealth Policy Changes

Created: 03/31/2020  
Revised: 04/21/2023

**Date:** Revised 04/21/2023

**Question: How long will temporary telehealth policy remain in effect once the PHE ends and when will permanent telehealth policy take effect?**

**Answer:** With the exception of certain federal PHE allowances, temporary telehealth policy will remain in effect until June 1, 2023, which is the first day of the first month after the federal PHE related to the COVID-19 pandemic expires. Refer to ForwardHealth Update [2021-50](#), titled “Permanent Telehealth Coverage Policy and Billing Guidelines,” for more information.

Temporary federal allowances that were established during the COVID-19 pandemic will continue only until the end of the federal PHE on May 11, 2023. Refer to Alert [051](#), “Temporary Policy Changes for Personal Care Providers to Continue Through the Public Health Emergency,” [052](#), titled “Continuation of HIPAA Flexibilities Through the Public Health Emergency,” and [053](#), “Temporary Changes to Narcotic Treatment Services to Continue through the Public Health Emergency,” on the [COVID-19: ForwardHealth News and Resources](#) [COVID-19: ForwardHealth News and Resources](#) and [Telehealth Expansion and Related Resources for Providers](#) pages for additional information related to the temporary allowances.



**Date:** Revised 04/21/2023

**Question: Where can I find the permanent policy changes for telehealth services?**

**Answer:** The [Telehealth chapter](#) of the ForwardHealth Online Handbook has been updated to include all permanent policies for telehealth services.

**Date:** 09/12/2022

**Question: What can I do to ensure Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliance when providing audio-only telehealth services?**

**Answer:** Guidance regarding HIPAA compliance when providing telehealth services during and after the COVID-19 federal PHE is available on the [Health Resources & Services Administration’s website](#).

## FAQs About Telehealth Policy Changes

Created: 03/31/2020  
Revised: 04/21/2023

**Date:** 09/12/2022

**Question: Are there special provisions for provider licensure and location during the federal PHE?**

**Answer:** Yes. The practice of telehealth is generally allowed under existing Wisconsin law unless there is some profession-specific requirement or restriction. Credential holders must use their professional judgment to determine if telehealth is appropriate for the patient or client being treated, abide by all other applicable rules of practice and professional conduct, and be properly credentialed or authorized to practice in Wisconsin. If someone can practice in Wisconsin via a temporary or permanent license, that individual can practice telehealth in Wisconsin and provide services to Wisconsin residents to the same extent as similarly licensed Wisconsin practitioners.

The Wisconsin Medical Examining Board has the only telemedicine rule currently in effect in Wisconsin; however, other professional agencies are considering and/or drafting rules pertaining to telehealth. The Medical Examining Board rule may be found at Wis. Admin. Code ch. [Med 24 \(Telemedicine\)](#). While this rule applies only to the Medical Examining Board, many of the concepts in this rule may be informative to credential holders in other professions.

Providers should review Wis. Admin. Code ch. Med 24 and the statutory and rule provisions governing their profession when evaluating telemedicine/telehealth practice options during the federal PHE related to COVID-19.

Consideration should be given regarding the **appropriateness** of the service delivered via telehealth. Providers should be aware that licensing boards could take action regarding provision of telehealth when determined inappropriate. [Wisconsin Department of Safety and Professional Services \(DSPS\)](#) is not able to answer legal questions regarding what the standard of care requires for any specific profession or any specific situation a credential holder may encounter. If practice-related questions arise, DSPS encourages credential holders to consult with a supervisor, with their own private or institutional legal counsel, with their colleagues within the profession, or other sources familiar with their profession's standards of practice.

The following resources are available:

- Wisconsin DSPS profession-related statutes and rules—[DSPS A-Z Professions List](#)
- Wisconsin DSPS temporary licensure—[Form 2021-A101: Application for 2021 Wis Act 10 Temporary Credential](#)
- Wisconsin DSPS health care employer notification form—[Form 2021-A102: Health Care Employer Notification for 2021 Wis Act 10 Temporary Credential](#)
- [Wisconsin Legislature: 2021 Wisconsin Act 10](#)
- Wisconsin DSPS guidance on telehealth appropriateness—[Business Information](#)

## FAQs About Telehealth Policy Changes

Created: 03/31/2020  
Revised: 04/21/2023

**Date:** 09/12/2022

**Question: Can I prescribe new medications via telehealth?**

**Answer:** Maybe. The [Ryan Haight Online Pharmacy Consumer Protection Act of 2008](#) was created to regulate online internet prescriptions and is enforced by the Drug Enforcement Agency. This law imposes rules regarding the prescription of controlled substances through telehealth (synchronous audio-visual). The law requires any practitioner issuing a prescription for a controlled substance to conduct an in-person medical evaluation; however, there are several exceptions, including a “Public health emergency declared by the Secretary of Health and Human Services.”

Additional resources include the following:

- [Federal Public Health Emergency Declarations](#)
- Wisconsin Medical Examining Board rules related to telehealth—[Wis. Admin. Code ch. Med 24](#)
- Wisconsin DSPS profession-related statutes and rules—[DSPS A-Z Professions List](#)
- Wisconsin DSPS temporary licensure—[Form 2021-A101: Application for 2021 Wis Act 10 Temporary Credential](#)
- [Wisconsin Legislature: 2021 Wisconsin Act 10](#)
- Wisconsin DSPS guidance on telehealth appropriateness—[Business Information](#)

**Date:** 04/09/2020

**Question: What are the impacts of the United States’ Department of Health and Human Services’ Notification of Enforcement Discretion for Telehealth Remote Communications during the COVID-19 Nationwide PHE?**

**Answer:** On March 17, 2020, the United States’ Department of Health and Human Services (HHS) announced that they will not impose penalties for noncompliance with HIPAA-regulatory requirements for remote communication technologies in conjunction with the good faith provision of telehealth during the national COVID-19 PHE.

This is a temporary change and you can find more information on [HHS’ enforcement discretion webpage](#) and their [FAQs](#).

**Date:** 05/17/2022

**Question: Would I need to use a different procedure code to bill for supervisory visits for personal care via telehealth or should I continue current billing procedures? I’ve previously submitted claims for telehealth follow-up visits.**

**Answer:** ForwardHealth is currently allowing supervision requirements to be met via telehealth under temporary policy. This temporary allowance will continue until the end of the federal PHE. Refer to Alert [051](#) and Update [2020-15](#) for more information.

## FAQs About Telehealth Policy Changes

Created: 03/31/2020  
Revised: 04/21/2023

**Date:** Revised 04/21/2023

**Question: Can we bill per the permanent telehealth guidelines before June 1, 2023?**

**Answer:** Yes. Providers are allowed to submit claims for services identified as permanent procedure codes under either the temporary or permanent billing guidelines until June 1, 2023, which is the first day of the first month after the federal PHE expires. After June 1, 2023, providers will be required to bill under the permanent billing guidelines. Refer to Updates [2021-50](#) and [2021-21](#) for more information.

**Date:** Revised 04/21/2023

**Question: What modifier and POS code should be used if permanently covered telehealth services (interactive audio and visual) are delivered via phone (audio only) due to the PHE?**

**Answer:** If telehealth services in the [Telehealth chapter](#) are delivered via phone (audio only) because of the PHE, use POS code 02 or 10 and modifier GT or FQ, as normal. Providers are encouraged to add modifier 95 as an informational modifier with the normal POS code for tracking. Refer to the [Telehealth chapter](#) for information about how to bill under permanent policy.

**Date:** Revised 04/21/23

**Question: What are the services that can be temporarily provided via telehealth?**

**Answer:** ForwardHealth is allowing currently covered services to be temporarily delivered through telehealth, including audio-only (phone), if those services can be delivered with functional equivalency to the face-to-face service. This affects all service areas and enrolled professionals and paraprofessionals within current ForwardHealth coverage policy.

Services not allowable by ForwardHealth in a face-to-face delivery method will remain not allowable in **any** delivery method.

This is a **temporary change** in response to the COVID-19 pandemic and will remain in effect until June 1, 2023. More information can be found in the Update [2020-15](#), titled “Additional Services to Be Provided Via Telehealth.”

**Date:** Revised 04/21/2023

**Question: What temporary changes affect narcotic treatment services?**

**Answer:** ForwardHealth is temporarily allowing real-time phone communication instead of in-person daily dosing contact by registered nurses, licensed practical nurses, or substance abuse counselors working in an opioid treatment program clinic.

This is a temporary allowance and will end on May 11, 2023.

More details can be found in Alert [005](#), titled “Temporary Changes to Narcotic Treatment Services,” and Alert [019](#), titled “Opioid Treatment Programs Submitting Claims for Phone Calls Under the Five-Minute Threshold.”

## FAQs About Telehealth Policy Changes

Created: 03/31/2020  
Revised: 04/21/2023

**Date:** Revised 04/21/2023

**Question: What temporary changes affect personal care services?**

**Answer:** ForwardHealth is allowing remote supervision for personal care services by registered nurses. The nurse supervisory visit must be documented in the member's record including, but not limited to, assessments and interventions.

ForwardHealth will temporarily allow faxed, scanned, or other copied forms of timesheets as acceptable documentation for a personal care worker's record of care. Employees should keep all of the original versions of their timesheets.

This is a temporary allowance and will end on May 11, 2023.

More details can be found in Alert [002](#), titled "Temporary Policy Changes for Personal Care Providers."

Refer to the Supervision topic ([#22757](#)) of the Online Handbook for current supervision requirements.

**Date:** Revised 04/21/2023

**Question: Which audio-only phone-only services are covered?**

**Answer:** Effective on and after March 1, 2020, ForwardHealth added coverage for the following phone evaluation and management Current Procedural Terminology codes for allowable providers:

- 99441
- 99442
- 99443

This is a **permanent** change, and more information can be found in the Virtual Check-In, E-Visit, and Telephone Evaluation and Management Services topic ([#22742](#)).

In addition, in response to COVID-19, ForwardHealth will temporarily allow telehealth services provided via audio-only phone communication, for currently covered services that can be delivered with functional equivalency to the face-to-face service.

For more information, refer to Update [2020-12](#).

**Date:** 04/09/2020

**Question: What changes were made for submitting claims for telehealth services that are temporarily allowable as outlined in Updates [2020-12](#) and [2020-15](#)?**

**Answer:** No changes were made. Providers should continue to follow all of the current claim submission procedures. Providers are encouraged to include modifier 95 to show that they are submitting claims in accordance with ForwardHealth Emergency guidance.

## FAQs About Telehealth Policy Changes

Created: 03/31/2020  
Revised: 04/21/2023

**Date:** Revised 04/21/2023

**Question:** Should services outlined in Update [2020-12](#) as temporarily available via telehealth use modifier 95 and the place of service (POS) code that would normally be used?

**Answer:** Yes. Providers are encouraged under temporary policy to use modifier 95 as an informational code to track that they are performing telehealth outside the permanent policy listed in the [Telehealth chapter](#).

**Date:** 04/28/2020

**Question:** How should providers bill services with in-person components?

**Answer:** Services that require an in-person component are not part of ForwardHealth permanent telehealth policy. These codes are only allowable under temporary telehealth policy when the provider feels they can reasonably obtain sufficient information for the service to be considered functionally equivalent to a face-to-face service. Under temporary telehealth policy, ForwardHealth is giving providers broad authority to determine what services are considered functionally equivalent to a face-to-face visit.

Before providing the service, the provider must determine if the service is appropriate for telehealth. Providers are expected to follow correct coding guidelines and the ForwardHealth documentation billing guidelines found in the Documentation topic ([#3414](#)).

**Date:** Revised 04/21/2023

**Question:** What paraprofessional supervision requirements have changed?

**Answer:** In response to COVID-19, ForwardHealth is temporarily allowing face-to-face supervision requirements for paraprofessionals to be met via telehealth. Face-to-face supervision requirements should be met via audio-visual technologies when possible. Providers must document supervision according to existing benefit policy.

This flexibility **does not** change or replace the licensure or certification of the provider's supervising body or other regulatory authorities, per Update [2020-15](#).

Refer to the Supervision topic ([#22757](#)) for current supervision requirements.

**Date:** 05/14/2020

**Question:** What requirements have changed for mental health services?

**Answer:** In response to COVID-19, ForwardHealth is temporarily allowing mental health screenings to be done via telehealth according to the remote technology guidance included in Update [2020-12](#).

## FAQs About Telehealth Policy Changes

Created: 03/31/2020  
Revised: 04/21/2023

**Date:** 05/14/2020

**Question: What temporary changes have been made to allowable telehealth provider types?**

**Answer:** In response to COVID-19, ForwardHealth will temporarily allow telehealth services utilizing interactive synchronous (real-time) technology, including audio-only phone communication, for currently covered services that can be delivered with functional equivalency to the face-to-face service. This applies to all service areas and all enrolled professional and paraprofessional providers allowable within current ForwardHealth coverage policy. Services that are not currently covered on a face-to-face basis are not covered via telehealth.

This is a temporary change announced in Update [2020-15](#).

**Date:** 05/14/2020

**Question: Have the requirements for in-person initial assessments or other face-to-face visits changed?**

**Answer:** Yes, the in-person requirement has been waived if an initial assessment (or other member visits that were previously required to be in-person) can be done via telehealth with functional equivalency to the face-to-face service. This affects all service areas and enrolled professionals and paraprofessionals that are allowable within current ForwardHealth coverage policy.

Services that are not currently covered if they are face-to-face are not covered by telehealth.

This is a **temporary change**. More information can be found in Update [2020-15](#).

**Date:** Revised 11/02/2020

**Question: Where can I find temporary policy changes for telehealth services?**

**Answer:** Temporary policies are not included in the Online Handbook, but they can be found in Updates and Alerts on the [Telehealth Expansion and Related Resources for Providers page](#).

**Date:** 11/02/2020

**Question: Will prior authorization requirements remain the same for telehealth services?**

**Answer:** Yes, prior authorization requirements will remain the same under temporary telehealth policy.

This **temporary change** was announced in Update [2020-13](#), titled “Temporary Changes to Clinical Policy and Prior Authorization.”

**Date:** 05/17/2022

**Question: At the start of COVID-19, there were evaluation and management procedure codes that could be used for telehealth services with modifier 95. Can I still use modifier 95 with these codes under temporary policy?**

**Answer:** Yes, modifier 95 can still be used under temporary policy until permanent policy goes into effect. Per Updates [2021-50](#) and [2021-21](#), providers may currently submit claims for services identified as permanent procedure codes under either the temporary or permanent billing guidelines. During this transition period, modifier 95 can be used in addition to modifiers FQ, GT, and 93. Once permanent policy takes effect, providers must use modifiers FQ, GT, or 93 with POS codes 02 and 10.



## FAQs About Telehealth Policy Changes

Created: 03/31/2020  
Revised: 04/21/2023

**Date:** Revised 04/21/2023

**Question: Are there restrictions on distant sites (also known as provider locations)?**

**Answer:** No. There are no restrictions on distant sites for services delivered by in-state or border status providers and listed as allowable in the Telehealth Policy topic ([#510](#)). This was clarified in Update [2020-12](#).

In response to COVID-19, ForwardHealth will temporarily allow telehealth services for **currently covered** services that can be delivered with functional equivalency to the face-to-face service. This applies to **all** service areas and **all** enrolled professional and paraprofessional providers allowable within current ForwardHealth coverage policy. This was announced in Update [2020-15](#).

### General Telehealth

**Date:** Revised 04/21/2023

**Question: Where can I find the permanent policy changes for telehealth services?**

**Answer:** The [Telehealth chapter](#) has been updated to include all permanent policies for telehealth services.

**Date:** Revised 04/21/2023

**Question: What is the current policy for out-of-state providers?**

**Answer:** If the patient is in Wisconsin, regardless of whether the service is delivered via telehealth or in person, the provider must have a Wisconsin license or a compact license with multi-state privileges to deliver services. Out-of-state providers treating a Wisconsin resident in Wisconsin must follow Wisconsin law regarding telehealth and licensure.

Refer to the Telehealth Policy topic ([#510](#)) for current policy for out-of-state providers.

The following additional resources are available:

- Wisconsin DSPS guidance on telehealth appropriateness—[Business Information](#)
- Wisconsin Medical Examining Board rules related to telehealth—[Wis. Admin. Code ch. Med 24](#)
- Wisconsin DSPS profession-related statutes and rules—[DSPS A-Z Professions List](#)
- Wisconsin DSPS temporary licensure—[Form 2021-A101: Application for 2021 Wis Act 10 Temporary Credential](#)
- Wisconsin DSPS health care employer notification form—[Form 2021-A102: Health Care Employer Notification for 2021 Wis Act 10 Temporary Credential](#)
- [Wisconsin Legislature: 2021 Wisconsin Act 10](#)

**Date:** 09/12/2022

**Question: If I am in Wisconsin and my patient is a Wisconsin Medicaid member but is in another state, am I allowed to deliver a telehealth service to my patient?**

**Answer:** Maybe. Wisconsin providers treating a Wisconsin patient who is traveling must follow the state's laws where the patient is located at the time of service regarding telehealth and licensure. Provider licensure requirements reside with the patient at the time of the contact, not in the state in which the provider resides. For example, if the patient is in Georgia, the provider may need a Georgia

## FAQs About Telehealth Policy Changes

Created: 03/31/2020  
Revised: 04/21/2023

medical license to deliver the service, in addition to following all other applicable federal and state rules and regulations.

The following resources are available:

- Wisconsin Medical Examining Board rules related to telehealth—[Wis. Admin. Code ch. Med 24](#)
- Wisconsin DSPS guidance on telehealth appropriateness—[Business Information](#)
- Wisconsin DSPS profession-related statutes and rules—[DSPS A-Z Professions List](#)

**Date:** 09/12/2022

**Question: If I am in a state other than Wisconsin and the patient is in Wisconsin, am I able to provide a telehealth service to the patient?**

**Answer:** Maybe. If the provider is delivering any reimbursable telehealth service to a Wisconsin Medicaid member across state lines, the licensing board in the patient's location at the time of contact has jurisdiction, and the provider must comply with all rules and regulations in that state in addition to any federal regulations.

The following resources are available:

- Wisconsin DSPS guidance on telehealth appropriateness—[Business Information](#)
- Wisconsin Medical Examining Board rules related to telehealth—[Wis. Admin. Code ch. Med 24](#)
- Wisconsin DSPS profession-related statutes and rules—[DSPS A-Z Professions List](#)
- Wisconsin DSPS temporary licensure—[Form 2021-A101: Application for 2021 Wis Act 10 Temporary Credential](#)
- Wisconsin DSPS health care employer notification form—[Form 2021-A102: Health Care Employer Notification for 2021 Wis Act 10 Temporary Credential](#)
- [Wisconsin Legislature: 2021 Wisconsin Act 10](#)

**Date:** 09/12/2022

**Question: Where do I find details about how to obtain a professional license in another state before delivering services via telehealth to a member in that state?**

**Answer:** Refer to the following resources to find details about how to obtain a professional license in another state before delivering services via telehealth to a member in that state:

- [Federation of State Medical Boards](#)
- Wisconsin DSPS profession-related statutes and rules—[DSPS A-Z Professions List](#)
- Wisconsin DSPS temporary licensure—[Form 2021-A101: Application for 2021 Wis Act 10 Temporary Credential](#)
- Wisconsin DSPS health care employer notification form—[Form 2021-A102: Health Care Employer Notification for 2021 Wis Act 10 Temporary Credential](#)
- [Wisconsin Legislature: 2021 Wisconsin Act 10](#)
- Other resources include the following (Note: This list is non-inclusive and may not apply to all states):
  - [Interstate Medical Licensure Compact](#)
  - [Psychology Interjurisdictional Compact \(PSYPACT\)](#)
  - [Nurse Licensure Compact \(NLC\)](#)
  - [Physical Therapy Licensure Compact](#)
  - [Occupational Therapy Licensure Compact](#)

## FAQs About Telehealth Policy Changes

Created: 03/31/2020  
Revised: 04/21/2023

**Date:** Revised 04/21/2023

**Question: What is “functional equivalency”?**

**Answer:** “Functionally equivalent” means that when a service is provided via telehealth, the transmission of information 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.

Telehealth may be appropriate for members who can stay near the device being used to provide telehealth services and participate in therapeutic or supportive activities with a provider who is not physically present. Telehealth may be appropriate for goals that can be accomplished through verbal and visual cueing. Telehealth is not appropriate for activities that require physical interaction or for goals that require hands-on support or physical prompting. Refer to the Telehealth Policy topic ([#510](#)) for more information.

**Date:** 05/17/2022

**Question: If a service requires face-to-face delivery but the member has COVID-19 and does not have the ability to view a screen, would it be acceptable to provide the service via audio-only?**

**Answer:** If the service requires face-to-face delivery, then it must be an in-person or audio-visual service.

**Date:** 04/09/2020

**Question: Are face-to-face services that are not covered by ForwardHealth allowed to be provided via telehealth?**

**Answer:** No. Services that are not currently allowable by ForwardHealth in a face-to-face delivery method will remain non-allowable in any delivery method.

**Date:** Revised 04/21/2023

**Question: Do reimbursement rates differ between telehealth procedures and face-to-face procedures?**

**Answer:** ForwardHealth reimburses services rendered by distant site providers at the same rate as when the service is provided face-to-face. Refer to the Originating and Distant Sites topic ([#22739](#)) for additional information.

**Date:** 04/09/2020

**Question: What are the requirements for informed patient consent or authorization for services provided via telehealth?**

**Answer:** Providers must develop and implement their own methods of informed consent to confirm that a member agrees to receive services via telehealth. ForwardHealth considers verbal consent to receiving services via telehealth an acceptable method of informed consent when it is documented in the member’s medical record. For example, logging a member’s verbal consent in an Electronic Health Record.

## FAQs About Telehealth Policy Changes

Created: 03/31/2020  
Revised: 04/21/2023

**Date:** 11/02/2020

**Question: What are the documentation requirements for services provided via telehealth?**

**Answer:** Current documentation requirements apply regardless of the mode of service. The services delivered via telehealth must meet the procedural definition and components of the Current Procedural Terminology or Healthcare Common Procedure Coding System procedure code(s), as defined by the American Medical Association, and as described in ForwardHealth policy.

**Date:** 11/02/2020

**Question: What options are available to providers to collect and record a member signature when required by ForwardHealth policy?**

**Answer:** For ForwardHealth policy areas where a member signature is required, handwritten or electronic signatures are acceptable as long as the signature meets the requirements listed below. When ForwardHealth policy specifically states that a handwritten signature is required, an electronic signature will not be accepted.

ForwardHealth will accept the following types of member signature documentation:

- **Member's handwritten signature**—This includes signing a paper document and handing it to the provider or returning it to the provider through the mail or fax, signing a touchpad signature device, sending a statement by email indicating approval, or taking a picture of a signed document and electronically forwarding to the provider through electronic means such as text or email.
- **Member's electronic signature**—Providers must establish a means to accept electronic signatures using systems and software products that include protections against modification and use administrative safeguards that correspond with industry standards, Wis. Stat. [ch. 137](#), and meet the HIPAA requirements in [45 C.F.R. 164, Subpart C](#). Providers can refer to the Policy Requirements for Use of Electronic Signatures on Electronic Health Records topic ([#16157](#)) for additional information.

Note: For the purposes of services reimbursed under the School-Based Services benefit, providers must follow the [directions](#) for parent and member signatures developed by the Department of Public Instruction.

### Covered Services

**Date:** Revised 04/21/2023

**Question: Will group treatment services be reimbursable via telehealth? What restrictions and regulations exist regarding group treatment services?**

**Answer:** ForwardHealth allows covered group treatment services to be delivered through telehealth if the services can be delivered with functional equivalency to the face-to-face service. Additional privacy considerations apply to members participating in group treatment via telehealth. Refer to the Telehealth Policy topic ([#510](#)) for more information.

## FAQs About Telehealth Policy Changes

Created: 03/31/2020  
Revised: 04/21/2023

**Date:** Revised 04/21/2023

**Question: Can Birth to 3 Program providers use the TL modifier to receive the enhanced rate for providing services in natural environments if a child is served remotely via telehealth while in a natural environment?**

**Answer:** Yes, Wisconsin Medicaid allows use of the TL modifier when the child is served in a natural environment, regardless of whether the visit occurred via telehealth. Refer to the Birth to 3 Telehealth Services topic ([#22617](#)) for additional information about this policy.

**Date:** Revised 04/21/2023

**Question: What are the new permanently allowable services?**

**Answer:** Update [2020-09](#) announced that the following additional telehealth services are covered:

- Inpatient consultations
- Inpatient prolonged services
- E-visits
- Nursing facility service assessments
- Phone evaluation and management services

This is a **permanent** change. More information regarding covered services can be found in the [Telehealth chapter](#).

Permanent telehealth procedure codes for services allowed under permanent policy have POS code 02 (Telehealth) listed as an allowable POS in the maximum allowable fee schedule. Refer to Update [2021-21](#) for more information.

**Date:** Revised 04/21/2023

**Question: Are telehealth services covered for the Birth to 3 Program?**

**Answer:** Yes, Birth to 3 Program services that can be delivered with functional equivalency to the face-to-face service are covered by ForwardHealth as part of telehealth policy. Refer to the Telehealth Policy topic ([#510](#)) for more information.

**Date:** Revised 04/21/2023

**Question: Are therapy (physical, occupational, and speech-language pathology) telehealth services covered?**

**Answer:** Yes, for services that can be delivered with functional equivalency to the face-to-face service. Therapy services are covered by ForwardHealth. Refer to the Allowable Services Via Telehealth topic ([#22638](#)) for more information.

**Date:** Revised 04/21/2023

**Question: What changes affect targeted case management services?**

**Answer:** ForwardHealth allows remote services that use interactive, real-time technology for targeted case management services if they can be provided with functional equivalency to the face-to-face service. Interactive, real-time technology includes audio-only phone communication.

## FAQs About Telehealth Policy Changes

Created: 03/31/2020  
Revised: 04/21/2023

**Date:** Revised 04/21/2023

**Question: What changes affect Community Recovery Services?**

**Answer:** ForwardHealth allows remote services that use interactive, real-time technology for Community Recovery Services if they can be provided with functional equivalency to the face-to-face service. Interactive, real-time technology includes audio-only phone communication.

Refer to the Telehealth Policy topic ([#510](#)) for more information.

**Date:** Revised 04/21/2023

**Question: What changes affect behavioral treatment services?**

**Answer:** ForwardHealth allows remote services that use interactive, real-time technology for behavioral treatment services if they can be provided with functional equivalency to the face-to-face service. Interactive, real-time technology includes audio-only phone communication.

This includes only services delivered by licensed supervisors and behavioral treatment therapists, including face-to-face supervisory direction of staff.

Refer to the following topics for more information:

- Telehealth Policy topic ([#510](#))
- Supervision topic ([#22757](#))

**Date:** 07/01/2021

**Question: Why do some permanent telehealth procedure codes have the GT modifier listed on the fee schedule and some do not?**

**Answer:** Permanent telehealth services identified prior to July 1, 2021, have the GT modifier listed on the fee schedule. Permanent telehealth services identified on or after July 1, 2021, may or may not have the GT modifier listed on the fee schedule due to the way the system was set up. Regardless of whether or not the GT modifier is listed on the fee schedule, all claims for permanent synchronous telehealth services must have the GT modifier included on the claim. More information is included in Update [2021-21](#).

**Date:** 11/02/2020

**Question: Are missed appointments by the member reimbursable when provided via telehealth?**

**Answer:** No. Per current ForwardHealth policy, missed appointments or no-shows by the member are not reimbursable.

**Date:** 11/02/2020

**Question: What is the policy regarding cotreatment therapy services provided via telehealth?**

**Answer:** Current cotreatment (simultaneous treatment by two providers of different therapy disciplines during the same time period) policy applies regardless of the mode of service. Refer to the Cotreatment topic ([#2728](#)) for current policy information.

## FAQs About Telehealth Policy Changes

Created: 03/31/2020  
Revised: 04/21/2023

**Date:** 11/02/2020

**Question: Which substance use disorder (SUD) services will be covered via telehealth?**

**Answer:** All SUD services that can be delivered with functional equivalency to the face-to-face services, such as outpatient and day treatment SUD services including group counseling, may be provided via telehealth.

**Date:** Revised 04/21/2023

**Question: Can school-based services be provided via telehealth?**

**Answer:** As part of telehealth policy, if the service is covered by ForwardHealth and follows Department of Public Instruction requirements, it may be provided via telehealth. Refer to the following topics for additional information:

- Testing and Assessment Procedures topic ([#249](#))
- Delegation of Physical Therapy Services topic ([#1463](#))
- Delegation of Occupational Therapy Services ([#1464](#))
- Covered Speech and Language Pathology, Audiology, and Hearing Services topic ([#1470](#))
- Covered Physical Therapy Services topic ([#1473](#))
- Covered Occupational Therapy Services topic ([#1474](#))
- Allowable Services Via Telehealth topic ([#22638](#))

**Date:** 01/20/2021

**Question: When may a school be reimbursed for an occupational therapy, physical therapy, or speech and language pathology evaluation under the school-based services benefit?**

**Answer:** An evaluation may be reimbursed when the evaluation results in the development or revision of an individual education program (IEP) and provides recommendations for a course of treatment for development of the IEP. The evaluation does **not** need to result in the IEP team determining therapy intervention is needed. Refer to the following topics for more information:

- Covered Speech and Language Pathology, Audiology, and Hearing Services topic ([#1470](#))
- Covered Physical Therapy Services topic ([#1473](#))
- Covered Occupational Therapy Services topic ([#1474](#))

**Date:** 01/20/2021

**Question: May supervision of certified occupational therapy assistants and physical therapy assistants be conducted via telehealth under the school-based services benefit?**

**Answer:** Yes. Per the direction provided in Update [2020-15](#), face-to-face supervision of certified occupational therapy assistants and physical therapy assistants in schools may be conducted via telehealth. Refer to the following topics for more information:

- Delegation of Physical Therapy Services topic ([#1463](#))
- Delegation of Occupational Therapy Services topic ([#1464](#))

## FAQs About Telehealth Policy Changes

Created: 03/31/2020  
Revised: 04/21/2023

**Date:** 01/20/2021

**Question:** Update [2020-15](#) states, “Telehealth is not appropriate for activities that require physical interaction or for goals that require hands-on support or physical prompting.” How does Wisconsin Medicaid define appropriate activities for schools to supply via telehealth for occupational therapy and physical therapy through the school-based services benefit?

**Answer:** Services are covered when they are identified in the child's IEP and they identify, treat, rehabilitate, restore, improve, or compensate for medical problems that interfere with age-appropriate functional performance. This may include coaching an adult while the child is present to provide the physical prompting or hands-on-support. Refer to the following topics for more information:

- A Comprehensive Overview topic ([#1479](#))
- Covered Physical Therapy Services topic ([#1473](#))
- Covered Occupational Therapy Services ([#1474](#))

**Date:** Revised 04/21/2023

**Question:** Can the member be out-of-state and utilize telehealth services?

**Answer:** Yes. For dates of service on and after March 1, 2020, ForwardHealth does not limit where the member is located during a telehealth visit as long as they are in the United States. This is a **permanent change**. If the member is located outside Wisconsin during a telehealth visit, the provider of the service must follow all applicable state laws and practice standards for the state in which the member is located during the telehealth visit. Refer to the [Telehealth chapter](#) for additional information.

**Date:** 06/02/2020

**Question:** Can an out-of-state provider deliver services to Wisconsin Medicaid members via telehealth?

**Answer:** Yes. An out-of-state provider can deliver services if they are enrolled in Wisconsin Medicaid. Prior authorization is required for **any** services provided on a fee-for-service basis by an out-of-state provider unless that provider is granted border status.

The prior authorization request must either include documentation from the ordering provider indicating that the service is not available in Wisconsin **or** include documentation from the servicing provider indicating why the out-of-state service is needed.

The In-State Emergency Providers and Out-of-State Providers topic ([#194](#)) has more information about out-of-state services. The [Out-of-State Provider Enrollment Information](#) page of the ForwardHealth Portal has details on enrollment criteria for out-of-state providers.

**Date:** 11/02/2020

**Question:** I supply targeted case management services. May I be reimbursed for my time texting and emailing members and collaterals?

**Answer:** Yes. Targeted case management reimbursement for **ongoing monitoring and service coordination recordkeeping** includes time to prepare and respond to correspondence with members and collaterals as necessary for case planning, service implementation, coordination, and monitoring per Wis. Admin. Code § [DHS 107.32\(1\)\(d\)3](#). ForwardHealth confirms providers may continue to use any reasonable means to correspond with members and collaterals including, but not limited to, text and email. Providers are reminded all correspondence including texts and emails must meet federal HIPAA



## FAQs About Telehealth Policy Changes

Created: 03/31/2020

Revised: 04/21/2023

privacy and security regulations. Refer to the Confidentiality and Proper Disposal of Records topic ([#200](#)) for further information.

ForwardHealth does not reimburse for recordkeeping activities unless there is also a member or collateral face-to-face or telephone contact during the calendar month. The A Comprehensive Overview topic ([#1685](#)) includes additional information.

Providers are required to maintain case records including documentation substantiating the time billed for the service. Refer to the Case Record Maintenance topic ([#1714](#)) for further information.

### Claim Submission

**Date:** Revised 04/21/2023

**Question:** Update [2021-50](#) states the provider and member location is recommended but not required. Does this change now that POS code 10 (Telehealth Provided in Patient's Home) is allowed?

**Answer:** No, providers should continue to document the member and provider location per the current documentation requirements in the Telehealth Policy topic ([#510](#)). As a reminder, providers are required to follow correct coding guidance, which includes using the correct POS code when submitting claims.

**Date:** Revised 04/21/2023

**Question:** Is POS code 02 used for audio-only services?

**Answer:** Providers may use either POS code 02 or 10 for audio-only services. Refer to the Telehealth Policy topic ([#510](#)) for additional information.

**Date:** Revised 04/21/2023

**Question:** We are billing audio-only services using the FQ modifier rather than the GT modifier as explained in telehealth policy, but we are getting denials related to the modifier used. Does ForwardHealth currently accept the FQ modifier or when does this go into effect?

**Answer:** Yes, ForwardHealth accepts either the FQ or GT modifiers. Claims that were incorrectly denied will be adjusted. Refer to the [Telehealth chapter](#) for additional information.

**Date:** Revised 04/21/2023

**Question:** Which providers can bill interprofessional consultations?

**Answer:** For interprofessional consultation services, the treating provider may be a physician, nurse practitioner, physician assistant, or podiatrist enrolled in Wisconsin Medicaid as an eligible rendering provider. The consulting provider must be a physician enrolled in Wisconsin Medicaid as an eligible rendering provider. Refer to the Interprofessional Consultations (E-Consults) topic ([#22738](#)) for more information.

## FAQs About Telehealth Policy Changes

Created: 03/31/2020  
Revised: 04/21/2023

**Date:** 07/01/2021

**Question: When billing for a telehealth service with POS code 02 and modifier GT, can any other modifiers be used on the claim?**

**Answer:** Yes. In addition to the GT modifier, claims must include all modifiers required by coverage policy for the claim to be reimbursed correctly. County-administered programs, school-based services, and any other programs that utilize cost reporting must include all required modifiers to ensure correct cost reporting.

**Date:** Revised 04/21/2023

**Question: Are there restrictions on originating sites (also known as the patient's location at the time of the telehealth encounter)?**

**Answer:** No. Effective on and after March 1, 2020, there are no restrictions on originating sites. This is a permanent change.

An originating site fee will only be allowable to specific originating sites. Refer to the Originating and Distant Sites topic ([#22739](#)) for a list of originating sites that may bill code Q3014.

**Date:** Revised 04/21/2023

**Question: What specific billing changes affect tribal federally qualified health centers?**

**Answer:** For dates of service on and 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. This change was announced in Update [2020-09](#).

This a permanent change, and more information can be found in the Telehealth Policy topic ([#510](#)).

**Date:** Revised 04/21/2023

**Question: What specific billing changes affect non-tribal federally qualified health centers?**

**Answer:** For dates of service 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. This change was announced in Update [2020-09](#).

This a permanent change, and more information can be found in the Telehealth Policy topic ([#510](#)).

**Date:** Revised 04/21/2023

**Question: How should providers submit claims for new patient telehealth visits?**

**Answer:** Providers should continue to bill procedure codes 99201–99205 (New patient office or other outpatient visit services) for new patients as allowable under the [Telehealth chapter](#). Providers are expected to follow correct coding guidelines and the ForwardHealth documentation billing guidelines found in the Documentation topic ([#3414](#)). Refer to the Documentation topic ([#3414](#)) for information on time-based billing.

## FAQs About Telehealth Policy Changes

Created: 03/31/2020  
Revised: 04/21/2023

### Changes to Requirements

**Date:** Revised 04/21/2023

**Question: What permanent changes have been made to allowable telehealth provider types?**

**Answer:** There are no limitations on what provider types may be reimbursed for telehealth services. More information can be found in the [Telehealth chapter](#).

**Date:** 04/09/2020

**Question: Are providers required to be certified to provide telehealth services?**

**Answer:** Requirements to deliver telehealth services are aligned with in-person service requirements. No additional certification is necessary.