



ForwardHealth has answered questions from providers about telehealth policy changes in response to the COVID-19 outbreak. These questions and their answers are included below. The FAQs will be updated to provide helpful answers to provider questions.

Topic Category Guide

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General Telehealth FAQs

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: 05/17/2022

Question: Do you know when the federal public health emergency will end?

Answer: Effective April 12, 2022, the U.S. Department of Health and Human Services (HHS) extended the [federal public health emergency](#) through July 15, 2022. The federal government decides whether to reauthorize the public health emergency every 90 days. The Wisconsin Department of Health Services will notify providers of any changes from the federal government regarding the public health emergency.

Date: 01/26/2022

Question: How long will temporary telehealth policy remain in effect once the public health emergency ends and when will permanent telehealth policy take effect?

Answer: With the exception of certain federal public health emergency allowances, temporary telehealth policy will remain in effect until the first day of the first month after the federal public health emergency related to the COVID-19 pandemic expires. For example, if the public health emergency ends on April 12, 2022, permanent policy would become effective for dates of service on and after May 1,

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2022. 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 public health emergency. 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.



FAQs About Telehealth Policy Changes

Created: 03/31/2020
Revised: 05/17/2022

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 07/01/2021

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

Answer:

The Telehealth topic ([#510](#)) of the ForwardHealth Online Handbook has been updated to include all permanent policies for telehealth services, including changes from Updates [2020-09](#), titled “Changes to ForwardHealth Telehealth Policies for Covered Services, Originating Sites, and Federally Qualified Health Centers,” [2020-12](#), titled “Temporary Changes to Telehealth Policy and Clarifications for Behavioral Health and Targeted Case Management Providers,” and Update [2021-21](#), titled “Transition From Temporary to Permanent Synchronous Telehealth Coverage Policy and Billing Guidelines.”

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

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: 11/02/2020

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 Telehealth topic ([#510](#)) for additional information.

FAQs About Telehealth Policy Changes

Created: 03/31/2020
Revised: 05/17/2022

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 Public Health Emergency?

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 Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulatory requirements for remote communication technologies in conjunction with the good faith provision of telehealth during the national COVID-19 public health emergency.

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

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.

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: 04/09/2020

Question: What is "functional equivalency"?

Answer: At this time, ForwardHealth has not defined "functional equivalency to the face-to-face service." However, providers are expected to perform clinically appropriate services within their scope of practice and exercise professional judgment in determining if medically necessary services can be delivered effectively via telehealth.

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.

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Created: 03/31/2020
Revised: 05/17/2022

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.

FAQs About Telehealth Policy Changes

Created: 03/31/2020
Revised: 05/17/2022

Covered Services

Date: Revised 07/01/2021

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 can be found in the Telehealth topic ([#510](#)).

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

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: Revised 11/02/2020

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 permanent telehealth policy is published. More information can be found in the Update [2020-15](#), titled "Additional Services to Be Provided Via Telehealth."

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.

FAQs About Telehealth Policy Changes

Created: 03/31/2020
Revised: 05/17/2022

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.

Date: Revised 11/02/2020

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 temporary telehealth policy. More information is included in Update [2020-15](#).

Date: 05/14/2020

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 temporarily covered by ForwardHealth. More information is included in Update [2020-15](#).

Date: 11/02/2020

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

Answer: ForwardHealth is allowing currently covered group treatment services to be temporarily 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. For additional information, refer to Update [2020-15](#).

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 11/02/2020

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.

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: 05/17/2022

Date: 05/14/2020

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.

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

Date: 05/14/2020

Question: What temporary changes affect targeted case management services?

Answer: ForwardHealth will temporarily allow 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.

More information can be found on pages five and six of Update [2020-12](#).

Date: 05/14/2020

Question: What temporary changes affect behavioral treatment services?

Answer: ForwardHealth is temporarily allowing 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.

Providers must make a good faith effort to directly oversee treatment, but the minimum hours of supervision will be relaxed during Wisconsin's public health emergency.

More information can be found on pages four and five of Update [2020-12](#).

Date: 05/14/2020

Question: What temporary changes affect Community Recovery Services?

Answer: ForwardHealth is temporarily allowing 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.

More information can be found on page four of Update [2020-12](#).

FAQs About Telehealth Policy Changes

Created: 03/31/2020
Revised: 05/17/2022

Date: Revised 11/02/2020

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

Answer: As part of temporary telehealth policy, if the service is covered by ForwardHealth and follows Department of Public Instruction requirements, it may be provided via telehealth. Refer to Update [2020-15](#) for details about providers and covered services.

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 of the Online Handbook 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 of the Online Handbook for more information:

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

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 of the Online Handbook for more information:

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

FAQs About Telehealth Policy Changes

Created: 03/31/2020
Revised: 05/17/2022

Date: 11/02/2020

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**. Refer to the Telehealth topic ([#510](#)) for additional information.

Date: 05/14/2020

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 Telehealth topic ([#510](#)). 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: 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](#)) of the Online Handbook 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.

FAQs About Telehealth Policy Changes

Created: 03/31/2020
Revised: 05/17/2022

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

FAQs About Telehealth Policy Changes

Created: 03/31/2020
Revised: 05/17/2022

Claim Submission

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 public health emergency. Refer to Alert [051](#) and Update [2020-15](#) for more information.

Date: 05/17/2022

Question: Update [2021-50](#) states the provider and member location is recommended but not required. Does this change now that place of service 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 Update [2021-50](#). As a reminder, providers are required to follow correct coding guidance, which includes using the correct place of service code when submitting claims.

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 place of service codes 02 and 10.

Date: 05/17/2022

Question: Can we bill per the permanent telehealth guidelines before the first day of the first month after the federal public health emergency expires?

Answer: Yes. Providers are allowed to submit claims for services identified as permanent procedure codes under either the temporary or permanent billing guidelines until the first day of the first month after the federal public health emergency expires. Refer to Updates [2021-50](#) and [2021-21](#) for more information.

Date: 05/17/2022

Question: Is place of service code 02 used for audio-only services?

Answer: Providers may use either place of service code 02 or 10 for audio-only services. Refer to Update [2021-50](#) for additional information.

Date: 05/17/2022

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?

FAQs About Telehealth Policy Changes

Created: 03/31/2020
Revised: 05/17/2022

Answer: Yes, ForwardHealth accepts either the FQ or GT modifiers. Claims that were incorrectly denied will be adjusted. Refer to Updates [2021-50](#) and [2021-21](#) for additional information.

Date: 07/01/2021

Question: What changes were made for submitting claims for services identified in permanent telehealth policy outlined in Update [2021-21](#)?

Answer: From July 1, 2021, through December 31, 2021, providers can 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

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

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.

Date: 11/02/2020

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. The consulting provider may be a physician, nurse practitioner, or physician assistant.

This **temporary change** was announced in Update [2020-36](#), titled “Temporary Policy for Interprofessional Consultations and Remote Physiologic Monitoring.”

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.

Date: 04/09/2020

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

Answer: Yes. Providers are encouraged to use modifier 95 as an informational code to track that they are performing telehealth outside the permanent policy listed in the Telehealth topic ([#510](#)). As a reminder, claims should be billed with the POS code where the provider is located or, if a provider is working remotely, where they are connecting to. For example, providers working remotely from their clinic should use POS code 11 (Office).

If a service that is not listed in the Telehealth topic ([#510](#)) is performed, POS code 02 and modifier GT should not be used.

FAQs About Telehealth Policy Changes

Created: 03/31/2020
Revised: 05/17/2022

Date: 04/09/2020

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 public health emergency?

Answer: If telehealth services in the Telehealth topic ([#510](#)) are delivered via phone (audio only), because of the public health emergency, use POS code 02 and modifier GT, as normal. Providers are encouraged to add modifier 95 as an informational modifier with the normal POS code for tracking.

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: 04/09/2020

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 Telehealth topic ([#510](#)) for a list of originating sites that may bill code Q3014.

Date: Revised 11/02/2020

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 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](#).

Date: 04/09/2020

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 topic ([#510](#)).

FAQs About Telehealth Policy Changes

Created: 03/31/2020
Revised: 05/17/2022

Date: 04/09/2020

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 topic ([#510](#)).

Date: 04/28/2020

Question: What modifier and POS code should be used if we perform a telehealth visit that is a covered service according to Telehealth topic ([#510](#)) such as codes 99201–99215 (Office or other outpatient visit services) with a code that is covered under the temporary guidance such as code 96127 (Brief emotional/behavioral assessment [eg, depression inventory, attention-deficit/hyperactivity disorder (ADHD) scale], with scoring and documentation, per standardized instrument)?

Answer: To ensure claims are processed appropriately, when billing with the professional claim format, continue to bill at the detail level and follow the telehealth billing guidance for each procedure.

For example, bill line 001 code 99214 with POS 02 and modifier GT. Bill line 002 code 96127 with POS 11 and modifier 95.

Date: 04/28/2020

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 topic ([#510](#)). 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.

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](#)).

FAQs About Telehealth Policy Changes

Created: 03/31/2020
Revised: 05/17/2022

Changes to Requirements

Date: 05/14/2020

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](#).

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](#).

Date: Revised 07/01/2021

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 topic ([#510](#)).

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](#).

FAQs About Telehealth Policy Changes

Created: 03/31/2020
Revised: 05/17/2022

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.