

Affected Programs: BadgerCare Plus Core Plan

To: Federally Qualified Health Centers, Hospital Providers, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

New Covered Health Education Benefit for Core Plan Members Diagnosed with Certain Chronic Conditions

Effective for dates of service on and after January 1, 2010, health care education on patient self-management will be covered when provided to BadgerCare Plus Core Plan for Adults with No Dependent Children members diagnosed with asthma, diabetes, or hypertension. This *ForwardHealth Update* provides coverage criteria and education requirements.

Additions to Core Plan

Effective for dates of service (DOS) on and after January 1, 2010, health care education on patient self-management for members diagnosed with asthma, diabetes, or hypertension will be covered under the Core Plan. The coverage is intended to provide members with the information they need to actively participate in the management of their illness to prevent or reduce complications.

These services are not separately covered under the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, or Medicaid.

New Benefit and Eligible Members

Health care education on patient self management is crucial to provide members with information to effectively manage their illness and avoid complications that result in an emergency room visit or

hospitalization. This benefit is available to Core Plan members of any age who are diagnosed with asthma, diabetes, or hypertension. Education on patient self management may be appropriate in the following scenarios:

- A member whose condition is unstable or exacerbated due to poor self-management of his or her illness.
- A member whose condition is compounded by an associated condition (e.g., a member with diabetes may also be diagnosed with hypertension).
- A member with a learning disability or a diagnosis of a mental health condition.
- A member who is newly diagnosed with asthma, diabetes, or hypertension.

Core Plan members enrolled in an HMO are required to receive the benefit through the HMO.

Health Care Education

A physician, physician assistant, or nurse practitioner is required to identify the need, in writing, for education on patient self management, and a non-physician health care professional is required to provide the education. The education must be tailored to the member's chronic

condition(s) and, at a minimum, include the following information:

- A description of the disease and the disease progression.
- Importance of medication management and adherence.
- Risk factors associated with the illness.
- Warning signs and symptoms of illness exacerbation.
- Recommendations of when to contact a health care provider.

To be a covered service, the education must be provided in an individual or group setting and adhere to the following guidelines:

- Conducted in person. Telephone consultations will not be covered.
- Information must be pursuant to the patient's plan of care.
- Services must surpass the level of care normally provided during a standard evaluation and management visit.

Requirements for Individuals Providing the Health Care Education

Health care education on patient self management must be provided by a physician assistant, nurse practitioner, or an ancillary provider. Ancillary providers are non-Medicaid certifiable health care professionals, as in the following examples:

- Certified asthma educators.
- Certified health educators.
- Certified diabetes educators.
- Registered dietitians.
- Respiratory therapists.
- Staff nurses.

The ancillary provider is required to be a licensed, certified, or registered provider who is qualified to provide education. Education provided by an ancillary provider must be conducted under the *direct, immediate,*

on-site supervision of a physician, physician assistant, or nurse practitioner.

“On-site” means that the supervising physician is in the same building in which the education is being provided and is immediately available for consultation or, in the case of emergencies, for direct intervention. The physician is not required to be in the same room as the ancillary provider, unless dictated by medical necessity and good medical practice.

Billing for Health Care Education

Since ancillary providers are not certified by Medicaid, claims for these services provided by ancillary providers are required to be submitted under the supervising provider's National Provider Identifier using the appropriate code for the service. Health care education services may be billed on the same DOS as an evaluation and management visit.

Allowable Procedure Codes

The new benefit will correspond to the following *Current Procedural Terminology* (CPT) procedure codes:

- 98960 (Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient [could include caregiver/family] each 30 minutes; individual patient).
- 98961 (Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient [could include caregiver/family] each 30 minutes; 2-4 patients).
- 98962 (Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient [could include caregiver/family] each 30 minutes; 5-8 patients).

By definition, the allowable procedure codes may not be reimbursed if rendered by a physician.

Note: These procedure codes may not be reimbursed with other self-management training procedure codes when billed on the same DOS for the same member.

All patients diagnosed with a chronic condition in the group should be included in the total patient count, regardless of whether or not they are enrolled in the Core Plan. Caregivers should not be included in the total patient count. Core Plan members in groups in excess of eight patients will not be covered.

Coverage Limitations

Each unit of health care education is equal to 30 minutes. Eight units (four hours) are allowed per member, per enrollment year.

Allowable Diagnosis Codes

In order for health education services to be reimbursable, the member must have one or more of the following diagnoses relating to asthma, diabetes, or hypertension:

- Asthma.
 - ✓ 428.1 (Left heart failure [cardiac asthma]).
 - ✓ 493.0 – 493.9 (Asthma).
 - ✓ 500 (Coal workers’ pneumoconiosis).
 - ✓ 507.8 (Pneumonitis; due to other solids and liquids).
 - ✓ 518.3 (Pulmonary eosinophilia).
- Diabetes.
 - ✓ 249.00 – 249.91 (Secondary diabetes mellitus).
 - ✓ 250.00 – 250.93 (Diabetes mellitus).
- Hypertension.
 - ✓ 401.0 – 405.99 (Hypertensive disease).
 - ✓ 416.0 (Primary pulmonary hypertension).
 - ✓ 416.8 (Other chronic pulmonary heart diseases).
 - ✓ 459.30 – 459.33 (Chronic venous hypertension [idiopathic]).
 - ✓ 459.39 (Chronic venous hypertension with other complication).

Note: Diagnosis codes are subject to change. Providers are required to indicate the most specific and current *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code on claims.

Allowable Place of Service Codes

The following are allowable place of service codes for the benefit:

- 11 (Office).
- 12 (Home).
- 21 (Inpatient Hospital).
- 22 (Outpatient Hospital).
- 23 (Emergency Room — Hospital).
- 99 (Other Place of Service).

Providers are reminded of the on-site requirements when health care education is provided by an ancillary provider.

Prior Authorization

Health care education on patient self-management covered under the Core Plan does not require prior authorization.

Copayments

Health care education on patient self-management is not subject to copayment under the Core Plan.

Reimbursement

Providers will be reimbursed at the lesser of their billed amount and the maximum allowable fee for the provided service. The maximum allowable rates for the CPT procedure codes covered under the health education benefit are identified in the following table.

Procedure Code	Maximum Allowable Fee
98960	\$18.97
98961	\$14.00
98962	\$12.95

Providers should refer to the maximum allowable fee schedule on the ForwardHealth Portal for the most current reimbursement rates.

Information Regarding Managed Care Organizations

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

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250