

Affected Programs: BadgerCare Plus, Medicaid, Wisconsin Chronic Disease Program
To: Hospital Providers, HMOs and Other Managed Care Programs

Policy Clarification for Outpatient Continuous Visits

This *ForwardHealth Update* clarifies current policy for outpatient continuous visits.

As originally published in the December 2009 *ForwardHealth Update* (2009-97), titled “New Continuous Stay/Visit Policy for Hospital Services That Span More Than One Date of Service,” ForwardHealth considers an outpatient visit that spans more than one continuous date of service (DOS) to be part of a single, continuous visit. For the purposes of claim processing, ForwardHealth identifies an outpatient continuous visit by the presence of certain emergency or observation-related revenue codes and Healthcare Common Procedure Coding System (HCPCS) procedure codes listed on the claim.

Consistent with this policy, ForwardHealth will reimburse outpatient continuous visits by paying one per diem and one access payment, and by deducting one copayment for the span of dates associated with the continuous visit, beginning February 8, 2013.

Billing Considerations

When billing outpatient continuous visits, hospital providers should bill according to common billing practices. Providers are reminded that ForwardHealth no longer requires providers to indicate only the DOS on which the services were completed, as published in the September 2012 *Update* (2012-49), titled “Entering Dates for Outpatient Continuous Visits.”

Multiple Unrelated Visits on the Same Date of Service

ForwardHealth defines a related visit as one whose primary diagnosis matches the primary diagnosis of a subsequent visit. When billing one or more separate, *unrelated* visits that occur on the same DOS as an outpatient continuous visit, ForwardHealth recommends providers do the following:

- Submit separate claims for each visit. Include condition code G0 (the letter G and the digit zero) on the second claim submitted and send it to Written Correspondence for special handling. To do this, attach the Written Correspondence Inquiry form, F-01170 (07/12), to the paper claim or adjustment form and indicate “Update 2013-09” and “Condition code G0 for a subsequent outpatient visit” in the Other Information field of the form.
- If a claim that indicates the G0 condition code also requires consideration for an exception to the submission deadline, submit a completed Timely Filing Appeals Request form, F-13047 (07/12), for each claim, entering “Update 2013-09” and “Condition code G0 for a subsequent outpatient visit” in the free format field near the bottom of the form.

For example, a member comes in to the emergency room (ER) on the morning of January 8, 2012, with a concussion and returns home once treated. He returns to the ER later that same night with a high fever and vomiting and is kept over midnight for observation. In this situation, the provider

is encouraged to bill the two visits on two separate claims and to differentiate the visits using condition code G0 on the second claim submitted, following the special handling instructions stated previously. This allows ForwardHealth to reimburse both visits and pay two access payments to the provider, if applicable.

Note: The special handling instructions listed above apply to claims or adjustments with DOS between January 1, 2010, and March 31, 2013. Claims and adjustments with DOS on and after April 1, 2013, will not require special handling for the G0 condition code; these claims will be processed using the new Enhanced Ambulatory Patient Groups (EAPG) reimbursement methodology for outpatient hospital services. Refer to the October 2012 *Update* (2012-55), titled “Implementation of the Enhanced Ambulatory Patient Groups Reimbursement Methodology,” for more information on EAPG.

Provider-Submitted Adjustments

Adjustments submitted by providers for outpatient hospital services will be affected by the enforcement of the outpatient continuous visit policy if the original claim was reimbursed incorrectly with more than one per diem or access payment.

Medicare Crossover Claims

The outpatient continuous visit policy will apply to Medicare crossover claims.

Hospitals Receiving Percentage of Charge Reimbursement

Hospitals that receive a percent of charge reimbursement will *not* be impacted by the outpatient continuous visit policy.

Ambulatory Patient Classification Pricing

Ambulatory Patient Classification pricing for Wisconsin Chronic Disease Program (WCDP) claims will *not* be impacted by the outpatient continuous visit policy.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization (MCO). Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements. Members enrolled only in the WCDP are not enrolled in MCOs.

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 AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are 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