

Affected Programs: BadgerCare Plus, Medicaid

To: Hospital Providers, Occupational Therapists, Physical Therapists, Physician Clinics, Physicians, Rehabilitation Agencies, Speech and Hearing Clinics, Speech-Language Pathologists, Therapy Groups, HMOs and Other Managed Care Programs

Submitting Claims for Physical Therapy, Occupational Therapy, and Speech and Language Pathology Evaluations and Re-evaluations Provided in Outpatient Hospital Specialty Clinics

This *ForwardHealth Update* includes new policy for providers submitting claims for outpatient hospital physical therapy, occupational therapy, and speech and language pathology evaluations and re-evaluations rendered during an outpatient hospital specialty clinic visit.

Effective for dates of service on and after October 1, 2014, providers submitting claims for outpatient hospital physical therapy (PT), occupational therapy (OT), and speech and language pathology (SLP) evaluations and re-evaluations during an outpatient hospital specialty clinic visit should indicate *Current Procedural Terminology* (CPT) procedure code 99366 (Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional) on an institutional claim in order to be reimbursed via the Enhanced Ambulatory Patient Groups (EAPG) reimbursement methodology. There are no other changes to existing policy for PT, OT and SLP providers submitting claims for evaluations and re-evaluations during an outpatient hospital specialty clinic visit. As a reminder, ForwardHealth's reimbursement of outpatient hospital services, under the EAPG system, changed from a rate-per-visit reimbursement to a packaged

reimbursement on January 1, 2013. This is similar to diagnosis-related groupings for inpatient services. Rather than being grouped by diagnosis and surgical codes, however, EAPGs are grouped by Healthcare Common Procedure Coding System or CPT procedure codes.

Institutional claims can be submitted using the following methods:

- 837 Health Care Claim: Institutional transaction.
- UB-04 Claim Form.
- Direct Data Entry on the ForwardHealth Portal.
- Provider Electronic Solutions.

For more information regarding institutional claim submission options, refer to the Submission chapter of the Claims section of the Hospital, Outpatient service area of the Online Handbook.

Providers are reminded that prior authorization is not required for evaluations and re-evaluations provided during specialty clinic visits. For more information about requirements for evaluations and re-evaluations provided during specialty clinic visits, providers may refer to the Therapy Services topic (topic #1355) in the Covered Services and Requirements chapter of the Covered and Noncovered

Services section of the Hospital, Outpatient service area of the Online Handbook.

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 AIDS 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/.

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