

Affected Programs: BadgerCare Plus, Medicaid

To: Adult Mental Health Day Treatment Providers, Advanced Practice Nurse Prescribers with Psychiatric Specialty, Audiologists, Case Management Providers, Community Recovery Services Providers, Community Support Programs, Comprehensive Community Service Providers, Crisis Intervention Providers, End-Stage Renal Disease Service Providers, Family Planning Clinics, Federally Qualified Health Centers, HealthCheck Providers, HealthCheck “Other Services” Providers, Hospital Providers, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Master’s-Level Psychotherapists, Narcotic Treatment Services Providers, Nurse Midwives, Nurse Practitioners, Nurses in Independent Practice, Nursing Homes, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Physician Assistants, Physician Clinics, Physicians, Portable X-ray Providers, Psychologists, Qualified Treatment Trainees, Rural Health Clinics, Speech and Hearing Clinics, Substance Abuse Counselors, Substance Abuse Day Treatment Providers, HMOs and Other Managed Care Programs

New and Clarified Telehealth Policy

This *ForwardHealth Update* provides new and clarified ForwardHealth policy for services provided via telehealth. New claims submission policy for place of service and new coverage policy for audiologists are effective for dates of service (DOS) on and after September 1, 2017. Additional allowable telehealth services are currently under consideration; providers are encouraged to check for future *ForwardHealth Updates* for more information.

Coverage of Services Provided via Telehealth

ForwardHealth allows certain covered services to be provided via telehealth (also known as "telemedicine"). Telehealth enables a provider who is located at a distant site to render the service remotely to a member located at an originating site using a combination of interactive video, audio, and externally acquired images through a networking environment. Refer to the Attachment of this *ForwardHealth Update* for a list of covered telehealth services.

Allowable Providers

The following types of providers may be reimbursed for providing telehealth services at a distant site:

- Audiologists (effective for DOS on and after September 1, 2017)

- Nurse midwives
- Nurse practitioners
- Ph.D. psychologists in private practice
- Physician assistants
- Physicians
- Psychiatrists
- Professionals providing services in mental health or substance abuse programs certified by the Division of Quality Assurance (DQA).

Allowable Originating Sites

The member must be at one of the following originating sites during the telehealth service:

- Hospitals, including emergency departments
- Office/clinic
- Skilled nursing facility

Requirements and Restrictions

Services provided via telehealth must be of sufficient audio and visual fidelity and clarity as to be functionally equivalent to a face-to-face encounter where both the rendering provider and member are in the same physical location. Both the distant and originating sites must have the requisite equipment and staffing necessary to provide the telehealth service.

Coverage of a service provided via telehealth is subject to the same restrictions as when the service is provided face-to-face [e.g., allowable providers, multiple service limitations, prior authorization (PA)].

Providers are reminded that Health Insurance Portability and Accountability Act of 1996 (HIPAA) confidentiality requirements apply to telehealth services. When a covered entity or provider utilizes a telehealth service that involves protected health information (PHI), the entity or provider will need to conduct an accurate and thorough assessment of the potential risks and vulnerabilities to PHI confidentiality, integrity, and availability. Each entity or provider must assess what are reasonable and appropriate security measures for his or her situation.

Note: Providers may not require the use of telehealth as a condition of treating a member. Providers must develop and implement their own methods of informed consent to verify that a member agrees to receive services via telehealth. These methods must comply with all federal and state regulations and guidelines.

Noncovered Services

The following are not covered as telehealth services:

- Telephone conversations
- Written electronic communications (e.g., email, texts)
- Store and forward services (defined as the asynchronous transmission of medical information to be reviewed at a later time by a provider at a distant site)
- Services that are not covered when delivered face-to-face

Claims Submission and Reimbursement for Distant Site Providers

Claims for services provided via telehealth by distant site providers must be billed with the same procedure code as would be used for a face-to-face encounter along with Healthcare Common Procedure Coding System (HCPCS) modifier GT (via interactive audio and video telecommunication systems).

Effective for DOS on and after September 1, 2017, claims must also include place of service (POS) code 02 (Telehealth: the location where health services and health-related services are provided or received through telehealth telecommunication technology). ForwardHealth reimburses the service rendered by distant site providers at the same rate as when the service is provided face-to-face.

Ancillary Providers

Claims for services provided via telehealth by distant site ancillary providers should continue to be submitted under the supervising physician's National Provider Identifier (NPI) using the lowest appropriate level office or outpatient visit procedure code or other appropriate *Current Procedural Terminology* (CPT) code for the service performed. These services must be provided under the direct on-site supervision of a physician who is located at the same physical site as the ancillary provider and must be documented in the same manner as services that are provided face-to-face.

Pediatric and Health Professional Shortage Area-Eligible Services

Claims for services provided via telehealth by distant site providers may additionally qualify for pediatric (services for members 18 years of age and under) or Health Professional Shortage Area (HPSA)-enhanced reimbursement. Effective for DOS on and after September 1, 2017, pediatric and HPSA-eligible providers are required to indicate POS code 02, along with modifier GT and the applicable pediatric or HPSA modifier when submitting claims that qualify for enhanced reimbursement. For additional information regarding pediatric and HPSA incentive reimbursement, refer to the "Health Professional Shortage Areas" topic (topic #648) in the Amounts chapter of the Reimbursement section of the ForwardHealth Online Handbook.

Claims Submission and Reimbursement for Originating Site Facility Fee

In addition to reimbursement to the distant site provider, ForwardHealth reimburses an originating site facility fee for the staff and equipment at the originating site requisite to provide a service via telehealth. Providers who serve as the

originating site should bill the facility fee with HCPCS procedure code Q3014 (Telehealth originating site facility fee). HCPCS modifier GT should **not** be included with procedure code Q3014.

Providers who bill on a professional claim form should bill Q3014 with a POS code that represents where the member is located during the service. The POS must be a ForwardHealth-allowable originating site for procedure code Q3014 in order to be reimbursed for the originating site fee. The originating site fee will be reimbursed based on a maximum allowable fee. For the most current fee information, refer to the maximum allowable fee schedule, available on the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/MaxFeeHome.aspx.

Providers who bill on an institutional claim form should bill Q3014 as a separate line item with the appropriate revenue code. ForwardHealth will reimburse these providers for the facility fee based on the provider's standard reimbursement methodology.

Documentation Requirements

All services provided via telehealth must be thoroughly documented in the member's medical record in the same manner as services provided face-to-face. As a reminder, documentation for originating sites must support the member's presence in order to submit a claim for the originating site facility fee. In addition, if the originating site provides and bills for services in addition to the originating site facility fee, documentation in the member's medical record should distinguish between the unique services provided.

Additional Policy for Certain Types of Providers

Out-of-State Providers

ForwardHealth policy for services provided via telehealth by out-of-state providers is the same as ForwardHealth policy for services provided face-to-face by out-of-state providers. Out-of-state providers who do not have border status

enrollment with Wisconsin Medicaid are required to obtain PA before providing services via telehealth to BadgerCare Plus or Medicaid members. For information regarding Wisconsin Medicaid enrollment for out-of-state and border status providers, refer to the Provider Enrollment Information home page on the Portal at www.forwardhealth.wi.gov/. For information regarding PA requirements and submission options, refer to the Prior Authorization section of the applicable service area of the Online Handbook.

Note: Wisconsin Medicaid is prohibited from paying providers located outside of the United States and its territories, including the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.

Certified Mental Health and Substance Abuse Treatment Providers

Programs and services certified by the DQA in accordance with Wis. Admin. Code chs. DHS 34, 35, 36, 40, 61, 63, or 75 to provide mental health and substance abuse treatment programs or services are required to meet telehealth certification requirements if they plan to provide services via telehealth. Refer to Division of Mental Health and Substance Abuse Services Memo 2015-08/DQA Memo 2015-011, "Mental Health and Substance Abuse Telehealth – Criteria for Certification," for telehealth certification guidance.

Community Health Centers, Tribal Federally Qualified Health Centers, and Rural Health Clinics

Community health centers (CHCs), tribal federally qualified health centers (FQHCs), and rural health clinics (RHCs) may serve as originating site and distant site providers for telehealth services.

Distant Site

Tribal FQHCs and RHCs may report services provided via telehealth on the cost settlement report when the FQHC or RHC served as the distant site and the member is an established patient of the tribal FQHC or RHC at the time of the telehealth service.

CHCs may not report services provided via telehealth as an encounter. Instead, CHCs should submit claims for distant site services on a professional claim form and will be reimbursed in accordance with the fee schedule.

Originating Site

The originating site facility fee is not a tribal FQHC or RHC reportable encounter on the cost report. Any reimbursement for the originating site facility fee must be reported as a deductive value on the cost report.

For CHCs, originating site services should be billed, but no reimbursement will be issued as all costs for providing originating site services have already been incorporated into the prospective payment system (PPS) rates for CHCs. Claims billed by CHCs for originating site services may be used for future rate setting purposes.

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). MCOs 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 Medicaid Services, the 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, DHS.

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

P-1250

This *Update* was issued on 08/18/2017 and information contained in this *Update* was incorporated into the Online Handbook on 09/06/2017.

ATTACHMENT

Telehealth Covered Services

The following list of services and applicable procedure codes may be covered as telehealth services when provided at distant sites. The procedure codes listed below are the only procedures currently allowed as telehealth services; however, this list is subject to change. To confirm that a procedure is allowable for a specific provider type, refer to the appropriate service-specific service area of the ForwardHealth Online Handbook, available at www.forwardhealth.wi.gov/. Providers are reminded of the following:

- The use of evaluation and management (E&M) codes is subject to E&M documentation guidelines as described in the Documentation topic (topic #3414) in the Evaluation and Management chapter of the Covered and Noncovered Services section of the Online Handbook.
- ForwardHealth only covers telehealth delivery of individual services. For those procedure codes that can be used for either individual or group services, providers may not submit claims for telehealth delivery of group services.
- Services delivered via telehealth are only covered when providers meet all other ForwardHealth program requirements for those services.
- Certified mental health or substance abuse treatment programs/services providers must meet the requirements described in the Division of Quality Assurance Memo 2015-011, “Mental Health and Substance Abuse Telehealth – Criteria for Certification,” to provide services via telehealth.

Type of Service	Procedure Codes
Adult Mental Health Day Treatment Services	H2012 (for individual services only)
Audiology Services	92550, 92585, 92586, 92587, 92588
Child/Adolescent Day Treatment Services (HealthCheck “Other Services”)	H2012 (for individual services only)
Community Support Program Services	H0039 (for individual services only)
Comprehensive Community Services	H2017 (for individual services only)
Crisis Intervention Services	S9484
End-Stage Renal Disease-Related Services	90951-90952, 90954-90958, 90960-90961, 90967-90970
Health and Behavior Assessment/Intervention	96150-96152, 96154-96155
Initial Inpatient Consultations	99251-99255
Office or Other Outpatient Services	99201-99205, 99211-99215*
Office or Other Outpatient Consultations	99241-99245*
Outpatient Mental Health Services (Evaluation, Psychotherapy)	90785, 90791-90792, 90832-90834, 90836-90840, 90845-90847, 90849, 90875, 90876, 90887

Type of Service	Procedure Codes
Outpatient Substance Abuse Services	H0022, H0047, T1006
Substance Abuse Day Treatment	H2012 (for individual services only)

- * Telehealth services that are medical in nature and would otherwise be coded as an office visit or consultation evaluation and management visit are covered for members residing in a skilled nursing facility that meets all originating site requirements. Nursing Facility Service Assessments are not covered as telehealth services (e.g. 99304-99318). Domiciliary, Rest Home, or Custodial Care Services and Oversight Services (codes 99324-99340) are not allowable as telehealth services.