ForwardHealth
Wisconsin serving you

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Affected Programs: BadgerCare Plus, Medicaid
To: Home Health Agencies, Individual Medical Supply Providers, Medical Equipment Vendors, Nurses in Independent Practice, Nurse Midwives, Nurse Practitioners, Occupational Therapists, Personal Care Agencies, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Physical Therapists, Rehabilitation Agencies, Speech and Hearing Clinics, Speech-Language Pathologists, Therapy Groups, HMOs and Other Managed Care Programs

New Face-to-Face Visit Requirement and Changes to Policy for Home Health Services, Durable Medical Equipment, and Disposable Medical Supplies

Overview

In response to the federal Medicaid Home Health Final Rule (CMS-2348-F), ForwardHealth is announcing new policy that impacts home health services and certain durable medical equipment (DME) and disposable medical supplies (DMS). Effective for dates of services (DOS) **on and after** July 1, 2018, new ForwardHealth policy includes:

- Members are required to have a face-to-face visit with a physician or authorized non-physician practitioner (NPP) for the **initial** prescription of home health services and certain DME and DMS.
- Home health services, DME, and DMS are covered for members in any setting in which normal life activities take place.
- Home health services no longer require a member to be homebound.

Face-to-Face Visit

Effective for DOS **on and after** July 1, 2018, a member is required to have a face-to-face visit with a physician or authorized NPP for the **initial** prescription of:

- Home health nursing services
- Home health aide services
- Home health therapies (occupational therapy [OT], physical therapy [PT], and speech-language pathology [SLP])
- Certain DME and DMS as defined by Centers for Medicare and Medicaid (CMS). Refer to *https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/FacetoFaceEncounterRequirementforCertainDurableMedicalEquipment.html* for a list of impacted DME and DMS

Note: Home health therapies are therapy services billed by a home health agency under the home health benefit.

The following NPPs are allowed to provide the face-to-face visit:

- Clinical nurse specialist
- Nurse midwife
- Nurse practitioner
- Physician assistant

Note: Nurse midwives are **not** an allowable NPP for face-to-face visits for the initial prescription of DME and DMS.

Documentation of the face-to-face visit must explain how the individual's observed health status relates to the primary reason that the member requires home health service or impacted DME or DMS.

A face-to-face visit may occur through telehealth. For information regarding ForwardHealth telehealth policies, refer to the Telehealth topic (topic #510) in the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the ForwardHealth Online Handbook.

If a member's medical condition changes and this results in the need for changes to their home health services, the home health provider is required to communicate the need with the ordering physician and revise the plan of care and/or prescription accordingly. An additional face-to-face visit is not required.

A face-to-face visit is **not** required for DME or DMS refills, repairs or service of equipment, or rental or purchase of ancillary equipment. The list of DME and DMS items that require a face-to-face visit is developed and maintained by CMS. Providers should continue to check the CMS website for any updates to the face-to-face requirements list at the link on the previous page.

Documentation Requirements

Effective for DOS **on and after** July 1, 2018, physicians are required to document the face-to-face visit with a member for the initial prescription of home health services. The physician or NPP may document the face-to-face visits with a member for the initial visit for impacted DME and DMS. A physician is required to write the initial prescription for home health services and impacted DME or DMS.

If the prescribing physician does not perform the face-to-face visit for home health services personally, the practitioner who performed the face-to-face visit must communicate the clinical findings of the face-to-face visit to the prescribing physician. The prescribing physician has discretion of the type of communication they will accept from the practitioner who completed the actual face-to-face visit.

The documentation of the face-to-face visit must be a clearly titled, separate and distinct section of, or a clearly titled addendum to, the prescription, and include:

- The date of the face-to-face visit
- Name and credentials of the physician or NPP who conducted the face-to-face visit
- The clinical findings that support the member's need for home health services or impacted DME or DMS
- The signature of the prescribing **physician** for home health services
- The signature of the prescribing physician or NPP who conducted the face-to-face visit for impacted DME and DMS

Home health, DME, and DMS providers are required to maintain the written or electronic documentation in the member's medical record.

Timeframes

The face-to-face visit must occur within the following timeframes:

- For home health services — no more than 90 days before or 30 days after the start of services for initial ordering
- For impacted DME and DMS — no more than six months before the dispense date for initial orders (The written prescription must be received prior to dispensing impacted DME or DMS.)

Prior Authorization

Effective for DOS **on and after** July 1, 2018, home health, DME, and DMS providers are required to include the initial physician prescription and physician documentation of the face-to-face visit when submitting prior authorization (PA) for those home health services and impacted DME and DMS that require PA.

PA Requests for Initial Home Health Services Received Without Face-to-Face Visit Documentation

Initial home health PA requests received without the face-to-face visit documentation will only be granted for up to 60 days to allow for the face-to-face visit to occur and the documentation to be submitted with an amendment to the

PA. A valid physician prescription is still required with the initial PA request.

PA amendment requests for PAs that did not contain the face-to-face visit documentation must be submitted prior to the expiration of the current PA and include documentation of a face-to-face visit that has occurred within 30 days of the start of services. PA amendment requests will be reviewed as follows:

- PA amendment requests without documentation of a face-to-face visit will be returned to the provider.
- PA amendment requests with documentation of a face-to-face visit that exceeds 30 days after the start of services will be granted on the date of the face-to-face visit.

PA renewal requests will be reviewed as follows:

- Renewals for services prior authorized before July 1, 2018, do not need face-to-face visit documentation and will be processed.
- Renewals for services initially prior authorized after July 1, 2018, received with face-to-face visit documentation or amended to add face-to-face documentation, will be processed.
- Renewals for services initially prior authorized after July 1, 2018, not amended to include face-to-face visit documentation will be returned to the provider for face-to-face documentation.

For information about PA renewals, refer to the Renewal Request topic (topic #442) in the Grant and Expiration Dates chapter of the Prior Authorization section of the Online Handbook.

PA Requests for Impacted DME and DMS Received Without the Face-to-Face Documentation

Initial PA requests for impacted DME and DMS that require PA but do not include documentation of the face-to-face visit will be returned to the provider.

Reimbursement Not Available

Effective for DOS **on and after** July 1, 2018, Medicaid reimbursement is not available for home health services and impacted DME and DMS when a face-to-face visit does not occur or does not occur within the specified timeframes. For impacted services that do not require PA, the reimbursement will be subject to recovery during a provider audit.

Second Face-to-Face Visit Not Required Due to Medicaid Enrollment

If an individual has a documented face-to-face visit with a physician or NPP for the initial prescription of home health or impacted DME and DMS, and the individual subsequently enrolls in Wisconsin Medicaid, a new face-to-face visit is not required.

Providers are required to maintain the original physician prescription and documentation of a face-to-face visit in the member's medical record and submit them with the PA request if a PA is applicable.

Documentation Retention

Providers are reminded they must follow documentation retention requirements found in Wis. Admin. Code § DHS 105.02. Providers are required to retain copies of the physician prescription and documentation of the face-to-face visit as described in this *ForwardHealth Update* supporting adherence to the federal Medicaid Home Health Final Rule (CMS-2348-F). Providers are required to produce and/or submit the documentation to ForwardHealth upon request. ForwardHealth may deny or recoup payment for services that fail to meet this requirement.

Reimbursement for Services Outside the Home

Home health skilled nursing services; home health aide services; home health OT, PT, and SLP; and DME/DMS may be reimbursed by ForwardHealth in any setting in which normal life activities take place. PA requests will not be denied for items and services solely based on the fact that they will be provided or used outside the member's home.

Homebound Status

Effective for DOS **on and after** July 1, 2018, Medicaid reimbursement for home health skilled nursing services and home health therapy services are no longer restricted to

members who are homebound. A member may receive all of the following home health services without limitations on his or her homebound status:

- Home health aide services
- Home health skilled nursing
- Home health OT, PT, and SLP

As a reminder, private duty nursing (PDN) does not require a member to be homebound.

This policy does not apply to services supplied in facilities specified in 42 C.F.R. § 440.70(c)1. For more information, refer to the service-specific area of the Online Handbook.

Information Regarding Managed Care Organizations

Effective for DOS **on and after** July 1, 2018, the following policies described in this *Update* also apply to managed care organizations (MCO):

- Home health skilled nursing services; home health aide services; home health OT, PT, and SLP; DME; and DMS may be reimbursed in any setting in which normal life activities take place. Services should not be denied solely based on the fact that they will be provided or used outside the member's home.
- A member may receive all of the following services from a home health agency without limitations on his or her homebound status:
  - ✓ Home health aide services
  - ✓ Home health skilled nursing
  - ✓ Home health OT, PT, SLP
  - ✓ PDN

The face-to-face visit requirement described in this *Update* for home health services and impacted DME or DMS applies to services members receive on a fee-for-service basis. For managed care policy regarding face-to-face visit requirements, Medicaid HMO network providers should contact their MCO, and agencies that contract with a Family Care MCO should contact their MCO.