

Affected Programs: BadgerCare Plus, Medicaid

To: Community Health Centers, Hospital Providers, Nurse Midwives, Nurse Practitioners, Nurses in Independent Practice, Nursing Homes, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

Clarification of Telehealth Policy for Telestroke

Overview

Telestroke, also known as stroke telemedicine, is a delivery mechanism of telehealth services that aims to improve access to recommended stroke treatment.

ForwardHealth allows providers at distant sites to be reimbursed for telestroke services. Telestroke services typically consist of a consultation with a specialist at a distant site with emergency providers and the member at an originating hospital site. The distant site provider is able to interview the member and/or family members, perform a neurological exam using the complete National Institutes of Health Stroke Scale, and directly view brain scans or other test results performed at the originating site.

Telestroke services are subject to all information found in the Telehealth topic (topic #510) of the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the ForwardHealth Online Handbook, which outlines enrollment policy, coverage policy, and billing policy for telehealth services.

Allowable Sites

Providers may refer to the Telehealth topic (topic #510) for information about allowable distant sites and originating sites.

Claim Submission for Telestroke Services

Providers are required to use *Current Procedural Terminology* consultation and evaluation and management procedure codes when billing for telestroke services.

Note: ForwardHealth has not adopted Medicare telehealth consultation codes.

The distant site provider is allowed to bill for the appropriate consultation code with Healthcare Common Procedure Coding System (HCPCS) modifier GT (Via interactive audio and video telecommunication systems) and place of service code 02 (Telehealth).

Providers who serve as the originating site are allowed to bill the facility fee with HCPCS procedure code Q3014 (Telehealth originating site facility fee), if applicable per the guidelines of the Telehealth topic (topic #510). As a reminder, HCPCS modifier GT should **not** be included with procedure code Q3014. All other services rendered by the provider at the originating site, and any providers to which the member is transferred, should be billed in the same manner as visits or admissions that do not involve telehealth services.

Originating sites that have established contractual relationships for telestroke services may bill for both the professional service claim on behalf of the distant site provider performing the telehealth service and the

originating site fee as they normally would for any other contracted professional services.

Reimbursement

As a reminder, reimbursement for distant site providers is the same as for in-person services.

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 (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/.

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