

ForwardHealth UPDATE

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TEMPORARY CHANGES TO TELEHEALTH POLICY AND CLARIFICATIONS FOR BEHAVIORAL HEALTH AND TARGETED CASE MANAGEMENT PROVIDERS

In response to the COVID-19 outbreak, ForwardHealth is **temporarily** changing certain policy requirements for services delivered through telehealth. Beginning March 12, 2020, these altered policy requirements will be in effect during, **and only during**, the public health emergency declared by the State of Wisconsin in [Executive Order 72](#).

ForwardHealth is allowing additional temporary flexibilities for fee-for-service behavioral health and targeted case management services. Managed care organizations (MCOs) have been advised to align with these flexibilities for benefits that are not solely administered under fee-for-service. Consult the MCO for information about their implementation schedule for these changes.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Adult Mental Health Day Treatment Providers, Advanced Practice Nurse Prescribers With Psychiatric Specialty, Audiologists, Behavioral Treatment Providers, Case Management Providers, Child/Adolescent Day Treatment Providers, Child Care Coordination Providers, Community Health Centers, Community Recovery Services Providers, Community Support Programs, Comprehensive Community Service Providers, Crisis Intervention Providers, End-Stage Renal Disease Service Providers, Family Planning Clinics, HealthCheck Providers, HealthCheck "Other Services" Providers, Hearing Instrument Specialists, Hospital Providers, High Cost Medically Complex Case Management Providers, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Master's Level Psychotherapists, Narcotic Treatment Services Providers, Nurse Practitioners, Nursing Homes, Nurses in Independent Practice, Optometrists, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Physician Assistants, Physician Clinics, Physicians, Prenatal Care Coordination Providers, Psychologists, Podiatrists, Qualified Treatment Trainees, Special Supplemental Nutrition Program for Women, Infants, and Children Agencies, Speech and Hearing Clinics, Substance Abuse Counselors, Substance Abuse Day Treatment Providers, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs



The Wisconsin Department of Health Services, which supports ForwardHealth, is actively working to protect and ensure the capacity of the state's health care system as it responds to COVID-19. Expanding coverage of telehealth services expands the options that providers have to safely and effectively communicate with and treat patients.

Note: See page seven for permanent policy updates.

Temporary Changes to Telehealth Technologies

Beginning on March 12, 2020, and for the duration of the Wisconsin public health emergency for COVID-19, Wisconsin Medicaid will allow remote services utilizing interactive synchronous (real-time) technology, including audio-only phone communication, for services that can be delivered with functional equivalency to the face-to-face service. This applies to all services currently indicated in the [Telehealth](#) topic (#510) of the ForwardHealth Online Handbook and new services that will be temporarily allowed for telehealth. Providers must keep complete and accurate documentation according to existing benefit policy requirements. Providers are expected to exercise professional judgment and use telehealth only for services that can be delivered appropriately and effectively via remote communication.

The Office of Civil Rights within the United States' Department of Health and Human Services announced on March 17, 2020, that they will not impose penalties for noncompliance with Health Insurance Portability and Accountability Act of 1996 regulatory requirements for remote communications technologies in connection with the good faith provision of telehealth during the national COVID-19 public health emergency.

Providers may use any non-public facing remote communication product that is available to communicate with patients. Public-facing video communication applications, such as Facebook Live, should not be used in the provision of telehealth. Providers are encouraged to let patients know that these third-party applications can introduce privacy risks. Providers should also enable all available encryption and privacy modes when using such applications.

Temporary Changes to Face-to-Face Mental Health Requirement

Beginning on March 12, 2020, and for the duration of the Wisconsin public health emergency for COVID-19, Wisconsin Medicaid will allow mental health

RESOURCES

- For the latest information from ForwardHealth regarding COVID-19, refer to the [COVID-19 ForwardHealth Provider News and Resources page](#) on the ForwardHealth Portal.
- For the federal guidance on telehealth, visit the Department of Health and Human Services' [Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency webpage](#).
- For the latest updates on the COVID-19 outbreak, [visit the Department of Health Services' COVID-19 \(Coronavirus Disease\) webpage](#).

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screenings to be conducted via telehealth according to the remote technology guidance provided in this Update. When possible, face-to-face technology is preferred for screening and initial assessment. All providers are required to act within their scope of practice.

Services That Are Currently Allowable Under Temporary Telehealth Guidance

Comprehensive Community Services

Professionals in a Comprehensive Community Services (CCS) program certified by the Wisconsin Department of Health Services Division of Quality Assurance are already allowable telehealth providers under current telehealth policy, detailed in the [Telehealth](#) topic (#510) of the Online Handbook.

Beginning on March 12, 2020, and for the duration of the Wisconsin public health emergency for COVID-19, all CCS provider types may deliver allowable services via telehealth. All providers are required to act within their scope of practice. Face-to-face technology is preferred for the initial assessment when possible. Agencies must adhere to Wis. Admin. Code ch. [DHS 36](#) requirements in all other respects.

Community Support Program

Professionals in a Division of Quality Assurance-certified Community Support Program are already allowable telehealth providers under current telehealth policy, detailed in the [Telehealth](#) topic (#510) of the Online Handbook.

Beginning on March 12, 2020, and for the duration of the Wisconsin public health emergency for COVID-19, all Community Support Program provider types may deliver allowable services via telehealth. All providers are required to act within their scope of practice. Face-to-face technology is preferred for the initial assessment when possible. Agencies must adhere to Wis. Admin. Code ch. [DHS 63](#) requirements in all other respects.

Claims Submission for Services That Are Currently Allowable Under Temporary Telehealth Guidance

There are no changes to the claims submission process for fee-for-service benefits for services allowable under ForwardHealth telehealth policy.

Continue to follow all current claims submission procedures as outlined in the [Telehealth](#) topic (#510) of the Online Handbook. Providers may include informational modifier 95 (Synchronous Telemedicine Service Rendered Via a

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Real-Time Interactive Audio and Video Telecommunication System) to indicate they are submitting claims in accordance with ForwardHealth Emergency guidance.

For claims submitted to HMOs or MCOs, contact the HMO or MCO for instructions on claims submission. The following services mentioned in this Update are provided on a fee-for-service basis for BadgerCare Plus and Medicaid SSI HMO and Care4Kids members: Community Recovery Services, Community Support Program, Comprehensive Community Services, Targeted Case Management Services, and Behavioral Treatment.

New Allowable Services Under Temporary Telehealth Guidance

Community Recovery Services

Beginning on March 12, 2020, and for the duration of the Wisconsin public health emergency for COVID-19, Wisconsin Medicaid will allow remote services utilizing interactive synchronous (real-time) technology, including audio-only phone communication, for Community Recovery Services that can be delivered with functional equivalency to the face-to-face service. This includes all provider types and services in the Community Recovery Services array **except group treatment**.

All providers are required to act within their scope of practice. Face-to-face technology is preferred for service facilitation and planning when possible; however, these services are reimbursable when delivered via telehealth during the Wisconsin public health emergency. Agencies must adhere to all ForwardHealth benefit policy requirements in all other respects.

SERVICES	PROCEDURE CODE	REQUIRED MODIFIER
Peer support services	H0038	
Community living supportive services	H0043	U8
Supported employment	H2023	
Team meeting	97156	TG or TF with AM

Behavioral Treatment

Beginning on March 12, 2020, and for the duration of the Wisconsin public health emergency for COVID-19, Wisconsin Medicaid will allow remote

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services utilizing interactive synchronous (real-time) technology, including audio-only phone communication, for behavioral treatment services that can be delivered with functional equivalency to the face-to-face service. This includes only services delivered by licensed supervisors and behavioral treatment therapists, including face-to-face supervisory direction of staff. Policy guidance in this Update applies to behavioral health treatment services that are now allowed.

All providers are required to act within their scope of practice. Providers must make a good faith effort to provide direct oversight of treatment, but the required minimum hours of supervision will be relaxed during the Wisconsin public health emergency. Providers must adhere to all ForwardHealth benefit policy requirements in all other respects.

The services and provider types noted below may be reimbursed for services delivered via telehealth.

SERVICE	PROCEDURE CODE	REQUIRED MODIFIERS	RENDERER
Assessment	97151	TG or TF	Licensed supervisor
Treatment	97153	TG or TF	Licensed supervisor or treatment therapist
Treatment with protocol modification	97155	TG or TF	Licensed supervisor or treatment therapist
Family treatment guidance	97156	TG or TF	Licensed supervisor
Team meeting	97156	TG or TF with AM	Licensed supervisor or treatment therapist

Targeted Case Management Services

Targeted case management is a specific ForwardHealth benefit for which providers must be enrolled as a certified provider.

Beginning on March 12, 2020, and for the duration of the Wisconsin public health emergency for COVID-19, Wisconsin Medicaid will allow remote services utilizing interactive synchronous (real-time) technology, including audio-only phone communication, for targeted case management services that can be delivered with functional equivalency to the face-to-face service. Face-to-face technology is preferred for the initial assessment, when possible.

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This is intended to support the health and safety of all providers and members including, but not limited to, Birth to 3 Programs and Community Waiver programs. As a reminder, agencies must adhere to Wis. Admin. Code § [DHS 107.32](#) and all other case management policies outlined in the ForwardHealth Online Handbook.

The services and benefit areas below may be reimbursed for services delivered via telehealth.

SERVICE	PROCEDURE CODE	REQUIRED MODIFIERS	BENEFIT AREA
HIV/AIDS care coordination services	S0280		Initial plan
HIV/AIDS care coordination services	S0281		Maintenance of plan
Targeted case management	T1017	U1-U4 U5 or U6	Targeted Case Management
Case management	T1016	TH	Prenatal care coordination
Case management	T1016	U1-U3	Child care coordination
Targeted case management	T2023		Case management for children with medical complexity

Claims Submission for New Allowable Services Under Temporary Telehealth Guidance

There are no changes to the claims submission process for fee-for-service benefits for the new services outlined in this Update for temporary telehealth policy. Modifier GT and place of service (POS) code 02 (Telehealth) must not be indicated for these temporary services. The POS is where the provider is located and POS guidance remains standard. Providers working remotely should use the POS that they are connecting to. For example, providers working remotely from their clinic should use POS 11 (Office). Providers are requested to include modifier 95 as an informational modifier to indicate that they are submitting claims in accordance with ForwardHealth emergency guidance.

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For claims submitted to HMOs or MCOs, contact the HMO or MCO for instructions on claims submission.

Temporary Changes Subject to Modification

All temporary changes described in this Update have been implemented as a rapid response to the COVID-19 emergency. While the Wisconsin Department of Health Services intends to update its telehealth policy in response to Act 56, providers are advised that telehealth policies listed as “temporary” will be rescinded or modified when emergency orders issued by the state and federal governments expire. The Department of Health Services may require additional time following the Wisconsin public health emergency to refine details of the permanent telehealth policy and ensure alignment with state and federal law.

Permanent New Telehealth Policy Changes

Allowable Telehealth Providers

Effective for dates of service on and after March 1, 2020, individual mental health and substance abuse practitioners providing services in settings other than those certified by the Division of Quality Assurance may be reimbursed for telehealth services.

In addition, individual mental health and substance abuse practitioners who are not practicing in a facility certified by the Division of Quality Assurance may also be reimbursed for telehealth services.

This change is not limited to the period of the COVID-19 public health emergency.

Allowable Originating and Distant Sites

The March 2020 ForwardHealth Update (2020-09), titled “[Changes to ForwardHealth Telehealth Policies for Covered Services, Originating Sites, and Federally Qualified Health Centers](#),” announced that, for dates of service on and after March 1, 2020, ForwardHealth would allow coverage of telehealth services for members at **any** originating site. This Update confirms that distant sites (that is, provider location) are not restricted for services listed as allowable under the [Telehealth](#) topic (#510) of the Online Handbook or for any service allowed on a temporary basis according to this Update.

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Telehealth Reminders

The temporary changes described in this Update apply to all allowable services and providers listed in the [Telehealth](#) topic (#510) of the Online Handbook and to the services and providers listed in this Update. Refer to the [Telehealth](#) topic (#510) for coverage policy, billing information, and documentation retention requirements for all permanently allowable telehealth services. Providers are reminded that ForwardHealth only covers telehealth delivery of individual services. For procedure codes that can be used for either individual or group services, providers may not submit claims for telehealth delivery of group services.

As a reminder, 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 confirm that a member agrees to receive services via telehealth.

Documentation Retention

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 **and** the originating site facility fee, documentation in the member's medical record should distinguish between the unique services provided.

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Information about those requirements can be found in the following Online Handbook topics:

- [Financial Records](#) (#201)
- [Medical Records](#) (#202)
- [Preparation and Maintenance of Records](#) (#203)
- [Record Retention](#) (#204)
- [Availability of Records to Authorized Personnel](#) (#1640)

Providers are required to produce and/or submit documentation to ForwardHealth upon request. ForwardHealth may deny or recoup payment

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for services that fail to meet these requirements. Refusal to produce documentation may result in sanctions including, but not limited to, termination from Wisconsin Medicaid.

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 MCO. MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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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 within 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 within DHS.

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