ADDITIONAL SERVICES TO BE PROVIDED VIA TELEHEALTH

In response to the COVID-19 pandemic, ForwardHealth is temporarily changing certain policy requirements for services delivered through telehealth. ForwardHealth is actively working to protect and ensure the capacity of the health care system while responding to COVID-19. Continuing to expand coverage of telehealth services gives providers more options to safely and effectively communicate with and treat patients.

ForwardHealth is implementing these changes in response to COVID-19 pursuant to Wis. Stat. § 49.45(61). ForwardHealth will publish additional guidance about the topics addressed in this ForwardHealth Update when the temporary policies related to COVID-19 expire.

This Update announces that ForwardHealth will temporarily allow currently covered services to be provided via telehealth using real-time technology as long as the service can be delivered with functional equivalence to the face-to-face service.

Telehealth may be an appropriate service delivery approach for members who are able to stay near the device being used.
to provide telehealth services and participate in therapeutic or supportive activities with a provider who is not physically present. Telehealth may be appropriate for goals that can be accomplished through verbal and visual cueing. Telehealth is not appropriate for activities that require physical interaction or for goals that require hands-on support or physical prompting.

**Temporary Change in Allowable Telehealth Services**

In response to COVID-19, ForwardHealth will allow telehealth services utilizing interactive synchronous (real-time) technology, including audio-only phone communication, for **currently covered** services that can be delivered with functional equivalency to the face-to-face service. This applies to **all** service areas and **all** enrolled professional and paraprofessional providers allowable within current ForwardHealth coverage policy. Services that are not currently covered on a face-to-face basis are not covered via telehealth.

Paraprofessional providers are providers who do not hold a license to practice independently but are providing services under the direction of a licensed provider. Paraprofessional providers are subject to supervision requirements, which may include face-to-face supervision. **While the changes in this Update are in effect**, ForwardHealth will allow supervision requirements to be met via telehealth, but this flexibility does not change or replace licensure or certification requirements of the provider’s supervising body or other regulatory authorities. When possible, face-to-face supervision requirements should be met via audio-visual technologies. Supervision must be documented according to existing benefit policy.

Providers must keep complete and accurate documentation according to existing benefit policy requirements. Providers are expected to perform services within their scope of practice and to exercise professional judgment in determining whether services can be delivered appropriately and effectively via telehealth. Providers must make a good faith effort to provide clinically appropriate services during the public health emergency. Providers must adhere to all ForwardHealth benefit policy requirements in all respects.

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

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**REMINDER**

ForwardHealth is **not expanding** coverage policy or services allowable under the permanent telehealth coverage policy as outlined in the [Telehealth](#510) topic of the ForwardHealth Online Handbook.

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The information in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(61).
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 functions when using such applications.

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. ForwardHealth considers verbal consent to receiving services via telehealth an acceptable method of informed consent when it is documented in the member’s medical record.

These changes were made in response to COVID-19 and are pursuant to the Department of Health and Human Services Office of Civil Rights. Providers must follow all guidance from Department of Health and Human Services Office of Civil Rights that helps explain the HIPAA privacy rule regarding patient information being shared in the outbreak of infectious disease.

**Member Privacy Considerations**

Providers are reminded that during the COVID-19 pandemic, members and their families may be staying at home, resulting in members being in close proximity to other household residents, and that members may have limited options for private telehealth communications in their homes. Providers are reminded that they must continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures.

**Special Privacy Considerations for Telehealth-Based Group Treatment**

Telehealth-based group services will be covered for group services that are currently covered by ForwardHealth during the period in which the changes described in this Update are in effect. This includes benefit areas listed as “for individual services only” in the Telehealth topic (topic #510) of the Online Handbook, which will now allow reimbursement for group services delivered via telehealth on a temporary basis.

Providers are reminded that additional privacy considerations apply to members participating in group treatment via telehealth. Telehealth-based group services delivered via video formats can potentially allow other household members to see other group members, which violates the privacy of those other members. Video-based formats may also allow participants to record or obtain screenshots, which violates the privacy of other members.
Telehealth services delivered via audio-only formats may afford more privacy for group members, as long as group participants avoid using the speaker-phone feature.

Group leaders have an obligation to provide information about issues of privacy and confidentiality to their members at the beginning of telehealth-based meetings. Members should affirm their understanding of the risks and acceptance of telehealth-based group services in writing or verbally, with documentation in the member's medical record. Providers should direct group members to participate in telehealth group sessions in ways that prevent violating one another's privacy, without disclosing group members' faces, names, identifying details, or circumstances. Providers may not compel members to participate in telehealth-based group treatment and should make individual services available to the greatest extent possible for members who elect not to participate in telehealth-based group treatment due to privacy concerns.

**Claims Submission for Services Allowable 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. As a reminder, the POS is where the provider is located. There are no changes to POS guidance for the new services outlined in this Update for temporary telehealth policy. 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.

For claims submitted to HMOs or managed care organizations, contact the HMO or managed care organization 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 ForwardHealth intends to update its permanent telehealth policy in response to Wis. Stat. § 49.45(61), providers are advised that telehealth policies listed as “temporary” will be substantially changed or eliminated when it is determined that circumstances around this disease no longer warrant these changes. ForwardHealth will issue additional guidance at that time.
Documentation Retention

All services provided via telehealth must be 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 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 pertains to fee-for-service policy. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements. BadgerCare Plus and Medicaid SSI HMOs, as well as special managed care programs including Children Come First, Wraparound Milwaukee, and Care4Kids are expected to extend the same considerations to allowable telehealth services.

The information in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(61).