

ForwardHealth UPDATE

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NEW REQUIREMENTS FOR FACE-TO-FACE VISITS AND PRIOR AUTHORIZATION FOR DURABLE MEDICAL EQUIPMENT AND DISPOSABLE MEDICAL SUPPLIES

This ForwardHealth Update contains new requirements and clarifications for durable medical equipment (DME) and disposable medical supplies (DMS) policy.

Requirements for Face-to-Face Visit Timeframes

Per [42 C.F.R § 440.70](#), a member is required to have a face-to-face visit with a physician or authorized non-physician practitioner for the initial prescription of certain DME or DMS as [defined by the Centers for Medicare & Medicaid Services](#). The list is maintained by the Centers for Medicare & Medicaid Services, and providers must regularly check it for changes.

For dates of service on and after May 11, 2020, the face-to-face visit must occur **no more than six months before the signature date of the prescription.**

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

HealthCheck Providers, HealthCheck “Other Services” Providers, Home Health Agencies, Individual Medical Supply Providers, Medical Equipment Vendors, Nurse Midwives, Nurse Practitioners, Nurses in Independent Practice, Occupational Therapists, Personal Care Agencies, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Rehabilitation Agencies, Speech and Hearing Clinics, Speech-Language Pathologists, Therapy Groups, HMOs and Other Managed Care Programs

The information provided in this ForwardHealth Update is published in accordance with 42 C.F.R. § 440.70 and Wis. Admin. Code §§ DHS 101.03(96m) and 107.24.

As a reminder, a valid prescription must be written before dispensing the impacted DME or DMS for either a purchase or rental. Reimbursement is not available for the impacted DME and DMS when a face-to-face visit does not occur within the specified timeframe.

Providers are encouraged to review ForwardHealth Alert 015, titled “Nurse Practitioners and Physician Assistants May Temporarily Order Home Health Services,” on the [COVID-19 ForwardHealth News and Resources](#) page of the ForwardHealth Portal. This policy remains in effect until further notice.

Manual Wheelchair Pediatric-Size Accessories

Effective for dates of service on and after May 1, 2020, a complete manual wheelchair with a pediatric-size base does not include a positioning harness or safety belt/seat belt. Effective for dates of service on and after May 1, 2020, these are separately reimbursable.

Noncovered Durable Medical Equipment

A noncovered service is a service, item, or supply for which reimbursement is not available. Wis. Admin. Code § [DHS 101.03\(103\)](#) and [ch. 107](#) contain more information about noncovered services. In addition, Wis. Admin. Code § [DHS 107.03](#) contains a general list of noncovered services.

Effective August 1, 2020, Wisconsin Medicaid will remove the list of noncovered items from the DME service area of the Online Handbook. Providers must use the prior authorization (PA) process to determine the medical necessity of any medical equipment requests based on the member’s individual circumstances and needs. Information regarding HealthCheck “Other Services” can be found in the [Definition of HealthCheck “Other Services”](#) (#22) and the [Prior Authorization for HealthCheck “Other Services”](#) (#1) topics of the Online Handbook.

ForwardHealth will continue to not cover the following:

- Equipment and services that are excluded from coverage under Wis. Admin. Code § [DHS 107.03](#)
- Noncovered equipment according to federal law:
 - Medical equipment and appliances not useful to an individual in the absence of a disability, per [42 C.F.R. § 440.70\(b\)\(3\)\(ii\)](#)

DID YOU KNOW?

Valid prescriptions can be signed electronically or physically signed. For more information on valid prescriptions, visit the [Prescriptions](#) topic (#1766) of the ForwardHealth Online Handbook.

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- Environmental or structural housing modifications and vehicle modifications, per [Federal Register, volume 81 \(21\), February 2, 2016, pages 5538, 5539, and 5542](#)

Prior Authorization Requests for Brand Name

Providers are reminded that PA requests are approved for the Healthcare Common Procedure Coding System code that represents the DME or DMS that is to be dispensed, not the name brand of the product. Unlisted procedure codes should not be used to request adjusted reimbursement for a procedure when there is a more specific code available. Providers are encouraged to review the [Unlisted Procedure Codes](#) topic (#643) of the Online Handbook.

Prior Authorization Requests for Denial

ForwardHealth makes final PA determinations based on the medical necessity of the request according to Wis. Admin. Code § [DHS 101.03\(96m\)](#).

PA requests will be returned to providers who specifically request denial of a PA request, because the provider has an alternative funding source. PA determinations for all members are reviewed for medical necessity of the request. ForwardHealth will not deny PAs due to coverage or lack of coverage from another funding source.

Information Regarding Managed Care Organizations

The face-to-face visit requirement described in this Update for 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 managed care organization, and agencies that contract with a Family Care managed care organization should contact their managed care organization.

Provider Reminders

Payer of Last Resort

Providers are reminded that, except for a few instances, Wisconsin Medicaid or BadgerCare Plus is the payer of last resort for any covered services.

Therefore, the provider is required to make a reasonable effort to exhaust all other existing health insurance sources before submitting claims to ForwardHealth or to a state-contracted managed care organization. For more information, visit the [Payer of Last Resort](#) topic (#253) in the Online Handbook.

RESOURCES

Information about HealthCheck “Other Services” can be found in the following places:

- [Definition of HealthCheck “Other Services”](#) topic (#22) of the Online Handbook
- [Prior Authorization for HealthCheck “Other Services”](#) topic (#1) of the Online Handbook
- [Resources for HealthCheck Providers](#) webpage of the ForwardHealth Portal.

The information provided in this ForwardHealth Update is published in accordance with 42 C.F.R. § 440.70 and Wis. Admin. Code §§ DHS 101.03(96m) and 107.24.

Documentation Retention

Providers are reminded that they must follow the documentation retention requirements, per Wis. Admin. Code §§ [DHS 106.02\(9\)](#). Information about those requirements are explained 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 the documentation to ForwardHealth upon request. ForwardHealth may deny or recoup payment for services that fail to meet this requirement.

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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/.