

ForwardHealth **UPDATE**

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TEMPORARY POLICY FOR INTERPROFESSIONAL CONSULTATIONS AND REMOTE PHYSIOLOGIC MONITORING

In response to the COVID-19 pandemic, ForwardHealth has temporarily changed certain policy requirements. 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 services gives providers more options to safely and effectively communicate with and treat members.

ForwardHealth is implementing these changes in response to the COVID-19 pandemic 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, effective for dates of service on and after September 1, 2020, ForwardHealth will temporarily cover medically

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Community Health Centers,
Hospital Providers, Nurse
Practitioners, Physician Assistants,
Physician Clinics, Physicians,
Podiatrists, Rural Health Clinics,
Tribal Federally Qualified Health
Centers, HMOs and Other
Managed Care Programs

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

necessary interprofessional consultations, also known as provider-to-provider consultations, and remote physiologic monitoring.

Note: Providers must continue to comply with all policies as outlined in the ForwardHealth Online Handbook, Updates, and Alerts, including out-of-state prior authorization requirements.

These changes were made in response to the COVID-19 pandemic and are pursuant to the Department of Health and Human Services Office of Civil Rights. Providers must follow all guidance from the Department of Health and Human Services Office of Civil Rights that helps explain the Health Insurance Portability and Accountability Act of 1996 privacy rule regarding member information being shared in the outbreak of infectious disease.

Coverage Policy for Interprofessional Consultations

An interprofessional consultation is an assessment and management service in which a member's treating provider requests the opinion and/or treatment advice of a provider with specific expertise (the consultant) to assist the treating provider in the diagnosis and/or management of the member's problem without requiring the member to have face-to-face contact with the consultant.

For interprofessional consultation services, the treating provider may be a physician, nurse practitioner, physician assistant, or podiatrist. The consulting provider may be a physician, nurse practitioner, or physician assistant.

Effective for dates of service on and after September 1, 2020, ForwardHealth covers the following Current Procedural Terminology (CPT) procedure codes for interprofessional consultations.

Effective for dates of service on and after September 1, 2020, ForwardHealth will temporarily cover medically necessary interprofessional consultations, also known as provider-to-provider consultations, and remote physiologic monitoring.

| PROCEDURE CODE | DESCRIPTION |
|----------------|--|
| 99446 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5–10 minutes of medical consultative discussion and review |
| 99447 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11–20 minutes of medical consultative discussion and review |
| 99448 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21–30 minutes of medical consultative discussion and review |
| 99449 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review |
| 99451 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time |
| 99452 | Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes |

Providers can refer to the [interactive maximum allowable fee schedules](#) on the ForwardHealth Portal for reimbursement amounts.

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 latest updates on the COVID-19 outbreak, [visit the Department of Health Services' COVID-19 \(Coronavirus Disease\) webpage.](#)

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Policy Limitations

Providers are expected to follow CPT guidelines including, but not limited to, the following:

- CPT procedure codes 99446–99449 and 99451 may be billed by the consulting provider.
- CPT procedure code 99452 may be billed by the treating provider.
- CPT procedure codes 99446–99449, 99451, and 99452 are not covered if the consultation leads to a transfer of care or other face-to-face service within the next 14 days or next available date of the consultant. Additionally, if the sole purpose of the consultation is to arrange a transfer of care or other face-to-face service, these procedure codes should not be submitted.
- The CPT procedure codes should not be submitted if the consulting provider saw the member in a face-to-face encounter within the previous 14 days.
- CPT procedure codes 99446–99449 and 99451 are covered once in a seven-day period.
- CPT procedure code 99452 is covered once in a 14-day period.

Policy Requirements

The following policy requirements apply for interprofessional consultations:

- Both the consulting and treating providers must be enrolled in Wisconsin Medicaid as eligible rendering providers.
- The consultation must be medically necessary.

Documentation Requirements

The following documentation requirements apply for interprofessional consultations:

- The consulting provider's opinion must be documented in the member's medical record.
- The written or verbal request for a consultation by the treating provider must be documented in the member's medical record including the reason for the request.
- Verbal consent for each consultation must be documented in the member's medical record. The member's consent must include assurance that the member is aware of any applicable cost-sharing.

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Coverage Policy for Remote Physiologic Monitoring

Remote physiologic monitoring is the collection and interpretation of a member's physiologic data digitally transmitted to a physician, nurse practitioner, or physician assistant for use in the treatment and management of medical conditions that require frequent monitoring, such as blood pressure or weight checks. Such conditions include, but are not limited to, congestive heart failure, diabetes, chronic obstructive pulmonary disease, wound care, polypharmacy, mental or behavioral problems, and technology-dependent care such as continuous oxygen, ventilator care, total parenteral nutrition, or enteral feeding.

Effective for dates of service on and after September 1, 2020, ForwardHealth covers the following CPT procedure codes for remote physiologic monitoring services.

| PROCEDURE CODE | DESCRIPTION |
|----------------|--|
| 99091 | Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days |
| 99453 | Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment |
| 99454 | Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days |
| 99457 | Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes |

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| PROCEDURE CODE | DESCRIPTION |
|----------------|---|
| 99458 | Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes |
| 99473 | Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration |
| 99474 | Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient |

Eligible Devices

The device used to capture a member’s physiologic data must meet the [Food and Drug Administration definition of a medical device](#).

To submit claims for CPT procedure codes 99453–99458, the members’ physiologic data must be wirelessly synced so it can be evaluated by the physician, nurse practitioner, or physician assistant. Transmission can be synchronous or asynchronous (data does not have to be transmitted in real time as long as it is automatically updated on an ongoing basis for the provider to review).

Policy Requirements

The following policy requirements apply for remote physiologic monitoring services:

- Only physicians, nurse practitioners, and physician assistants enrolled in ForwardHealth are eligible to render and submit claims for remote physiologic services.
- The member’s consent for remote physiologic monitoring services must be documented in the member’s medical record.

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- The provider must document how remote physiologic monitoring is tied to the member-specific needs and will assist the member to achieve the goals of treatment.
- Services are not separately reimbursable if the services are bundled or covered by other procedure codes (for example, continuous glucose monitoring is covered under CPT procedure code 95250 and should not be submitted under CPT procedure codes 99453–99454).
- CPT procedure codes 99453 and 99454 can be used for blood pressure remote physiologic monitoring if the device used to measure blood pressure meets remote physiologic monitoring requirements. If the member self-reports blood pressure readings, the provider must instead submit self-measured blood pressure monitoring CPT procedure codes 99473–99474.
- CPT procedure code 99457 should be used when the physician, nurse practitioner, or physician assistant uses medical decision making based on interpreted data received from a remote physiologic monitoring device to assess the member’s clinical stability, communicate the results to the member, and oversee the management and/or coordination of services as needed.

Providers are expected to follow CPT guidelines including, but not limited to, those detailed in the following table.

| GUIDELINES | 99091 | 99453 | 99454 | 99457 | 99458 | 99473 | 99474 |
|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| May only be reported for 16 days or more of monitoring | | X | X | | | | |
| May only be submitted once every 30 days | X | | X | | | | |
| May only be submitted once per month | | | | X | | | X |

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| GUIDELINES | 99091 | 99453 | 99454 | 99457 | 99458 | 99473 | 99474 |
|---|-------|-------|-------|-------|-------|-------|-------|
| Services of less than 20 minutes per 30 days are noncovered | | | | X | X | | |
| Services of less than 30 minutes per month are noncovered | X | | | | | | |
| Report once each episode of care (for example, begins when monitoring is initiated and ends with attainment of treatment goals) | | X | | | | X | |
| Cannot be submitted when provided on the same day the member has an evaluation and management service with the same provider | X | X | X | X | X | X | X |

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| GUIDELINES | 99091 | 99453 | 99454 | 99457 | 99458 | 99473 | 99474 |
|--|-------|-------|-------|-------|-------|-------|-------|
| Requires live interactive communication between the member or caregiver and the provider | X | | | X | X | X | X |

Claim Submission

Special modifiers are not required or requested for either interprofessional consultation or remote physiologic monitoring services.

Providers should follow appropriate claim submission requirements as outlined in the Online Handbook.

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 policy in response to Wis. Stat. § 49.45(61), providers are advised that policies listed as “temporary” may 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

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 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.

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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/.