TRANSITION FROM TEMPORARY TO PERMANENT SYNCHRONOUS TELEHEALTH COVERAGE POLICY AND BILLING GUIDELINES

On January 1, 2022, ForwardHealth will transition to permanent telehealth coverage policy and billing guidelines for synchronous (two-way, real-time, interactive communications) telehealth services. The list of permanent telehealth procedure codes has been updated on the maximum allowable fee schedule.

To facilitate the transition from temporary to permanent telehealth coverage policy, between July 1, 2021, and December 31, 2021, ForwardHealth will allow providers to submit claims for services identified as permanent telehealth procedure codes under either the temporary or permanent telehealth billing guidelines listed below.

Beginning January 1, 2022, only services identified under permanent telehealth policy may be reimbursed when provided via telehealth. In addition, temporary billing guidelines will end and ForwardHealth will require providers to follow permanent telehealth billing guidelines for all telehealth services. Refer to the Telehealth topic (#510) of the ForwardHealth Online Handbook for additional permanent telehealth billing guidance.

Note: The effective date for permanent telehealth policy is no longer January 1, 2022. Permanent policy will be effective on the first day of the first month after the federal public health emergency related to the COVID-19 pandemic expires.
Updated Telehealth Coverage Policy

On July 1, 2021, the fee schedule was updated to allow providers to identify services allowable under permanent telehealth policy. Procedure codes for services allowed under permanent telehealth policy have place of service (POS) code 02 (Telehealth) listed as an allowable POS.

Effective January 1, 2022, if POS code 02 is not listed as an allowable POS for a procedure code, the service will not be reimbursed under permanent telehealth policy.

Additional guidance related to permanent telehealth policy changes will be published in a future ForwardHealth Update.

Claim Submission

From July 1, 2021, through December 31, 2021, providers may submit claims for services identified in permanent telehealth policy using either of the following:

- POS code 02 and the GT modifier for synchronous telehealth services
- A POS code representing where the provider is located (distant site) and modifier 95 as an informational telehealth modifier

Claims for telehealth services must include all modifiers required by coverage policy, in addition to POS code 02 and the GT modifier, in order to reimburse the claim correctly.

County-administered programs, school-based services, and any other programs that utilize cost reporting must include required modifiers, such as renderer credentials and group versus individual services, as well as correct details for cost reporting to ensure correct reimbursement.

Beginning January 1, 2022, providers will be required to bill permanent synchronous telehealth services with POS code 02 and the GT modifier.
Note: The GT modifier may not be listed on the fee schedule, but it is still required on all claim submissions that use POS code 02 to indicate the telehealth service was performed synchronously.

**Temporary Telehealth Policy Continues Through December 2021**

During the transition period between July 1, 2021, and December 31, 2021, temporary telehealth policy will remain in place. ForwardHealth will continue to reimburse providers for any Medicaid-covered service delivered via audio-only or audio-visual telehealth when the provider determines it is functionally equivalent to an in-person service.

Note: When possible, dental providers should indicate POS code 02 on claims for teledentistry services provided under temporary telehealth policies.

**Provider Feedback**

Providers can submit a request to the Wisconsin Department of Health Services for review of additional functionally equivalent services that should be allowed via telehealth under permanent policy that are not identified on the fee schedule. Functionally equivalent means that a service provided via telehealth meets all of the following criteria:

- The quality and effectiveness of the service provided must be clinically appropriate, based upon evidence-based medicine or best practices, to be delivered via telehealth.
- The service must be amenable to virtual delivery.
- The service must be of sufficient quality as to be the same level of service as an in-person visit. Transmission of voices, images, data, or video must be clear and understandable.

Providers should email telehealth coverage requests to DHStelehealth@dhs.wisconsin.gov. Include the following information in the email request:

- Use the subject line “Telehealth Code Consideration.”
- Provide a description of the service and any applicable Current Procedural Terminology or Healthcare Common Procedure Coding System procedure codes.
- Include a summary of how providing the service via telehealth is functionally equivalent to the in-person service.
- Provide any rationale and references to support the request, if applicable.

**HIPAA Reminders**

At the end of the federal public health emergency, the Office of Civil Rights has indicated they will once again enforce all Health Insurance Portability and...
Accountability Act of 1996 regulations. The end date for the federal public health emergency has not yet been determined.

ForwardHealth encourages providers to monitor information released by the Office of Civil Rights to determine the transition date and to start moving toward HIPAA-compliant platforms when possible to ensure continuation of services following the end of the federal public health emergency. ForwardHealth does not require the use of specific platforms, only that any platforms used meet Office of Civil Rights requirements.

**Documentation Retention**

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02(9)](https://www.wisconsin.gov/legis/statutes/dhs/106.02.html). Providers are required to produce or submit documentation, or both, to ForwardHealth upon request. Per Wis. Stat. § [49.45(3)(f)](https://www.wisconsin.gov/legis/statutes/49.45.html), providers of services shall maintain records as required by the Department of Health Services for verification of provider claims for reimbursement. The Department of Health Services may audit such records to verify actual provision of services and the appropriateness and accuracy of claims. 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 the Medicaid program.

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