

The Online Handbook has not yet been revised to include information in this Update.

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This Update has been revised since its original publication. Revised information appears in red text on page 4.

# ForwardHealth UPDATE

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## PERMANENT TELEHEALTH POLICY FOR SCHOOL-BASED SERVICES

ForwardHealth will transition to permanent telehealth coverage policy and billing guidelines for school-based services effective on the first day of the first month after the federal public health emergency related to the COVID-19 pandemic expires. For example, if the public health emergency ends on April 12, 2022, permanent policy would become effective for dates of service on and after May 1, 2022. Temporary telehealth policy will remain in effect until the switch to permanent policy occurs. Telehealth related updates to the ForwardHealth Online Handbook will be available following the implementation of permanent policy. Refer to ForwardHealth Update [2021-50](#), titled "Permanent Telehealth Coverage Policy and Billing Guidelines," for additional information. This Update highlights permanent telehealth policy for school-based services in support of the child's needs in the virtual environment.

Temporary public health emergency allowances including Health Insurance Portability and Accountability Act of 1996 flexibilities will continue through the end of the federal health public emergency unless providers are notified otherwise in writing prior to that time.

## AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

## TO

School-Based Services Providers, HMOs and Other Managed Care Programs

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

The following terms are defined for the purposes of this Update:

- “Telehealth” means the use of telecommunications technology by a Medicaid-enrolled provider to deliver functionally equivalent health care services including assessment, diagnosis, consultation, treatment, or transfer of medically relevant data:
  - Telehealth may include real-time interactive audio-only communication.
  - Telehealth does not include communication between a certified provider and a member (for example, a child) that consists solely of an email, text, or fax transmission.
  - School documentation may use a different term to represent telehealth such as, but not limited to, teleservice, virtual learning platform, or virtual services. ForwardHealth will accept the Individual Education Program (IEP) team’s chosen term for telehealth used in documentation.
- “Functionally equivalent” means a service provided via telehealth must meet both of the following criteria:
  - The quality, effectiveness, and delivery mode of the service provided must be clinically appropriate to be delivered via telehealth.
  - 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.

## Allowable Services Via Telehealth Under School-Based Services

ForwardHealth will reimburse assessments, individual services, and group services delivered by telehealth when the service is documented in the child’s IEP as an identified service and the mode of delivery is clearly described in documentation as telehealth (using the IEP team’s chosen term for telehealth delivery) and all other coverage requirements are met for the following services:

- Audiology
- Counseling service
- Nursing
- Occupational therapy
- Physical therapy
- Psychological service
- Social work service
- Speech and language therapy

The following services do not meet the definition of functionally equivalent and are not covered as a telehealth service:

- [Attendant care](#)
- Transportation

# TEMPORARY ALLOWANCES

Alert [052](#), titled “Continuation of HIPAA Flexibilities Through the Public Health Emergency,” includes information about Health Insurance Portability and Accountability Act of 1996 flexibilities, which will continue through the end of the federal health public emergency.

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## Functionally Equivalent

As part of the IEP team meeting, the IEP team should determine if the service delivered by telehealth meets the ForwardHealth definition of functionally equivalent to be reimbursed. The decision to utilize telehealth as a delivery mode must be documented in the IEP in the section the IEP team determines appropriate.

## Supervision of Certified Occupational Therapy and Physical Therapy Assistants

ForwardHealth accepts supervision of certified occupational therapy assistants and physical therapist assistants in schools conducted via audio-visual telehealth. Refer to the Delegation of Physical Therapy Services topic (#1463) and the Delegation of Occupational Therapy Services topic (#1464) of the ForwardHealth Online Handbook for additional information.

## Clarification of Reimbursement of Occupational Therapy, Physical Therapy, or Speech and Language Pathology Evaluations

Consistent with Wis. Admin. Code §§ [DHS 107.36\(b\), \(c\), and \(d\)](#), an evaluation or testing to assess the child's need for a therapy service performed in person or via audio-visual telehealth may be reimbursed when the evaluation or testing results are considered during the development or revision of an IEP. The student must qualify under the Individuals with Disabilities Education Act in some disability category. The evaluation or testing does not need to result in that specific therapy service being added to the IEP.

## Clarification of Reimbursement of Occupational Therapy, Physical Therapy, or Speech and Language Pathology Treatment

ForwardHealth will reimburse for coaching services when the therapist uses clinical judgment to assess student performance and the caretaker response to coaching results in direct service to the student during the therapy session. ForwardHealth confirms that occupational therapy, physical therapy, and speech and language therapy services rendered through telehealth may be reimbursed when a parent or caregiver is needed to assist the child during the therapy session. As a reminder, ForwardHealth only reimburses for services when the child is present. Refer to the Face-to-Face Time topic ([#1468](#)) for additional information.

## Clarification of Reimbursable Time

The time the service is rendered may be reimbursed. In situations where the licensed school employee or school contractor rendering the service is

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participating via telehealth and another school staff member is supporting the child during the service, the time the **service** is rendered may be billed. For example, if the service is one hour and one unit equals 15 minutes, then four units should be billed for the service. Eight units representing an hour of the licensed school employee's or school contractor's time and an hour of the school staff's time should **not** be billed. However, both the licensed school employee or school contractor and the school staff member should be identified on the required quarterly staff pool lists in order for costs to be included on the School-Based Services Annual Medicaid Cost Report.

### Claim Submission

Claims for telehealth services must include **all** modifiers required by coverage policy in addition to:

- Modifier GT, FQ or 93
- Place of service code 02 (Telehealth **Provided Other Than in Patient's Home**) or 10 (Telehealth **Provided in Patient's Home**)

Refer to the School-Based Services Rate Changes and Fee Schedule topic ([#1450](#)) for additional information.

### Audio-Only Guidelines

The FQ or 93 modifiers should be used for any service performed via audio-only telehealth. The GT modifier should only be used to indicate services that were performed using audio-visual technology.

When possible, telehealth services should include both an audio and visual component. In circumstances where audio-visual telehealth is not possible due to member preference or technology limitations, telehealth may include real-time interactive audio-only communication if the provider feels the service is functionally equivalent to the in-person service and there are no face-to-face or in-person restrictions listed in the procedural definition of the service.

Documentation should include that the service was provided via interactive synchronous audio-only telehealth.

### Documentation

Documentation requirements for a telehealth service are the same as for an in-person visit and must accurately reflect the service rendered.

Documentation must identify the delivery mode of the service when provided via telehealth using the IEP team's chosen term and document whether the service was provided via audio-visual telehealth or audio-only telehealth.

## QUICK LINKS

- Telehealth topic ([#510](#))
- School-Based Services Rate Changes and Fee Schedule topic ([#1450](#))
- Delegation of Physical Therapy Services topic ([#1463](#))
- Delegation of Occupational Therapy Services topic ([#1464](#))
- Face-to-Face Time topic ([#1468](#))
- Documenting Face-to-Face Sessions topic ([#1504](#))

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Additional information for which documentation is recommended, but not required, includes:

- Provider location (for example, clinic [city/name], home, other)
- Member location (for example, clinic [city/name], home)
- All clinical participants, as well as their roles and actions during the encounter (This could apply if, for example, a member presents at a clinic and receives telehealth services from a provider at a different location.)

Refer to the Documenting Face-to-Face Sessions topic ([#1504](#)) for general documentation requirements for school-based services.

## Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to ForwardHealth upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by the Wisconsin 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 contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. The benefit is administered fee-for-service for all Medicaid-enrolled members. The benefit is “carved out” of managed care organizations, which include BadgerCare Plus and Medicaid SSI HMOs and special managed care plans. Special managed care plans include Children Come First, Wraparound Milwaukee, Care4Kids, Family Care, the Program of All Inclusive Care for the Elderly (PACE), and the Family Care Partnership Program.

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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/](http://www.forwardhealth.wi.gov/).