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

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ForwardHealth UPDATE

Wisconsin serving you

Your First Source of ForwardHealth Policy and Program Information

NEW MODIFIER FOR PERSONAL CARE SERVICE PRIOR AUTHORIZATION REQUESTS AND CLAIMS

Beginning June 14, 2025, personal care providers must use the new U4 personal care billing code modifier when documenting pro re nata (PRN) time on prior authorization (PA) requests. This applies to all PA requests for PRN services authorized on and after June 14, 2025.

This ForwardHealth Update covers these topics:

- PA
  - Pro Re Nata Time
  - Indicating PRN Time
    - T1019 Procedure Code Modifiers for Personal Care Services
    - Indicating Line Items on PA Requests for Personal Care Services
    - Sample Line Item Entry of a PA Request for Personal Care Services
  - Use of KX Modifier for Electronic Visit Verification PA Requests
- Claims
- Document Retention

AFFECTED PROGRAMS
BadgerCare Plus, Medicaid

TO
Home Health Agencies, Personal Care Agencies, HMOs and Other Managed Care Programs

QUICK LINKS
ForwardHealth Online Handbook

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code §§ DHS 101.03(96m) and 107.02(3).

WISCONSIN DEPARTMENT of HEALTH SERVICES

Prior Authorization

All approved PRN time requires PA.

Providers can submit a PA request either:

- Online through their secure ForwardHealth Provider Portal account.
- By submitting the Prior Authorization Request Form (PA/RF), F-11018 (05/2013) via mail or fax.

Refer to the ForwardHealth Online Handbook Submitting PA Requests for Personal Care Through the Portal for Real-Time Review and Approval topic #22398 for more information about real-time review criteria.

Pro Re Nata Time

If approved, personal care workers may claim PRN time to account for additional time spent either:

- Using personal care services to assist a member with a worsening condition
- Helping a member with activities of daily living (ADL) during medical visits, such as dressing and toileting

Providers must include documentation of the reason, date, and time for each instance of PRN time used in the member's medical file per Wis. Admin. Code § DHS 106.02(9).

Indicating Pro Re Nata Time

On PA requests for personal care services, providers should indicate the Healthcare Common Procedure Coding System service code T1019 and appropriate modifier, when necessary.

The service code T1019 is used to indicate personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD (Intermediate care facilities for individuals with intellectual disabilities).

T1019 Procedure Code Modifiers for Personal Care Services

MODIFIER	DESCRIPTION
No modifiers	Personal care services **without** travel time or PRN time
KX	Electronic visit verification (EVV) exemption
U3	Travel time
U4	Pro re nata (PRN) time

DID YOU KNOW?

The service code T1019 may **not** be used to identify services provided by home health aides or certified nurse assistants.

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code §§ DHS 101.03(96m) and 107.02(3).

Indicating Line Items on PA Requests for Personal Care Services

The sample below provides an example of how line items should appear on a PA request for personal care services.

Providers should indicate the service code T1019 for each service line item on a PA request for personal care services.

On the service line that **does not include PRN or travel time**, providers should leave the Modifiers field blank.

Providers are required to indicate the U4 modifier for PRN time on a **separate service line** of the PA request. Providers submitting year-long PAs with PRN time should enter a Quantity Requested of up to 96 units, which is equivalent to 24 hours/year.

Sample Line Item Entry of a PA Request for Personal Care Services

Line Items

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge
01	123456789	T1019		3339.000	$25,000.00
02	123456789	T1019	KX	3339.000	$0.00
03	123456789	T1019	U3	742.000	$3,800.00
04	123456789	T1019	U4	96.000	$600.00
				Total:	**$29,400.00**

ForwardHealth requires providers to:

- Follow the PRN policy for indicating additional time. Refer to the Requesting PRN Time topic #3176 for more information about PRN time.
- Include PRN orders in the plan of care.

Refer to the Attachment to this Update for a visual explanation of how modifiers should be indicated on a mailed or faxed PA/RF. When providers submit their PA through the Portal, the computer will automatically fill in the appropriate modifiers.

Use of KX Modifier for Electronic Visit Verification PA Requests

ForwardHealth reminds providers to use the KX modifier for EVV exemption PA requests.

During the Portal's PA process, ForwardHealth will ask providers EVV-related questions and, when applicable, generate a separate service line for the appropriate modifier. Providers should indicate the KX modifier and 0 charges on this separate service line.

REMINDER

PRN time must be written on the plan of care in the format of 24 hours/year for worsening of condition or attending medical appointments to assist with ADL. Refer to the Requesting PRN Time topic #3176 for more information.

QUICK LINKS

Forms page

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code §§ DHS 101.03(96m) and 107.02(3).

If the KX modifier for EVV exemption is included on the PA, the request will not be eligible for real-time review and will be sent for manual review.

Refer to the Personal Care Live-in Workers topic #21777, Wisconsin EVV Customer Care and Other Resources topic #21877, and Modifier for Live-in Workers topic #21838 for more information about EVV exemptions.

Claims

After a provider submits a PA request for personal care services with PRN time and the U4 modifier, ForwardHealth will send the provider a PA Decision Notice Letter through the Portal or the mail (if the Portal was not used).

Providers should review this letter to determine if the U4 modifier was approved.

If ForwardHealth approved the PA request with PRN time **before June 14**, 2025, **providers should not use the U4 billing modifier** on claims for PRN time.

If ForwardHealth approved the PA request with the U4 modifier **on or after** June 14, 2025, providers **should use the U4 billing modifier** on claims for PRN time.

Providers authorized for an EVV exemption who submit claims for PRN time are required to indicate the **U4 modifier and KX modifier on the same service line of that claim**.

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 the Wisconsin Department of Health Services (DHS) upon request. Per Wis. Stat. § 49.45(3)(f), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

CALL TO ACTION

Providers are encouraged to submit their PA requests through the Portal for faster processing times.

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code §§ DHS 101.03(96m) and 107.02(3).

Information Regarding Managed Care Organizations

This Update applies to personal care services that members receive on a fee-for-service basis and through BadgerCare Plus, Medicaid SSI, and other managed care programs. For information about managed care implementation of the updated policy, contact the appropriate managed care organization (MCO). MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code §§ DHS 101.03(96m) and 107.02(3).

This Update was issued on 6/6/2025 and information contained in this Update was incorporated into the Online Handbook on 6/27/2025.

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/.

ATTACHMENT
Sample Prior Authorization Request Form With Modifiers

Refer to the sample Prior Authorization Request Form (PA/RF), F-11018, for how to complete Elements 19, 20, 23, and 24 after June 13, 2025:

1. Indicate the T1019 service code for each service line item on a PA request for personal care services.
2. For the service line item with personal care worker (PCW) time without pro re nata (PRN) and without travel time, leave the Modifiers fields blank. All other service lines need a modifier.
3. Indicate the KX modifier on a separate service line item for PA requests with electronic visit verification exemption requests.
4. Indicate charge of 0 for KX modifier line item.
5. Indicate the new U4 modifier for PRN time on a separate service line item for PA requests for PRN time. If PRN time is not requested, do not use the U4 modifier.
6. Ensure the quantity requested for all PRN time use does not exceed 96 units.

DEPARTMENT OF HEALTH SERVICES
ForwardHealth
F-11018 (05/13)

STATE OF WISCONSIN
DHS 106.03(4), Wis. Admin. Code
DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

FORWARDHEALTH
PRIOR AUTHORIZATION REQUEST FORM (PA/RF)

Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

12. Diagnosis — Primary Code and Description							13. Start Date — SOI	14. First Date of Treatment — SOI	
I10 – Essential (primary) hypetension									
15. Diagnosis — Secondary Code and Description							16. Requested PA Start Date		
E11.9 Type 2 diabetes mellitus without complications							MM/DD/CCYY		
17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers 1	2	3	4	21. POS	22. Description of Service	23. QR	24. Charge
		1 T1019	2				12	PERSONAL CARE SER PER 15 MIN 63 UNITS/WK X 53 WKS	3,339	25,000
		T1019	3 KX				12	PERSONAL CARE SER PER 15 MIN 63 UNITS/WK X 53 WEEKS EVV EXEMPTION	3,339 4 0	
		T1019	U3				12	PERSONAL CARE TRAVEL TIME 28 UNITS/WK X 53 WEEKS	1,484	3,800
		T1019	5 U4				12	PRN PERSONAL CARE SERVICES 96 UNITS/YEAR	6 96	600

An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.

25. Total Charges	29,400

26. **SIGNATURE** — Requesting Provider | 27. Date Signed