INDEPENDENT CARE HEALTH PLAN
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Provider BULLETIN

Issue 3 | 2024

Adult Long-Term Care Provider Enrollment Townhalls

The Wisconsin Department of Health Services (DHS) encourages all providers of home and community-based services delivered under one of Wisconsin's adult long-term care (LTC) waiver programs to attend an adult LTC provider enrollment townhall.

The townhalls are in preparation for the new Medicaid provider enrollment process, starting for adult LTC providers in September 2024. Adult LTC waiver programs include Family Care, Family Care Partnership, Program of All-Inclusive Care for the Elderly (PACE), and IRIS (Include, Respect, I Self-Direct).

The townhalls will be held online through Zoom on:

- July 16, 2024, from 9–10:30 a.m.; register for July 16.
- July 24, 2024, from 2–3:30 p.m.; register for July 24.
- August 7, 2024, from 3:30–5 p.m.; register for August 7.
- August 21, 2024, from 11 a.m.–12:30 p.m.; register for August 21.

You can submit questions ahead of time to the LTC provider enrollment email inbox at LTCProviderEnrollment@wisconsin.gov.

Electronic Visit Verification Hard Launch Announcement

Home health care services and personal care nurse supervisory visit code 99509

Electronic visit verification (EVV) hard launch for home health care services (service codes 92507, 97139, 97799, 99504, 99600, S9123, S9124, T1001, T1021, T1502) and personal care nurse supervisory visits (service code 99509) begins in Wisconsin on October 1, 2024.

On and after hard launch, the Wisconsin Department of Health Services will impose consequences when EVV information is not captured for required services. Consequences include claim denial and exclusion from future HMO and managed care organization capitation rate setting development.

Hard launch is required by the federal government for Wisconsin Medicaid to continue to receive its full federal funding.

Learn more about EVV in Wisconsin.

Questions?

Contact Wisconsin EVV Customer Care Monday–Friday, 7 a.m.–6 p.m. Central time at 833-931-2035 or vdxc.contactevv@wisconsin.gov.

ForwardHealth Update April 2024 No. 2024-11

Effective October 1, 2023 the Centers for Medicare & Medicaid Services added a new place of service (POS) code for certain CPT and HCPCS procedure codes. The new POS code, 27 (outreach site/ street), is defined as a non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals.

Refer to the interactive maximum allowable fee schedules on the ForwardHealth Portal for the allowable procedure codes and requirements for POS code 27.

DHS Code and Rate Change 7/1/2024: In-Home MH/SA Treatment Services for Children Benefit Alignment

In-Home Mental Health/Substance Abuse Treatment Services for Children is an existing outpatient mental health benefit that serves children under age 21 with severe emotional disturbance. It is a team-based model with two providers that serve the member in the home.

- » Align Intensive In-Home reimbursement rate with other outpatient mental health services.
- » Replace existing travel code with more appropriate travel code.
- » Remove policy language that says the second provider is reimbursed at a lower rate; a second licensed provider will be reimbursed at the rate associated with their licensure.
- » HMO's identified that the current travel code, 99082, does not meet current coding guidelines.
- » Code 99082 will be replaced by 99199, a code that is already being used in for another community-based outpatient mental health benefit.
- » Will use the max fee rate associated with Outpatient MH and SA Service in the Home or Community for Adults.

Billing Reminder

Mental Health/Behavioral Health Providers must submit claims with the Rendering Provider in Box 31 and their NPI in Box 24Jb. The Billing Provider should be in Box 33 and the NPI in 33a.

TeleHealth claims for dual eligible members should include both the 95 Modifier for Medicare and the GT Modifier for Medicaid. This will allow the claim to process under both coverages.

Home Health Prior Authorization Reminders

1. Authorizations must be submitted within 14 days of the start of care.
    a. They must include the order set for each discipline, the complete plan of care for each discipline and narrative/evaluation by the assessing provider.
    b. Authorizations submitted after the 14 day grace period must contain proof that there was a previous attempt to submit within the 14 days, or a written statement of the reason why the auth was submitted after this grace period.
2. Authorization request forms MUST include the ordering physician contact information, address and/or fax number, on the Prior Authorization Request Form in the section labeled, "Requesting Provider Information". Authorizations that do not contain this will result in a request for information and must be resubmitted.
3. If a date correction or code revision is needed, or additional information is being submitted by request, a new/revised Prior Auth form must be attached.
4. Authorization for Home Health and Hospice may only be submitted for a 60-day certification period per policy.
5. Authorizations MAY NOT overlap. If there was a previous discharge from care for the same requested disciplines, documentation proving discharge must be submitted. Be sure to check previously approved authorization dates and disciplines prior to submitting.

Medicare Coverage Policy and Prior Authorization List (PAL) Update – April/May 2024

Please see our website: www.icarehealthplan.org/Provider-Documents.htm for updates to the Medicare Coverage Policy and www.icarehealthplan.org/Prior-Authorization.htm for updates to the PAL.

Inpatient Notification

Notification of all inpatient admissions (medical and behavioral) must be faxed to *i*Care (414-231-1075), using the Inpatient Notification Request Form, within one (1) business day of admission. This allows *i*Care to initiate discharge planning. Hospitals must ALWAYS notify *i*Care of all inpatient admissions whether they are elective or emergent.