

Children's Long-Term Support Waiver Provider Bulletin

Program Information for Children's Waiver Providers

As a waiver provider, you serve an essential role in supporting the lives of children and families. This Bulletin is part of DHS' commitment to support you by communicating important children's waiver information directly to you.



Upcoming Provider Training on Billing for Remote Waiver Services

The Wisconsin Department of Health Services (DHS) is partnering with Wisconsin Physicians Service (WPS) to host an online training session for billing providers about remote waiver services. This training will include information about new place of service (POS) code and modifier requirements effective for dates of service (DOS) on and after September 1, 2021.

Online Training Session Details

- **Date:** August 5, 2021
- **Time:** 10:00–11:30 am
- Zoom information:
 - Join [online](#)
 - One tap mobile: +16465588656,,86137063186# or +13017158592,,86137063186#
 - Meeting ID: 861 3706 3186
- **Recommended attendees:** Provider billing managers, billing specialists, claims specialists, county fiscal staff, county financial managers, county claims specialists

This training session will be recorded and posted on the DHS and WPS websites for billing providers who cannot attend on August 5 or who want to refer to the information later. Links to the recording will be emailed to providers.

Overview of New Billing Requirements Covered in the Training

Effective for DOS on and after September 1, 2021, claims for remote waiver services (including Support and Service Coordination) must include the following information:

- POS code 02 to indicate remote delivery
- GT modifier to indicate synchronous, or real-time, delivery

Implementation of these new claims requirements will happen in two phases:

1. For DOS starting September 1, 2021, through December 31, 2021, claims submitted without POS code 02 or the GT modifier will not be denied. The Remittance Advice issued by WPS will include a reminder that Children’s Long-Term Support (CLTS) remote waiver services billed on or after January 1, 2022, without the appropriate modifier and remote delivery POS code will be denied.
2. For DOS on and after January 1, 2022, claims submitted without POS code 02 or the GT modifier will be denied. The Remittance Advice will contain a rejection code and a statement that remote waiver services must be billed with the appropriate modifier and remote delivery POS code.

The information provided in this Bulletin is published in accordance with Social Security Act § 1915(c) and 42 C.F.R. § 440.180.

Recap of Permanent Remote Waiver Services Policy

The CLTS Waiver Program has established [permanent policy](#) to allow providers to deliver most services to participants remotely. This policy is effective for DOS on and after January 25, 2021. Currently there are temporary policy flexibilities in place due to the COVID-19 pandemic; the permanent policy allows most of these flexibilities to continue after the pandemic ends. The permanent policy:

- Defines remote waiver services.
- Lists the requirements for using remote waiver services.
- Specifies the services that may be delivered remotely.

This policy change allows most CLTS Waiver Program services to be delivered by a provider who is in a different location than the family. These services must be delivered using both video and audio communication with two-way, real-time interaction between the provider and the participant and their family or caregivers.

[DMS Numbered Memo 2021-02](#) lists all remote waiver services requirements, including that:

- The service must produce the same result as in-person services. The provider must attest that the quality and effectiveness of a remote waiver service is not affected and that the sound is clear.
- The provider must get written permission called “[informed consent](#)” from the participant or their legal guardian before providing remote waiver services. The provider also must maintain documentation of that consent.

Rates for CLTS Waiver Program remote services are the same as for in-person services. For more information, refer to the [CLTS Waiver Program Rate Schedule](#) (P-02184).

HIPAA Reminder for Remote Waiver Services

When the federal public health emergency due to COVID-19 is lifted, the U.S. Department of Health and Human Services [Office of Civil Rights](#) plans to restart enforcement of all Health Insurance Portability and Accountability Act (HIPAA) regulations. DHS encourages providers to monitor announcements from the Office of Civil Rights and to move to HIPAA-compliant communication applications for remote waiver services so they may continue to provide services without interruption when HIPAA regulation enforcement restarts.

The information provided in this Bulletin is published in accordance with Social Security Act § 1915(c) and 42 C.F.R. § 440.180.

DHS does not require the use of specific applications, only that they meet Office of Civil Rights requirements.

When a remote waiver service involves protected health information (PHI), providers will need to think about the risks and vulnerabilities to PHI confidentiality, integrity, and availability. Providers must act to protect PHI, including training their workers on how to use a non-public facing remote communication application while upholding HIPAA standards. [Learn more about "non-public facing" remote communication applications.](#)

Record-Keeping Requirements for Remote Services

Providers must keep [records](#) of the services they perform. DHS may review those records at any time to make sure that quality services were provided and that the claims submitted to WPS for those service were correct. If a provider cannot produce accurate records, penalties may be applied, including termination as a qualified provider with the CLTS Waiver Program.

Recap of Changes to CLTS Timely Filing Claim Submission

The CLTS Waiver Program has changed certain timely filing claim submission policies as of July 1, 2021. These changes include an increase in the timely filing deadline and a new process for requesting exceptions.

Timely Filing Claim Submission Deadline

- The new timely filing deadline for service claims is 365 calendar days from the DOS (or the end DOS if a date span is used). This is an increase from the former 120-day deadline.
- For claims that were first submitted to Medicare or private insurance, the timely filing deadline is 365 calendar days from the date of the Explanation of Benefit (EOB) statement from Medicare or the private insurance company. Providers must submit the EOB with the CLTS claim.

FOR YOUR INFORMATION

A timely filing deadline is the timeframe within which a claim must be submitted.

As a good business practice, providers should submit CLTS Waiver service claims as promptly as possible. WPS processes claims every business day. Most claims are submitted, processed, and paid within 30 days from the DOS.

The information provided in this Bulletin is published in accordance with Social Security Act § 1915(c) and 42 C.F.R. § 440.180.

CLTS Timely Filing Deadline Exceptions

Claims submitted after the 365-day deadline will be denied. The only exceptions are if the deadline was missed for one of the following reasons:

- To comply with a court order
- Due to corrective action taken by DHS to resolve a dispute
- Because of a delay or lapse in the CLTS participant's eligibility in the Eligibility and Enrollment System (EES)

Providers must make timely filing exception requests through WPS. Beginning August 2, 2021, providers must do the following to request a review of a denied claim that is past the 365-day deadline:

1. Go to the [WPS CLTS provider website](#).
2. Click **Children's Long-Term Support Waiver**.
3. Scroll down to **Children's Long-Term Support Waiver Program Informational Documents**.
4. Select the **CLTS Waiver Program Claim Timely Filing Exception Review** form.
5. Complete the CLTS Waiver Program Claim Timely Filing Exception Review form. Submit the form by [email](#).

Reminder of Supportive Home Care 15-Minute Code Implementation

DHS implemented Current Procedural Terminology (CPT) code 99509 (Home visit for assistance with activities of daily living and personal care) for supportive home care for units of 15 minutes effective April 1, 2021.

Healthcare Common Procedure Coding System (HCPCS) code S5125 (Attendant care services; per 15 minutes) was discontinued on December 31, 2020. At that time, county waiver agencies (CWAs) transitioned authorizations for HCPCS code S5125 to CPT code 99600, the hourly supportive home care code. Effective April 1, 2021, CWAs automatically closed authorizations under CPT code 99600 (Unlisted home visit service or procedure) that require 15-minute units and reopened them under CPT code 99509,

The information provided in this Bulletin is published in accordance with Social Security Act § 1915(c) and 42 C.F.R. § 440.180.

recalculating the units from one hour to 15-minute increments. If a provider thinks they need an authorization for CPT code 99509, they can contact the appropriate CWA.

Note: CPT code 99600 is still allowable for a unit of one hour.

The [CLTS Code Crosswalk](#) (P-02283) and the [CLTS Waiver Program Rate Schedule](#) (P-02184) have been updated to reflect the change to the codes.

Providers may call the WPS CLTS Contact Center at 877-298-1258 with questions.

Reminder of CLTS Fee Schedule Rate Change for Transportation Mileage

Effective July 1, 2021, the CLTS fee schedule rate for HCPCS code S0215 (Non-emergency transportation; mileage, per mile) changed from \$0.58 per mile to \$0.56 per mile to align with Medicaid reimbursement rates.

Providers do not need to take action. Authorizations that are entered or renewed on or after July 1, 2021, will automatically reflect the new rate of \$0.56 per mile. Authorizations that were entered prior to July 1, 2021, will continue to display the former rate of \$0.58 per mile; however, all claims for DOS on or after July 1, 2021, will pay correctly at the new rate.

The information provided in this Bulletin is published in accordance with Social Security Act § 1915(c) and 42 C.F.R. § 440.180.



The CLTS Waiver Program is a home and community-based services waiver. It provides services funded by Wisconsin Medicaid for children who have substantial limitations in their daily activities and need support to live full and inclusive lives in their home or community. Eligible children include those with developmental disabilities, severe emotional disturbances, or physical disabilities. Funding can be used for a range of services and supports based on the goals and identified outcomes for each child and their family.

For more information, visit the [Services for Children With Delays or Disabilities](#) webpage.

P-02442 (07/2021)