

Children's Long-Term Support (CLTS) Program Remote Services Billing Training

August 5, 2021

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Overview of Remote Services

Definition

CLTS services delivered using both video and audio communication technology that permits two-way, real-time, interaction between a provider and a participant and their family or caregivers.

- ◆ At this time, communications delivered by audio-only telephone, email, or fax are not allowable remote services.

Requirements

- The service must produce the same result as in-person services.
- Providers must get written permission called “informed consent” from the participant or their legal guardian before providing remote services.

Requirements, cont.

- Participant has the equipment and access to technology needed to participate in services remotely.
- Providers must maintain Health Insurance Portability and Accountability Act (HIPAA) privacy standards when performing remote services.

Service Rates

- Rates for remote services are the same as rates for services delivered in person.
- Service rates are detailed in the [CLTS Waiver Program Rate Schedule, P-02184.](#)

Service Authorization

There are **no changes** to the service authorization process for remote services.

- Maintains maximum flexibility for a participant and provider to decide when remote services is the best option.
- Minimizes administrative burden for county waiver agencies (CWAs) by reducing the need for duplicative authorizations.

Service Authorization

What does this mean for the authorization?

- Providers will **not** see the place of service (POS) 02 or GT modifier that is now associated with remote services on the authorization.
- Providers will determine how to bill the claim based on where the service was performed.

Billing Correctly

Why should providers bill claims with the correct place of service and modifier?

- Claims data is utilized when determining the needs and impact of program funding based on service types and utilization. Correctly reporting remote services will show the usage and need for this benefit.
- Sometime in the future the CLTS program may require a POS to be included on all provider claims.

Included Services

Allowable Remote Services	Federal Procedure Codes		
Adaptive Aids	T2028	T2039	
Assistive Technology and Communication Aids	E1399	E1902	
Community Integration Services	H2021	H2022	
Consumer Education and Training	S9445		
Counseling and Therapeutic Services	92507	97150	97168
	92508	97162	97535
	92523	97164	G0176
	97110	97166	T2037
Daily Living Skills Training	T2013	T2017	
Day Services	S5105		
Financial Management Services	T2040	T2041	

Included Services, Cont.

Allowable Remote Services	Federal Procedure Codes	
Home Modifications* *Limited to activities associated with assessing the need for and arranging home modifications.	S5165	
Housing Counseling	T2013	
Mentoring	H0038	
Personal Emergency Response System (PERS)	S5160	
Respite	G0176	T2037
Specialized Medical and Therapeutic Supplies	A9999	T1999
Supported Employment - Individual	T2018	
Supported Employment – Small Group	T2019	

Included Services, Cont.

Allowable Remote Services	Federal Procedure Codes	
Supportive Home Care	99509 S5120	99600 S5121
Training for Parents and/or Guardians and Families of Children with Disabilities (Training for Unpaid Caregivers)	S5111 S5110	

Billing Changes for Remote Services

Billing Changes

Implementation Timeline

Soft launch:

Claims with dates of service 09/01/2021 through 12/31/2021

Hard launch:

Claims with dates of service 01/01/2022 and after

Billing Changes: Soft Launch

- Allowable remote service codes with a date of service 09/01/2021 through 12/31/2021 should be billed with the 02 POS and the GT modifier to apply the remote service processing rules.
- The GT modifier will **not** be on the authorization but **must** be billed on the claim to avoid soft denials.

Billing Changes: Soft Launch (cont).

- Claims billed with a 02 POS and **no** GT modifier will be processed and a soft provider remittance advice (PRA) message of “FBA” stating that claims billed on or after 01/01/2022 will be denied.
- Claims billed with a GT modifier and **no** ‘02’ POS will be processed and a soft PRA message of “FBA” stating that claims billed on or after 01/01/2022 will be denied.

Billing Changes: Soft Launch PRA Example

Claim #:	Patient Account: NA		Insured Name:										
Group #:			Patient Name:							NPI:			
Dates of Service	Service Code	Submitted Charges	Negotiated or Allowed	Deductible	Copay Amount	Co-Ins Amount	Provider Responsibility	COB Amount	Less Other Amount	Withhold Amount	Units	See Remarks	Payable Amount
06/07-06/07/2021	T2017	\$47.52	\$47.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	8	R301 FBA	\$47.52
Claim Totals:		\$47.52	\$47.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$47.52

Claim #:	Patient Account: NA		Insured Name:										
Group #:			Patient Name:							NPI:			
Dates of Service	Service Code	Submitted Charges	Negotiated or Allowed	Deductible	Copay Amount	Co-Ins Amount	Provider Responsibility	COB Amount	Less Other Amount	Withhold Amount	Units	See Remarks	Payable Amount
06/07-06/14/2021	T2017	\$1,254.00	\$1,254.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	132	R301 FBA	\$1,254.00
Claim Totals:		\$1,254.00	\$1,254.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$1,254.00

Statement Totals											Issued Amount
Submitted Charges	Negotiated or Allowed	Deductible	Copay Amount	Co-Ins Amount	Provider Responsibility	COB Amount	Less Other Amount	Withhold Amount			Issued Amount
\$1,909.52	\$1,621.52	\$0.00	\$0.00	\$0.00	\$288.00	\$0.00	\$0.00	\$0.00			\$1,621.52

Remark Code(s)	
Code	Message
FBA	CARC - 16 : Claim/service lacks information or has submission/billing error(s). CLTS remote walver services billed on 1/1/2022 and after without the appropriate GT modifier and D2 place of service will be denied.
R301	Fond du Lac County Department of Community Programs

Billing Changes: Hard Launch

- Allowable remote service codes with a date of service 01/01/2022 and after must be billed with the 02 POS and the GT modifier to apply the remote service processing rules.
- The GT modifier will **not** be authorized but **must** be billed on the claim to avoid denials.

Billing Changes: Hard Launch, cont.

- Claims billed with a 02 POS and **no** GT modifier will be denied “FA5,” stating remote services must be billed with the appropriate place of service and modifier.
- Claims billed with a GT modifier and **no** 02 POS will be denied “FA5,” stating remote services must be billed with the appropriate place of service and modifier.

Billing Changes: Hard Launch, cont.

- If a claim is denied “FA5,” the provider must bill a new claim with the correct 02 POS and GT modifier.

Billing Changes: Hard Launch PRA Example

Claim #:

Patient Account:

Insured Name

Group #: 10007781-1001

Patient Name

NPI:

Dates of Service	Service Code	Submitted Charges	Negotiated or Allowed	Deductible	Copay Amount	Co-Ins Amount	Provider Responsibility	COB Amount	Less Other Amount	Withhold Amount	Units	See Remarks	Payable Amount
07/01-07/01/2021	T2017	\$38.00	\$0.00	\$0.00	\$0.00	\$0.00	\$38.00	\$0.00	\$0.00	\$0.00	4	R294 FA5	\$0.00
Claim Totals:		\$38.00	\$0.00	\$0.00	\$0.00	\$0.00	\$38.00	\$0.00	\$0.00	\$0.00			\$0.00

Statement Totals

Submitted Charges	Negotiated or Allowed	Deductible	Copay Amount	Co-Ins Amount	Provider Responsibility	COB Amount	Less Other Amount	Withhold Amount	Issued Amount
\$76.00	\$38.00	\$0.00	\$0.00	\$0.00	\$38.00	\$0.00	\$0.00	\$0.00	\$38.00

Remark Code(s)

Code	Message
FA5	CARC - 16 : Claim/service lacks information or has submission/billing error(s). CLTS remote walver services must be billed with appropriate modifier and place of service. Review DHS requirements for RWS services.
R294	Dane County Department of Human Services

Billing Changes: CLTS Nonstandard Claim Form

- Enter “02” in box 16, Type of Bill
- Enter “GT” in box 19, Modifiers 1-4

15. Date of Service (MM/DD/YYYY) <i>(Date Span or Individual Days)</i>		16. Type of Bill OR Place of Service	Service Code		19. Modifiers				20. Reserved for WPS	21. Rendering Prov. NPI #	22. Units Billed	23. (\$) Total Charge
From Date	To Date		17. Revenue Code	18. HCPCS/CPT	1	2	3	4				
9/1/21	9/5/21	02		T2040	GT	U7				5	175.00	

Billing Changes: CMS 1500 Claim Form

- Enter “02” in box 24 B, Place of Service
- Enter “GT” in box 24 D, Modifiers 1-4

24. A	DATE(S) OF SERVICE						B PLACE OF SERVICE	C. B/G	D. PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F. \$ CHARGES	G. Day's of UNITS	H. EPSDT Part Ren	I. ID. Q/A.	J. REFERING PROVIDER ID. #
	From	To							CPT/HCPCS	MODIFIER								
MM	DD	YY	MM	DD	YY													

Billing Changes: PC-Ace

- Enter “02” in 24b, Place of Service
- Enter “GT” in 24d, Modifiers 1-4

Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

Line Item Details | Extended Details (Line 1) | Ext Details 2 (Line 1) | Ext Details 3 (Line 1)

Diagnosis Codes (1 - 8): R6889

LN	24a - Service Dates From	24a - Service Dates Thru	24b PS	24c EMG	24d -CPT® / HCPCS	24d - Mod 1	24d - Mod 2	24e Diagnosis	24f Charges	24g Units	24h EP	24h FP	24h AT	24j Rendering Phys.
1	09/01/2021	09/01/2021	02		T2040	U7	GT	1	175.00	5.00				
2	///	///												
3	///	///												
4	///	///												
5	///	///												
6	///	///												

28 - Total Charge 0.00 Recalculate

29 - Patient Amount Paid 0.00 30 - Balance Due 0.00

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Save Cancel

Billing Changes: Spreadsheet

- Enter “02” in column K, Place of Service
- Enter “GT” in column N-Q, Modifiers 1-4

<i>Date(s) of Service</i>		<i>UB-04 Institutional</i>		<i>HCFA Professional</i>		<i>Primary Diagnosis Code</i>	<i>Modifier</i>				<i>Disclaimer Codes (optional)</i>	<i>Total Units</i>	<i>Total Charges (\$)</i>
<i>Start Date (MMDDCCYY)</i>	<i>End Date (MMDDCCYY)</i>	<i>Type of Bill</i>	<i>Revenue Code (Service Code)</i>	<i>Place of Service</i>	<i>HCPCS/CPT (Service Code)</i>		<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>			
09012021	09052021			02	T2040		U7	GT				5	\$ 175.00

Billing Changes per Claim Type

- CLTS Nonstandard Claim Form
 - ◆ Enter “02” in box 16, Type of Bill
 - ◆ Enter “GT” in box 19, Modifiers 1-4
- CMS 1500
 - ◆ Enter “02” in item 24B, Place of Service
 - ◆ Enter “GT” in item 24D, Modifiers 1-4
- PC-Ace
 - ◆ Enter “02” in 24b, Place of Service
 - ◆ Enter “GT” in 24d, Modifiers 1-4
- Spreadsheet
 - ◆ Enter “02” in column K, Place of Service
 - ◆ Enter “GT” in column N-Q, Modifiers 1-4

Remote Service Billing Questions

- **WPS/CLTS Contact Center:**
 - ◆ Monday–Friday 7:30 a.m. – 5 p.m. (CT)
 - ◆ 1-877-298-1258
- **[WPS CLTS webpage](#)**
- **WPS Provider Portal Contact Center:**
 - ◆ Monday–Friday 7:30 a.m. – 5 p.m. (CT)
 - ◆ 1-888-915-5477

Remote Service Policy Questions

- CWAs
 - ◆ Bureau of Children's Services Technical Assistance Center:
 - DHSBCSTAC@dhs.wisconsin.gov
 - 608-267-6767
- Providers
 - ◆ DHSCLTSPProvider@dhs.wisconsin.gov