

User Guide

ForwardHealth Provider Portal Professional Claims

March 11, 2024

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1 Introduction

Providers may submit professional claims directly to ForwardHealth using Direct Data Entry, an online application, available through their secure provider account on the ForwardHealth Portal.

2 Access the Claims Page

1. Access the Portal at <https://www.forwardhealth.wi.gov/>.

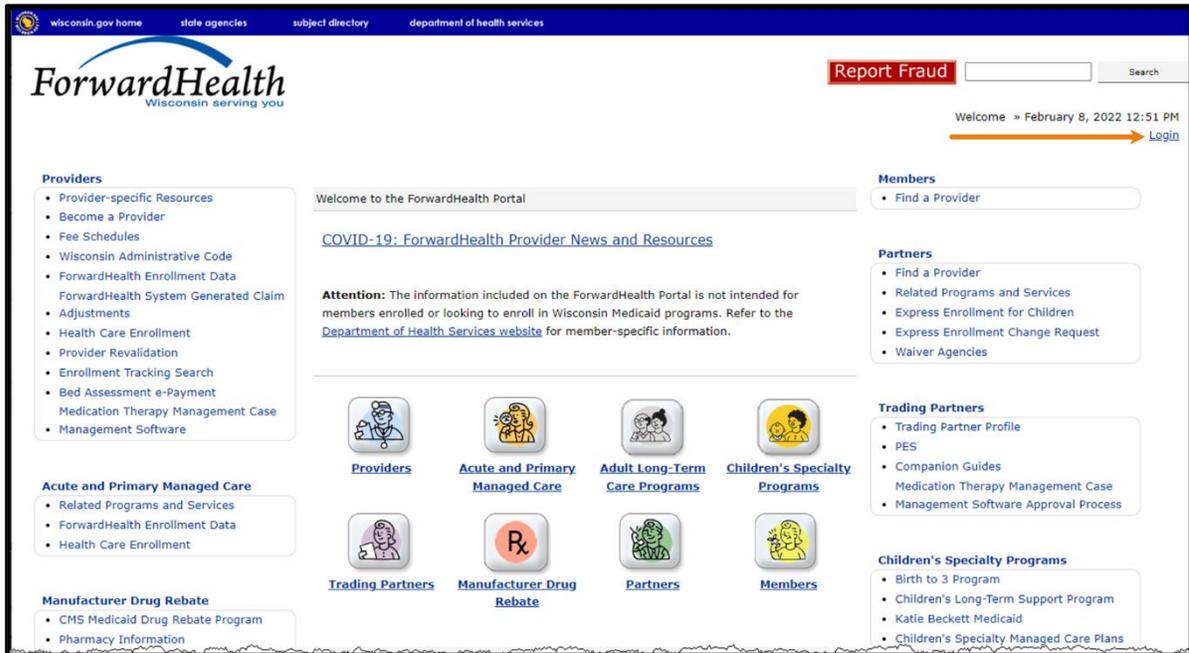
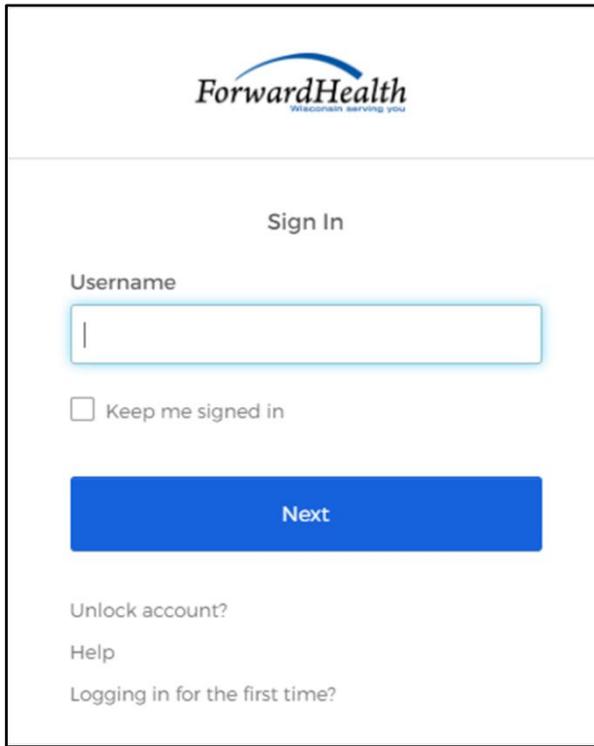


Figure 1 ForwardHealth Portal Homepage

2. Click **Login**. A Sign In box will be displayed.



ForwardHealth
WISCONSIN SERVING YOU

Sign In

Username

Keep me signed in

Next

[Unlock account?](#)

[Help](#)

[Logging in for the first time?](#)

Figure 2 Sign In Box

3. Enter the user's username.

- Click **Next**. A Verify with your password box will be displayed.

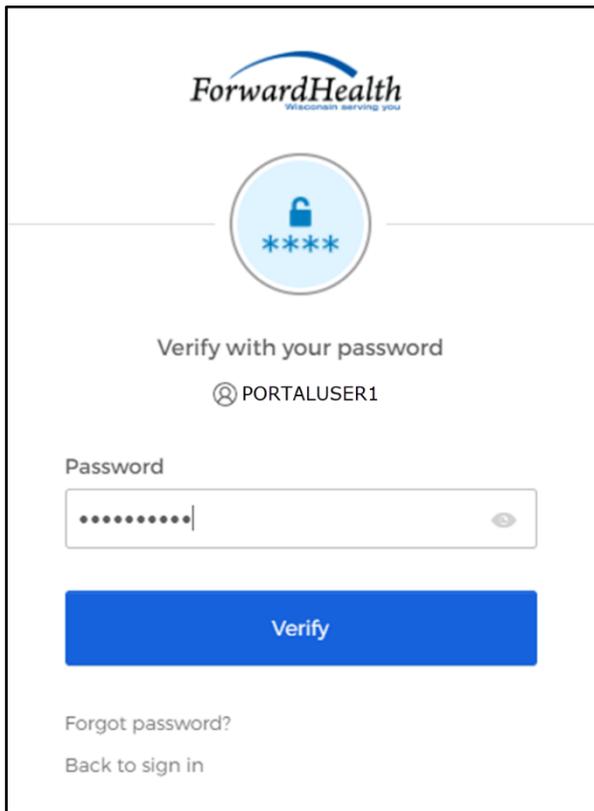


Figure 3 Verify With Your Password Box

- Enter the user’s password.
- Click **Verify**. The user’s secure provider page will be displayed.

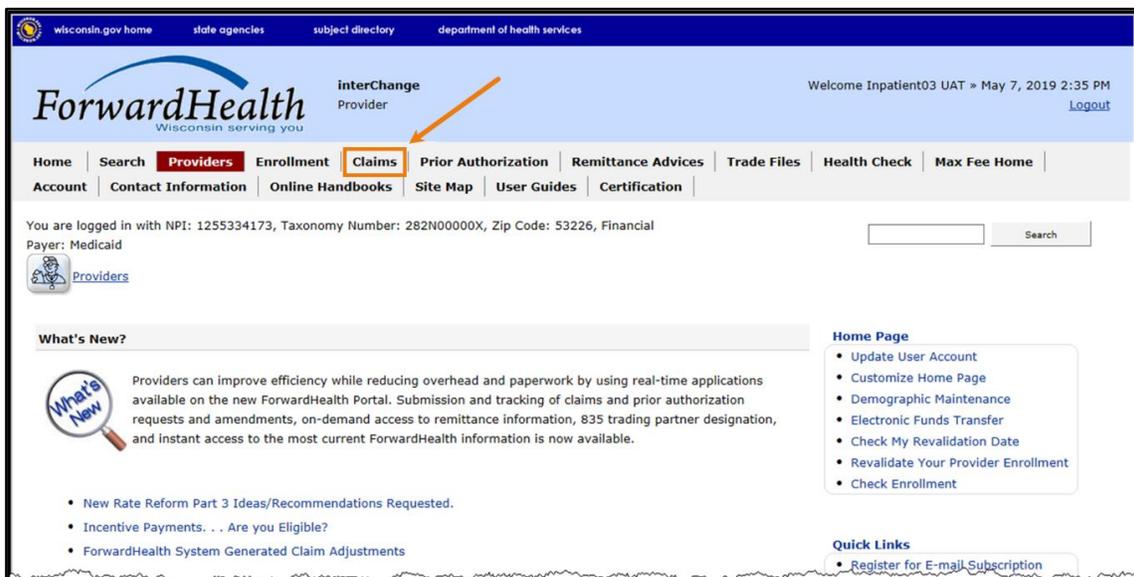


Figure 4 Secure Provider Page

7. Click **Claims** on the main menu at the top of the page. The Claims page will be displayed.

Claims

Claims Submission Options

Providers may submit claims to ForwardHealth electronically or on paper. Providers are encouraged to submit claims electronically as it improves efficiency, reduces billing and processing errors, and allows for the timely processing of payments.

Providers may begin the claim processing function by clicking on the following options.

What would you like to do?

- [Claim search](#)
- [Claims Submission Report](#)
- [Submit Dental Claim](#)
- [Submit Institutional Claim](#)
- [Submit Compound/Noncompound Claim](#)
- [Submit Professional Claim](#)
- [Upload Claim Attachments](#)
- [WWWP Reporting Form Search](#)
- [Submit WWWP Breast Cancer Diagnostic and Follow Up Report](#)
- [Submit WWWP Cervical Cancer Diagnostic and Follow Up Report](#)
- [Submit WWWP Breast and Cervical Cancer Screening Activity Report](#)
- [Private Duty Nursing - Prior Authorization Claims Report](#)

Providers having difficulties determining which method to use when submitting a claim, or in submitting a claim through the Portal, may call provider services at 800-947-9627.

Figure 5 Claims Page

All claim type submission options are available from this page.

3 Submit a Professional Claim

1. Click **Submit Professional Claim** in the “What would you like to do?” section of the Claims page. The Professional Claim form will be displayed.

Next Search By: ICN

Professional Claim

Required fields are indicated with an asterisk (*).

ICN 222229001012 Rendering Provider 00000000 NPI [Search]

Provider ID 1234567890 NPI Referring Provider 1 1212121212 NPI [Search]

Member ID* 0123456789 Referring Provider 2 [Search]

Last Name DOE Medicare Disclaimer no disclaimer [v]

First Name, MI JOHN Other Insurance Indicator [v]

Date of Birth 05/05/1995

Patient Account # Total Charge* \$370.00

Medical Record Number Other Insurance Amount \$0.00

SOI Date Total Amount Paid \$64.52

Net Difference

[Diagnosis](#) [Condition](#) [Medicare](#) [Anesthesia](#) [Other Insurance](#)

Detail

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
1	05/03/2022	05/03/2022	80051		TC			PAY	1.00	\$75.00
2	05/03/2022	05/03/2022	80051	26				PAY	1.00	\$75.00
3	05/01/2022	05/01/2022	60424		TC			PAY	1.00	\$220.00
4	05/01/2022	05/01/2022	60424	91	26			DENY	1.00	\$0.00

Select row above to update -or- click Add button below.

Line Number Rendering Provider [Search]

From Date of Service Referring Provider 1 [Search]

To Date of Service Referring Provider 2 [Search]

Procedure Code [Search] Ordering Provider [Search]

Modifiers [Search] [Search] [Search] [Search]

Diagnosis Code Pointers

Units

Charge Status

Place of Service Code [Search] Allowed Amount

Emergency CoPay Amount

Family Planning

Notes Professional Service Description

IDCs for XCode

Medicare Information(Detail)

Line Number	<input type="text" value="1"/>	Medicare Deductible	<input type="text" value="\$0.00"/>	+
Medicare Date Paid	<input type="text"/>	Medicare Coinsurance	<input type="text" value="\$0.00"/>	+
Medicare Paid Amount	<input type="text" value="\$0.00"/>	Psychiatric Reduction	<input type="text" value="\$0.00"/>	+
Medicare Non Covered Charge	<input type="text" value="\$0.00"/>	Medicare Copayment	<input type="text" value="\$0.00"/>	+
		Remaining Patient Liability*	<input type="text" value="\$0.00"/>	=

Attachments

*** No rows found ***

Select row above to update -or- click Add button below.

Attachment Control Number

Description

Claim Status Information

Claim Status

Claim ICN 222229001012

Paid Date

Paid Amount

EOB Information

Detail Number	Code	Description
0	9817	Per policy, ForwardHealth used the billing provider enrollment to determine rei
1	9817	Per policy, ForwardHealth used the billing provider enrollment to determine rei
1	9918	Pricing Adjustment - Maximum allowable fee pricing applied.
2	9817	Per policy, ForwardHealth used the billing provider enrollment to determine rei
2	9918	Pricing Adjustment - Maximum allowable fee pricing applied.
3	9817	Per policy, ForwardHealth used the billing provider enrollment to determine rei
3	9918	Pricing Adjustment - Maximum allowable fee pricing applied.
4	9817	Per policy, ForwardHealth used the billing provider enrollment to determine rei
4	0221	The detail billed amount is required.

Figure 6 Professional Claim Form

3.1 Professional Claim Panel

Users may enter a claim’s header information on the Professional Claim panel.

Note: Fields marked with an asterisk (*) are required fields.

The screenshot shows the 'Professional Claim' form with the following fields and values:

- ICN: 222229001012
- Rendering Provider: 00000000 [NPI Search]
- Provider ID: 1234567890 NPI
- Referring Provider 1: 1212121212 [NPI Search]
- Member ID*: 0123456789
- Referring Provider 2: [Search]
- Last Name: DOE
- Medicare Disclaimer: no disclaimer
- First Name, MI: JOHN
- Other Insurance Indicator: [Dropdown]
- Date of Birth: 05/05/1995
- Patient Account #: [Empty]
- Total Charge*: \$370.00
- Medical Record Number: [Empty]
- Other Insurance Amount: \$0.00
- SOI Date: [Empty]
- Total Amount Paid: \$64.52
- Net Difference: [Empty]

Navigation links at the bottom: [Diagnosis](#) [Condition](#) [Medicare](#) [Anesthesia](#) [Other Insurance](#)

Figure 7 Professional Claim Panel

Information cannot be entered in the ICN field. ForwardHealth will automatically assign an internal control number (ICN) when the claim is submitted.

For all providers except hospitals, the Provider ID field will be populated with the National Provider Identifier (NPI) under which the user is logged in.

For users logged in with a hospital account, this field will have drop-down menu containing the hospital’s main NPI and any sub-part NPIs assigned to that hospital.

From the Provider ID drop-down menu, select the NPI to be indicated on the claim being submitted.

The screenshot shows the 'Professional Claim' form with the Provider ID field expanded into a drop-down menu. The menu contains the following options:

- 1234567890 NPI (Selected)
- 0987654321 SUB
- 1234509876 NPI
- 0987612345 SUB

An orange arrow points to the '0987654321 SUB' option. The text above the menu reads: 'Required fields are indicated with an asterisk (*). Click the arrow to select a sub-part NPI.'

Other visible fields include: ICN, Member ID*, Last Name, First Name, MI, Date of Birth, Rendering Provider, Referring Provider 1, Referring Provider 2, Medicare Disclaimer, Other Insurance Indicator, Patient Account #, Total Charge* (\$0.00).

Figure 8 Provider ID Drop-Down Menu for Hospital Accounts

2. Enter the member’s ID in the Member ID field.

Note: After entering the member’s ID, click anywhere on the gray area of the form. The Last Name, First Name, MI, and Date of Birth fields will populate with the member’s information.

3. Enter the provider's internal number assigned to the patient's account in the Patient Account # field.
4. Enter the provider-assigned medical record number for the service(s) being processed in this claim in the Medical Record # field.
5. Enter the NPI of any provider who performed services in the Rendering Provider field.
6. Enter the NPI of the provider, or providers, who referred the member for services in the Referring Provider 1 and Referring Provider 2 fields if applicable. Users may enter an NPI in the field, or search for the NPI using the adjoining Search link.

Note: If a field exists at both the header and detail level, enter the information in one or the other but not necessarily both. The header will apply automatically to all details. Enter information at the detail only if different than the header value for these details.

7. Select a Medicare disclaimer status from the Medicare Disclaimer drop-down menu for traditional Medicare Part A, traditional Medicare Part B, or Medicare Advantage payers. The only valid options include the following:
 - *No Disclaimer*—No disclaimer exists.
 - *7 Mcare disallowed/denied pymt*—Medicare has disallowed or denied the payment according to Medicare rules. This code applies when Medicare denies the claim for reasons related to policy (not billing errors), or the member's lifetime benefit, spell of illness, or yearly allotment of available benefits is exhausted.
 - *8 Noncovered Mcare srv*—The service provided to the member was not billed to Medicare because the service is not covered under certain circumstances.

Note: The Medicare Disclaimer field should be used to indicate a claim by a Medicare provider for a member with Medicare coverage that the provider wishes to have processed as if it were a primary claim by ForwardHealth (that is, not secondary to Medicare). If a Medicare disclaimer is used, no information should be entered in the Medicare Information (Header) or the Medicare Information (Detail) panels.

8. The Other Insurance Indicator drop-down menu is no longer used on claims submitted on or after June 14, 2014, but remains on this panel for viewing claims submitted before June 14, 2014. Providers are required to use the Other Insurance Header, Detail, and EOB Information panels to report other insurance (OI) information.
9. Enter the total charge for the service(s) being provided to the member in the Total Charge field.
10. Enter the amount that was paid by a commercial insurance carrier in the Other Insurance Amount field.

Information cannot be entered in the Total Amount Paid field. The total amount paid will be automatically calculated after the claim is submitted.

- The Net Difference is the paid amount differences between the original ICN and adjustment ICN. This amount is displayed after an adjustment is processed to completion (paid/deny) for an ICN.

3.1.1 Diagnosis Panel

- Click **Diagnosis** at the bottom of the Professional Claim panel.

Professional Claim

Required fields are indicated with an asterisk (*).

ICN 222229001012 Rendering Provider 000000000 NPI [Search]

Provider ID 1234567890 NPI Referring Provider 1 1212121212 NPI [Search]

Member ID* 0123456789 Referring Provider 2 [Search]

Last Name DOE Medicare Disclaimer no disclaimer

First Name, MI JOHN Other Insurance Indicator

Date of Birth 05/05/1995

Patient Account # Total Charge* \$370.00

Medical Record Number Other Insurance Amount \$0.00

SOI Date Total Amount Paid \$64.52

Net Difference

Diagnosis Condition Medicare Anesthesia Other Insurance

Figure 9 Diagnosis Link

The Diagnosis panel will be displayed.

Diagnosis Condition Medicare Anesthesia Other Insurance

Sequence	1	Diagnosis 1	[Search]
Sequence	2	Diagnosis 2	[Search]
Sequence	3	Diagnosis 3	[Search]
Sequence	4	Diagnosis 4	[Search]
Sequence	5	Diagnosis 5	[Search]
Sequence	6	Diagnosis 6	[Search]
Sequence	7	Diagnosis 7	[Search]
Sequence	8	Diagnosis 8	[Search]
Sequence	9	Diagnosis 9	[Search]
Sequence	10	Diagnosis 10	[Search]
Sequence	11	Diagnosis 11	[Search]
Sequence	12	Diagnosis 12	[Search]

Figure 10 Diagnosis Panel

- Enter a diagnosis code from the International Classification of Diseases (ICD) coding structure in the Diagnosis 1 field or search for a code using the Search link to the right of the field.

Note: Do not use a decimal point when entering a diagnosis code. For example, for ICD diagnosis code 041.00, enter 04100.

For more information about covered services and reimbursement, refer to the [ForwardHealth Online Handbook](#).

To search for a diagnosis code, complete the following steps:

- Click **Search** to the right of the applicable Diagnosis field. The Diagnosis search panel will be displayed.

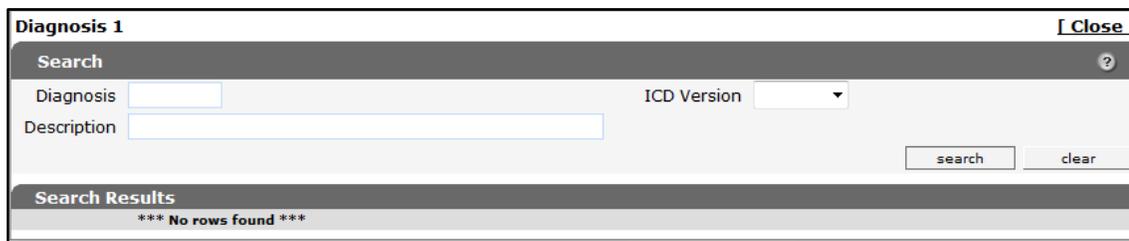


Figure 11 Diagnosis Search Panel

- Enter a description of the code.
 - If the entire description is unknown, enter a key word or partial description.
 - When entering a partial description, use the percent symbol (%) as a wildcard search character on either side of a word to display all codes containing that word.
- Click **Search**. Any diagnosis codes matching the query will be displayed in the Search Results section of the panel.

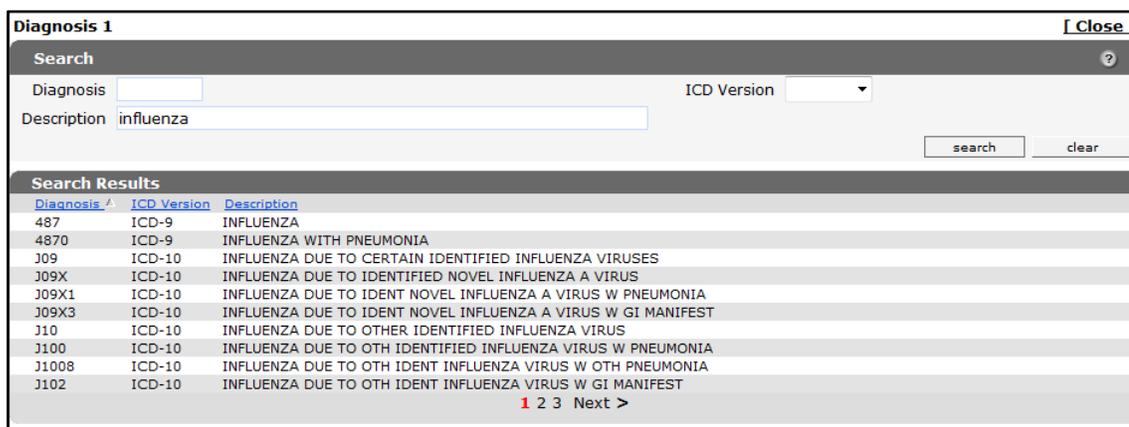


Figure 12 Search Results Panel

- Click the applicable diagnosis code. The Diagnosis search panel will close, and the selected code will populate the Diagnosis field.

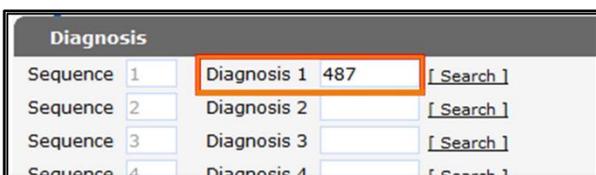


Figure 13 Diagnosis Code Added to Professional Claim Form

3. Add additional diagnosis codes to the claim, if necessary. To delete a diagnosis code, erase the entry.

Note: The same procedure can be used for other search links on the Professional Claim form.

4. Enter additional diagnosis codes, if necessary. Providers may enter up to 12 diagnosis codes per claim.

3.1.2 Condition Panel

Through the Condition panel, users can enter a code(s) identifying a condition related to this claim, if applicable. For more information, refer to the UB-04 Billing Manual available through the National Uniform Billing Committee website at <http://www.nubc.org/>.

1. Click **Condition** at the bottom of the Professional Claim panel.



Figure 14 Condition Link

The Condition panel will be displayed.

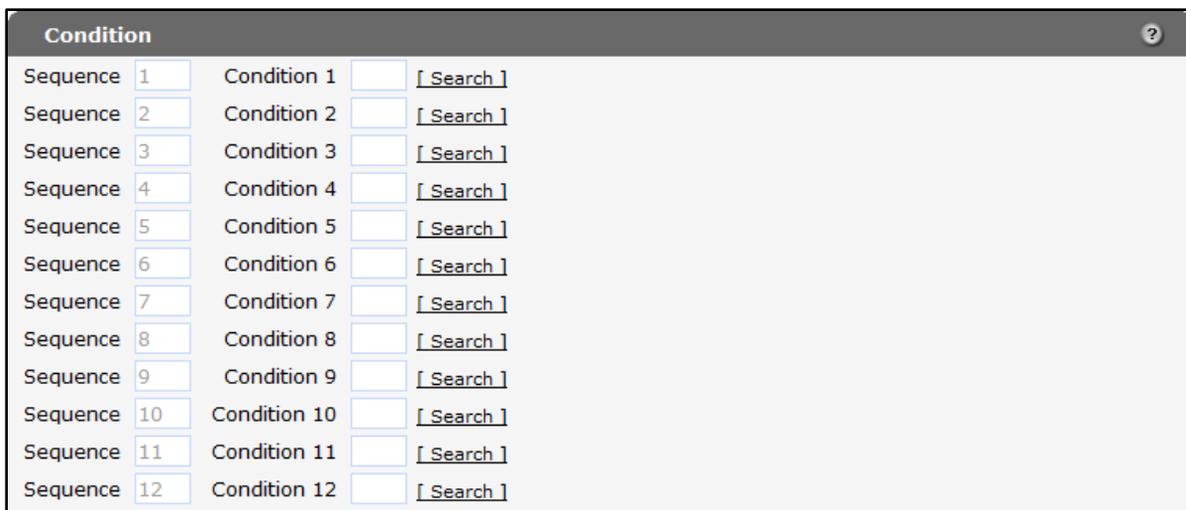


Figure 15 Condition Panel

2. Enter the code that identifies conditions relating to the claim that may affect processing in the Condition Code 1 field or search for a code using the Search link to the right of the field.
3. Enter additional condition codes, if necessary. Providers may enter up to 12 condition codes per claim.

3.1.3 Medicare Information (Header) Panel

Through the Medicare Information panels (Header and Detail), users can report Medicare (or Medicare Advantage Plan) payment and adjustment information, which allows ForwardHealth to process a Medicare secondary claim. Note: If Medicare does not cover the entire claim, do not use the Medicare Information (Header) and/or Medicare Information (Detail) panels. Return to [Step 7 of 3.1 Professional Claim Panel](#) to select the appropriate Medicare disclaimer code.

1. Click **Medicare** at the bottom of the Professional Claim panel.



Figure 16 Medicare Link

The Medicare Information (Header) panel will be displayed.

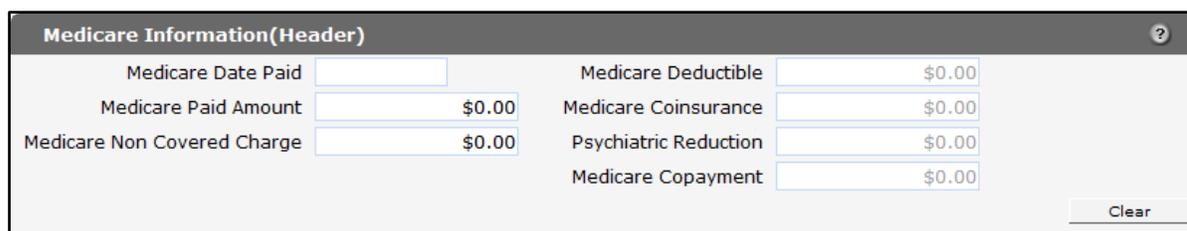


Figure 17 Medicare Information (Header) Panel

2. Enter the date that Medicare paid the claim in the Medicare Date Paid field.
3. Enter the amount Medicare paid for the claim in the Medicare Paid Amount field.

Note: The Medicare paid amount on the Medicare Information (Header) panel should be a sum of the paid amounts on the Medicare Information (Detail) panel. The paid amounts must be entered on both panels or the claim will not pay correctly.

4. Enter the amount of the claim not allowed by Medicare in the Medicare Non Covered Charge field. (The noncovered amount on the Medicare Information [Header] panel is the difference between the claim’s total charge amount on the Professional Claim panel and the Medicare paid amount on the Medicare Information [Header] panel.)

The Medicare Deductible field will be inactive on the Medicare Information (Header) panel. The Medicare deductible amount must be entered on the Medicare Information (Detail) panel.

The Medicare Coinsurance field will be inactive on the Medicare Information (Header) panel. The Medicare coinsurance amount must be entered on the Medicare Information (Detail) panel.

The Psychiatric Reduction field will be inactive on the Medicare Information (Header) panel. The Medicare psychiatric reduction amount must be entered on the Medicare Information (Detail) panel.

The Medicare Copayment field will be inactive on the Medicare Information (Header) panel. The Medicare copayment amount must be entered on the Medicare Information (Detail) panel.

3.1.4 Anesthesia Panel

1. Click **Anesthesia** at the bottom of the Professional Claim panel.

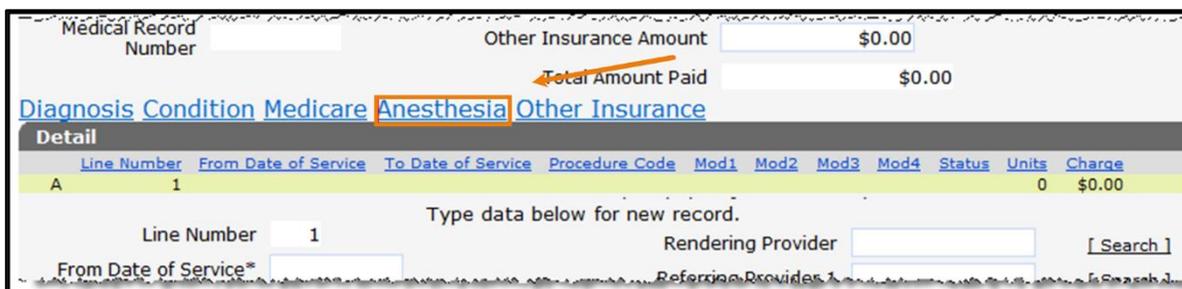


Figure 18 Anesthesia Link

The Anesthesia panel will be displayed.



Figure 19 Anesthesia Panel

2. Enter a primary anesthesia ICD procedure code in the Primary Procedure Code field or search for a code using the Search link to the right of the field, if applicable.
3. Enter a secondary anesthesia ICD procedure code in the Secondary Procedure Code field or search for a code using the Search link to the right of the field, if applicable.

3.1.5 Other Insurance Header Information Panel

The Other Insurance Header Information panel is used to enter header level information for each OI carrier.

1. Click **Other Insurance** at the bottom of the Professional Claim panel.

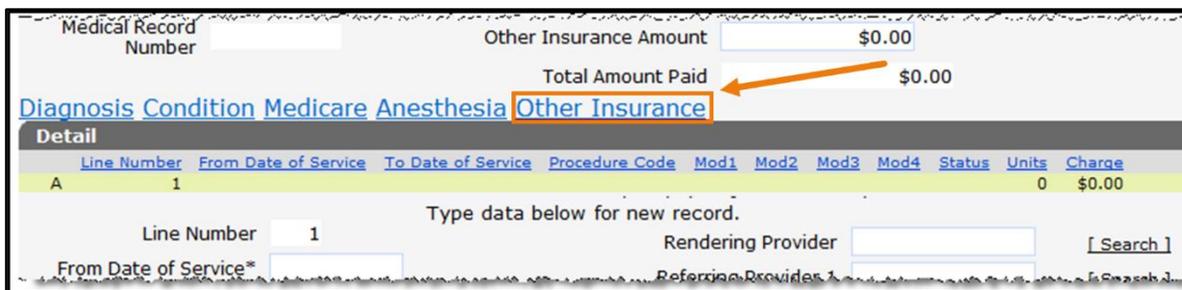


Figure 20 Other Insurance Link

The Other Insurance Header Information panel will be displayed. The [Other Insurance Detail Information](#) and [Other Insurance EOB Information](#) panels will also be displayed further down the form.

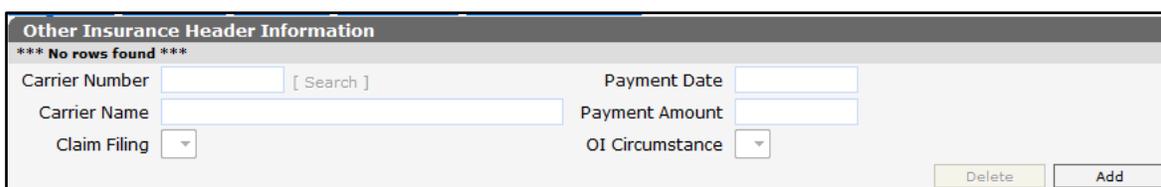


Figure 21 Other Insurance Header Information Panel

2. Click **Add**. The page will refresh, a yellow row will be added to the top of the panel and the fields will become active to allow for information to be entered.

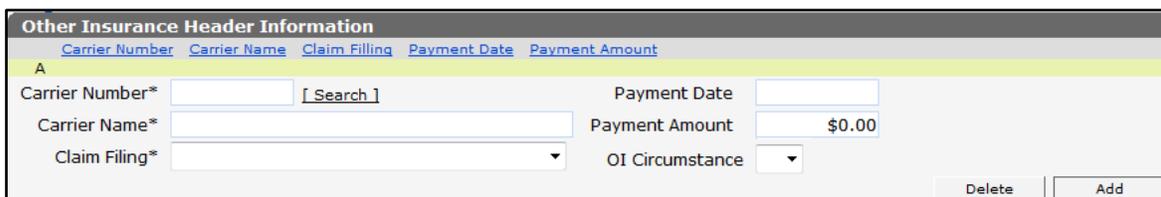


Figure 22 Add Other Insurance

3. Enter a carrier number and name, or search for a carrier using the Search link next to the Carrier Number field.

To search for a Carrier complete the following steps:

- Click **Search** to the right of the Carrier Number field. The Carrier Number search panel will be displayed.

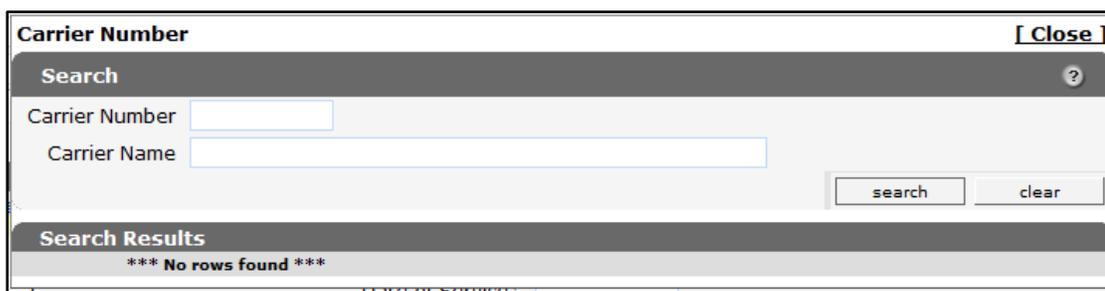


Figure 23 Carrier Number Search Panel

- Enter a full or partial name for the carrier, if the user knows the carrier’s number, they may also search using that number.
- Click **Search**. Any carrier matching the query will be displayed in the Search Results section of the panel.

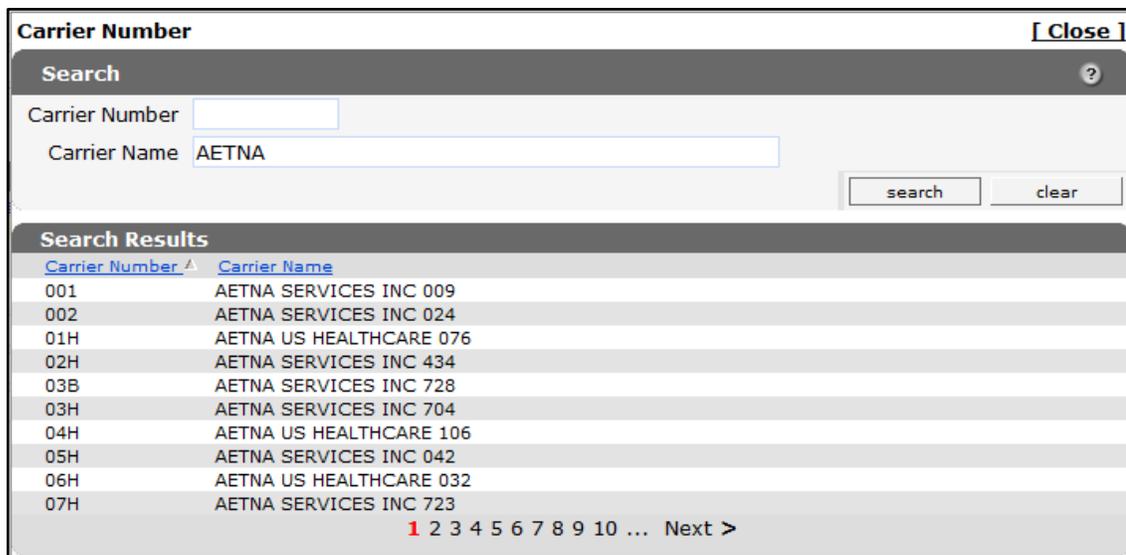


Figure 24 Search Results Panel

- Click the applicable carrier. The Carrier Number search panel will close, and the selected carrier’s number and name will populate the carrier fields.

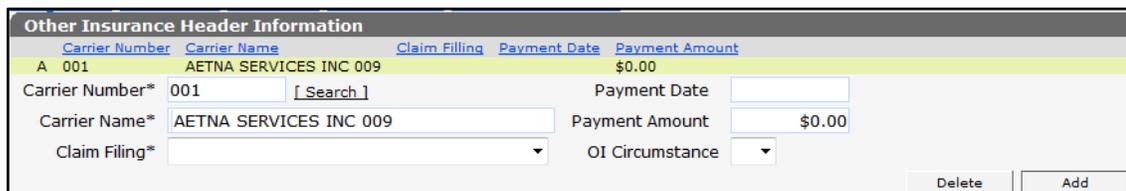


Figure 25 Carrier Number and Name Added to Professional Claim Form

Note: The above procedure can be used for other search links on the Professional Claim Form.

4. Add additional carriers to the claim if necessary.

To delete a carrier, select the applicable row and click **Delete**.

5. Select the Claim Filing from the drop-down menu.

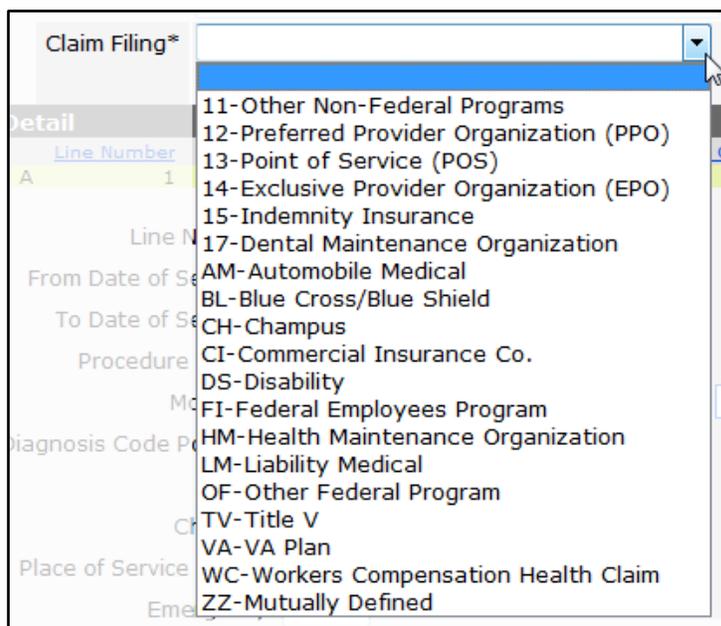


Figure 26 Claim Filing Drop-down Menu

The claim filing indicates the type of OI billed prior to Medicaid claims submission.

6. Enter the Payment Date.
7. Enter the Payment Amount.

Note: The Payment Date and Payment Amount will not be active if “Y” is selected in the OI Circumstance drop-down menu. If the user inadvertently enters information in these fields and then selects “Y,” the information will be deleted and the fields will be blank.

8. Use the OI Circumstance drop-down menu to select “Y” for any of the reasons listed below.

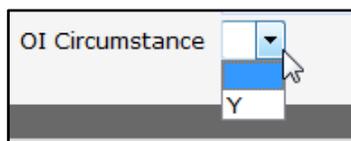


Figure 27 OI Circumstance Drop-Down Menu

“Y” indicates the member has commercial health insurance or commercial HMO coverage, but the commercial plan was not billed for reasons including, but not limited to, the following:

- The member denied coverage or will not cooperate.
- The provider knows the service in question is not covered by the carrier.
- The member's commercial health insurance failed to respond to initial and follow-up claims.

- Benefits are not assignable or cannot get assignment.
- Benefits are exhausted.

For any carrier where OI Circumstance is set to Y, the user is not allowed to enter a paid amount, paid date, or detail or explanation of benefits (EOB) information.

9. Click **Add** to add any other carriers.

The screenshot shows a table with columns: Carrier Number, Carrier Name, Claim Filing, Payment Date, and Payment Amount. It lists two carriers: DELTA DENTAL PLAN OF WISCONSIN and AETNA SERVICES INC 009. Below the table is a form with fields for Carrier Number*, Carrier Name*, Claim Filing*, Payment Date, Payment Amount, and OI Circumstance. There are 'Delete' and 'Add' buttons at the bottom right.

Figure 28 Noncovered Carrier Added to Claim

When finished adding carriers, the information for the last carrier entered will be added to the top row when proceeding on to another panel or clicking the Submit button.

3.2 Detail Panel

The screenshot shows a 'Detail' panel with a table header: Line Number, From Date of Service, To Date of Service, Procedure Code, Mod1, Mod2, Mod3, Mod4, Status, Units, Charge. Below the table is a form with various fields: Line Number (1), From Date of Service, To Date of Service, Procedure Code, Modifiers, Diagnosis Code Pointers, Units (0), Charge (\$0.00), Place of Service Code, Emergency, Family Planning, Rendering Provider, Referring Provider 1, Referring Provider 2, Ordering Provider, Status, Allowed Amount (\$0.00), CoPay Amount (\$0.00), Notes, and Professional Service Description. There are 'Delete' and 'Add' buttons at the bottom right.

Figure 29 Detail Panel

The Line Number field will be populated with the number of the detail currently being added. Line number 1 will be automatically added when the Professional Claim form is loaded.

1. Enter the date that the service began in the From Date of Service field.
2. Enter the date that the service was completed in the To Date of Service field.
3. Enter the procedure code that identifies the service performed or provided in the Procedure Code field or search for a code using the Search link to the right of the field.

4. Enter the modifier that may be added to the procedure code to provide additional information about the service performed or provided in the first Modifiers field or search for a modifier using the Search link to the right of the field. Enter all the modifiers that apply to the procedure code indicating the service performed or provided.
5. Enter the number (1, 2, 3, or 4) in the Diagnosis Code Pointers field that points to the applicable diagnosis code in the Diagnosis panel that indicates which diagnosis (or diagnoses) applies to this detail line.

Note: The Diagnosis Code Pointer field is only required when it is necessary to point to a diagnosis related to the detail line.

6. Enter the number of units billed by the provider in the Units field.
7. Enter the total charge of the detail line in the Charge field.
8. Enter a place of service code identifying where the service was provided or performed in the Place of Service Code field or search for a code using the Search link to the right of the field.
9. Enter a brief description in the Notes field if additional information is needed to substantiate the medical treatment indicated if the information is not supported elsewhere on the claim form.
10. Enter the NPI of the provider performing the services in the Rendering Physician field if the rendering provider ID is different from the ID the user is logged in with and the ID was not entered at the header level. Generally, only enter a number if there are two or more rendering providers on the claim and it is necessary to distinguish between the providers at the detail level.
11. Enter the NPI of the provider, or providers, who referred the member for services in the Referring Provider 1 and Referring Provider 2 fields if applicable and if the ID was not entered at the header level.
12. Select **Yes** or **No** from the Emergency drop-down menu to indicate if the service was provided as a result of an emergency situation. The field will default to No if an option is not selected.
13. Select **Y** from the Family Planning drop-down menu if the service provided is related to family planning services. Leave the field blank if the service provided is not related to family planning services.

Information cannot be entered in the Status, Allowed Amount, and CoPay Amount fields. Information will populate these fields when the claim is submitted.

14. Enter a description of the service provided or performed in the Professional Service Description field if the provider is indicating an unlisted or not otherwise classified procedure code. In addition, enter information in this field for manual pricing purposes.
15. Click **Add** to add more details to the claim. Enter the necessary information for each detail added. Providers may enter up to up to 50 detail lines per claim.

16. Select the desired row and click **Delete** to remove a detail line. A dialog box will be displayed. Click **OK** to delete the specified row.

3.2.1 NDC Panel

ForwardHealth requires NDCs to be indicated on claims for all provider-administered drugs to identify the drugs and invoice a manufacturer for rebates, track utilization, and receive federal funds. A provider-administered drug is either an oral, injectable, intravenous, or inhaled drug administered by a physician or a designee of the physician (for example, nurse, nurse practitioner, physician assistant) or incidental to a physician service.

1. Click **NDCs for JCode** at the bottom of the Detail panel. The NDC panel will be displayed.

The screenshot shows a dialog box titled "NDC (Detail Item 1)". At the top, it displays "*** No rows found ***" and the instruction "Select row above to update -or- click Add button below." Below this, there are several input fields: "RX Number" with a scrollable list, "NDC Code", "Quantity Unit", "Unit of Measure" (a dropdown menu), "Drug Unit Price", and "Prescription Date". At the bottom right, there are "Delete" and "Add" buttons.

Figure 30 NDC Panel

Note: A corresponding detail line must be selected before any information can be entered on the NDC panel.

2. Click **Add**. A row will be added to the NDC panel and the fields will activate.

The screenshot shows the same dialog box as Figure 30, but now with a table at the top. The table has columns: "RX Number", "NDC Code", "Quantity Unit", "Unit of Measure", "Drug Unit Price", and "Prescription Date". A single row is added, highlighted in yellow, with the value "A" in the "RX Number" column, "0" in the "Quantity Unit" column, and "\$0.00" in the "Drug Unit Price" column. Below the table, the instruction "Type data below for new record." is displayed. The input fields are now active, and the "Add" button is highlighted.

Figure 31 NDC Panel With Added Row

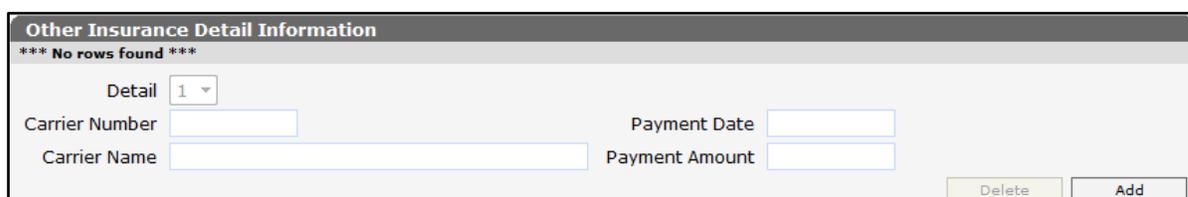
3. Click the applicable line item from the Detail panel if the user added multiple line items to the Detail panel. The NDC panel title will reflect the detail line item selected.
4. Enter the prescription number of the NDC in the RX Number field. If more than three numbers are entered, the up and down arrows will become active, allowing the user to scroll through the information entered.
5. Enter the NDC that supplements the procedure code entered on the detail line item in the NDC Code field.
6. Enter the number of units that are being requested for this claim in the Quantity Unit field.
7. Select the applicable Unit of Measure from the drop-down menu. Available options include the following:
 - F2—International Unit

- GR—Gram
 - ME—Milligram
 - ML—Milliliter
 - UN—Unit
8. Enter the price per unit in the Drug Unit Price field.
 9. Enter the date of the prescription in the Prescription Date field.

3.3 Other Insurance Detail Information Panel

The Other Insurance Detail Information panel is used to enter OI related information for the claim details.

If any information is entered in the Other Insurance Detail Information panel, all information must be supplied, even if it seems similar to information entered in the Other Insurance Header Information panel.



Other Insurance Detail Information
*** No rows found ***

Detail 1

Carrier Number

Carrier Name

Payment Date

Payment Amount

Delete Add

Figure 32 Other Insurance Detail Information Panel

Note: Other Insurance information should be added to only the header, or both the header and detail depending on how the individual carrier adjudicated the claim.

- If the other payer’s EOB to the provider contains detail specific information, the information should be added to both the header and detail.
- If the other payer adjudicated the claim only at the header (no detail specific information), the provider can only enter header information.
- If there is more than one other payer involved, it is possible for one payer to be entered only in the header and the other in both the header and detail depending on how the individual carriers adjudicated the claim.

To enter an Other Insurance detail:

1. If there is more than one carrier in the Other Insurance Header Information panel, scroll up to that panel and click the carrier for which to add the detail. The page will refresh and the carrier will be highlighted.

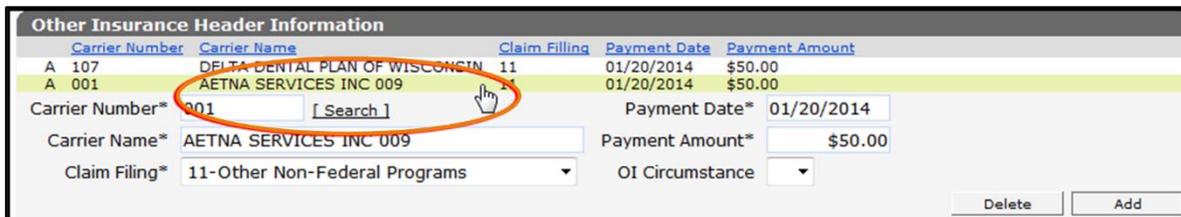


Figure 33 Select Carrier in Header

If there is only one carrier listed in the Other Insurance Header panel, step 1 may be skipped.

2. Return to the Other Insurance Detail Information panel and click **Add**.

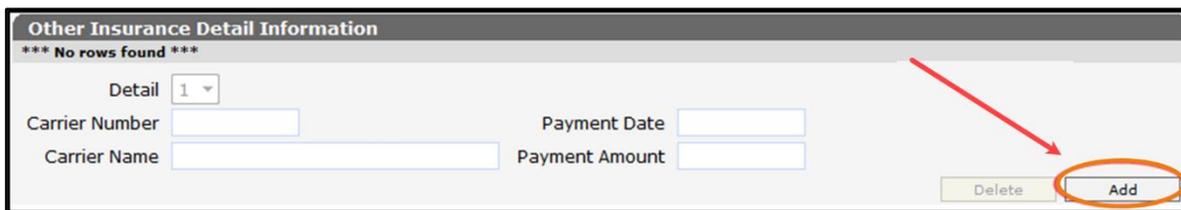


Figure 34 Other Insurance Detail Panel

Note: If Y is selected for a carrier in the OI Circumstance field in the header, the user will be unable to add information for that carrier in the Other Insurance Detail Information panel.

The page will refresh and a yellow row will be added to the top of the panel with the carrier’s name and number. The fields will also become active to allow for further information to be entered. The Detail number will display as “1” but can be changed when adding additional information.

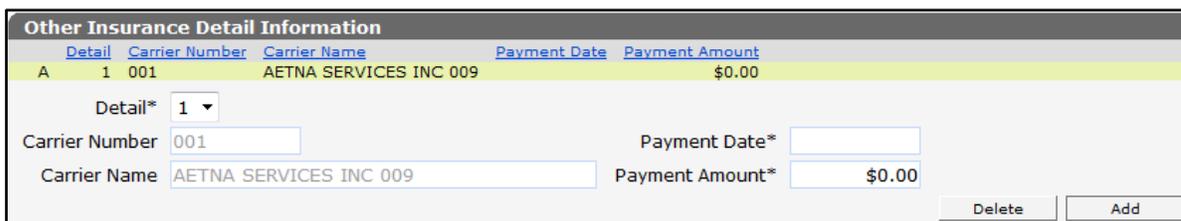


Figure 35 Carrier Added to Other Insurance Detail Information Panel

3. Select the detail number for which the OI information applies from the drop-down menu, if applicable. The default setting is the number of the detail selected on the Other Insurance Detail Information panel. A header value of 0 (zero) is not allowed on this panel.
4. Enter the date the other insurance paid the claim in the Payment Date field.
5. Enter the total amount of dollars the OI carrier paid on the detail in the Payment Amount field.

- To add another carrier, scroll up to the Other Insurance Header Information panel and click the carrier for which to add the detail information.

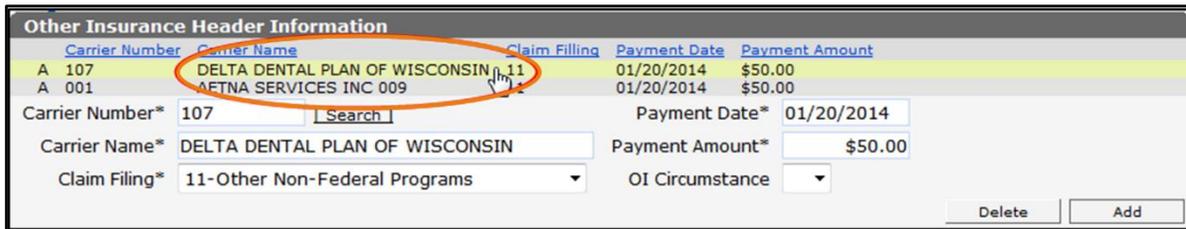


Figure 36 Select Additional Carrier in Header

When returning to the Other Insurance Detail Information panel, the previous carrier’s information will be removed and the fields will be grayed out.

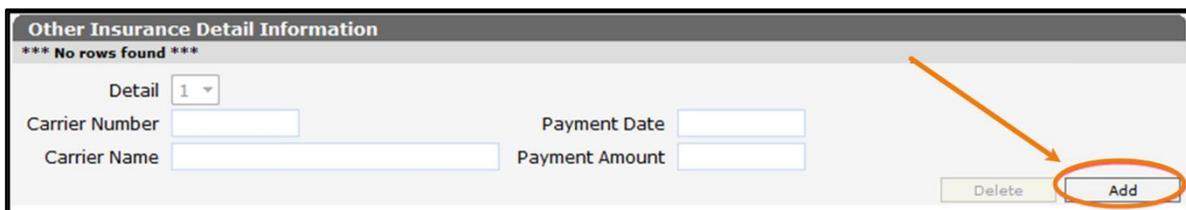


Figure 37 Blank Other Insurance Detail Information Panel

- Click **Add**. The page will refresh, a yellow row will be added to the top of the panel with the carrier’s name and number. The fields will also become active to allow for further information to be entered.



Figure 38 Additional Carrier Added

- When finished adding carriers, the information for the last carrier entered will be added to the top row when going to another panel or clicking the Submit button.

3.4 Other Insurance EOB Information Panel

The Other Insurance EOB Information panel is used to enter the adjustment codes that explain why a carrier did not pay the billed amount.

Figure 39 Other Insurance EOB Information Panel

Note: If Y is selected for a carrier in the OI Circumstance field in the header, information cannot be added for that carrier in the Other Insurance EOB Information panel.

To enter an OI EOB code:

1. Click **Add**. A yellow row will be added to the top of the panel and the fields will become active to allow further information to be entered.
2. Select the Detail Number from the drop-down menu, if applicable. Leave at “0” (zero) if the OI paid at the header. Detail “0” indicates that the other insurance paid the claim at the header.
3. Use the drop-down menu in the Carrier Number field to select the Carrier Number from the carriers already entered on the claim.

Figure 40 Select Carrier Number

4. In the Adjustment Code field, enter the EOB adjustment code from the carrier’s EOB. The EOB description will be entered automatically.

If an adjustment code is not available, search for one.

- To search for an adjustment code, click **Search** to the right of the Adjustment Code field.



Figure 41 Adjustment Code Search Link

The Adjustment Code search panel will be displayed.



Figure 42 Adjustment Code Search Panel

- Enter the adjustment code description.



Figure 43 Exact Description

If the exact description is unknown, use the “%” sign as a wildcard to search for any word or group of words in the description.

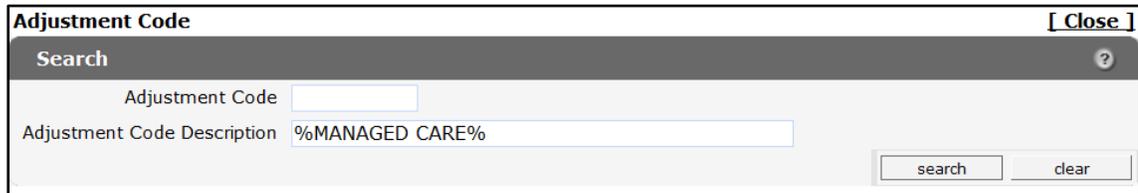


Figure 44 Wild Card Search

- Click **Search**. The codes matching the query will be displayed in the Search Results section of the panel.



Figure 45 Search Results for Exact Description

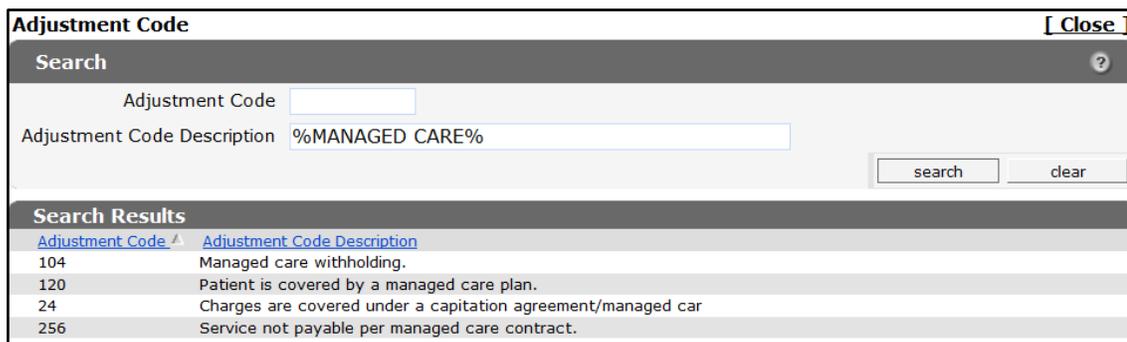


Figure 46 Wildcard Search Results

- Click the applicable code. The Adjustment Code search panel will close, and the selected adjustment code and description will populate the fields on the Other Insurance EOB Information Panel.

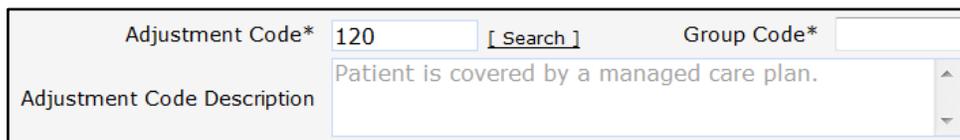


Figure 47 Adjustment Code and Description Added to the Panel

The following list includes some common American National Standards Institute (ANSI) codes that are used by ForwardHealth to process claims. Refer to <http://www.wpc-edi.com/reference/> online for the most current and complete listing of all valid ANSI codes.

Code	Description
1	Deductible Amount.
2	Coinsurance Amount.
3	Co-payment Amount.
23	The impact of prior payer(s) adjudication including payments and/or adjustments.
24	Charges are covered under a capitation agreement/managed care plan.
35	Lifetime benefit maximum has been reached.

Code	Description
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
66	Blood Deductible.
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or National Council for Prescription Drug Programs Reject Reason Code.)
119	Benefit maximum for this time period or occurrence has been reached.
122	Psychiatric reduction.
149	Lifetime benefit maximum has been reached for this service/benefit category.

5. Enter the Adjustment Amount.
6. Select the Group Code from the drop-down menu.

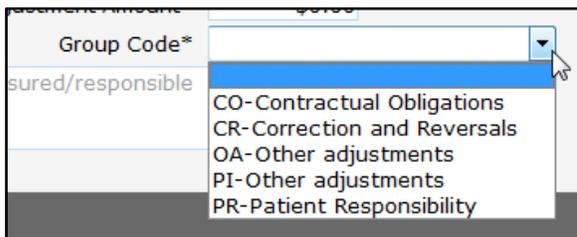


Figure 48 Select Group Code

7. Click **Add** to add additional adjustment codes.

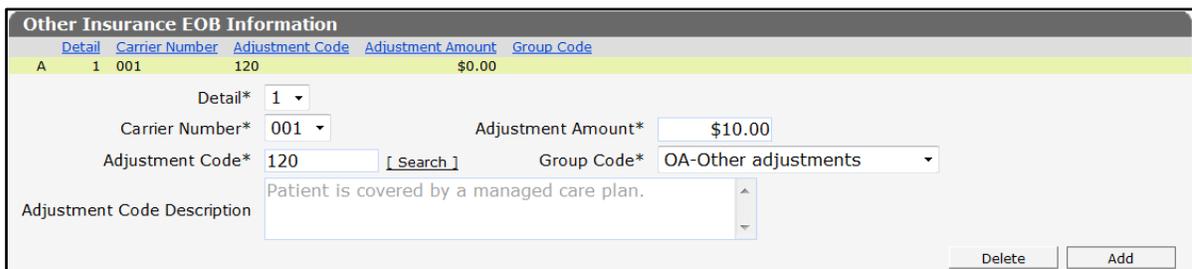


Figure 49 EOB Added

When finished adding EOBs, the last EOB entered will be added to the top row when going on to another panel or clicking the Submit button.

3.5 Medicare Information (Detail) Panel

Enter information on the Medicare Information (Detail) panel if the claim is secondary to a Medicare-allowed service.

Medicare Information (Detail)			
Line Number	1	Medicare Deductible	\$0.00 +
Medicare Date Paid	<input type="text"/>	Medicare Coinsurance	\$0.00 +
Medicare Paid Amount	\$0.00	Psychiatric Reduction	\$0.00 +
Medicare Non Covered Charge	\$0.00	Medicare Copayment	\$0.00 +
		<hr/>	
		Remaining Patient Liability*	\$0.00 =

Figure 50 Medicare Information (Detail) Panel

The Line Number field will be populated with the corresponding detail line number selected in the Detail panel.

Note: If Medicare denied a service, leave the fields on the Medicare Information (Detail) panel blank (or zero).

1. Enter the date that Medicare paid the detail line in the Medicare Date Paid field.
2. Enter the total amount that Medicare paid for the detail line in the Medicare Paid Amount field.
3. Enter the amount of the detail line not allowed by Medicare in the Medicare Non Covered Charge field.

Note: If Medicare does not cover the entire claim, do not use the Medicare Information (Header) and/or Medicare Information (Detail) panels. Return to [Step 7 of 3.1 Professional Claim Panel](#) to select the appropriate Medicare disclaimer code.

4. Enter the deductible amount that Medicare applied to the detail line in the Medicare Deductible field.
5. Enter the coinsurance amount indicated by Medicare for the detail line in the Medicare Coinsurance field.
6. Enter the amount of psychiatric service reduction for the detail line in the Psychiatric Reduction field.
7. Enter the Medicare copayment amount that the member paid for the detail line in the Medicare Copayment field.
8. Enter the remaining patient liability amount in the Remaining Patient Liability field. The remaining patient liability must equal the sum of the deductible amount, coinsurance amount, psychiatric reduction amount, and copayment amount.

3.6 Attachments Panel

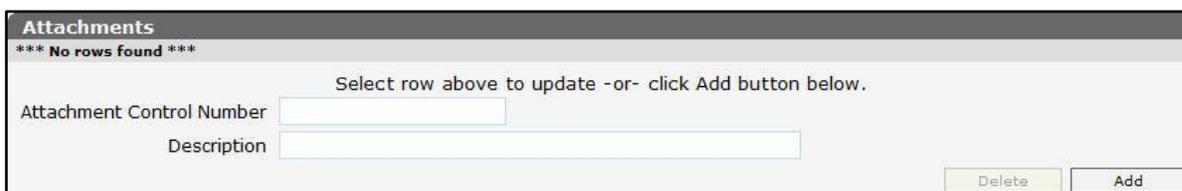


Figure 51 Attachments Panel

1. Click **Add** if any attachments need to be included with the claim. A row will be added to the Attachments panel, and the Description field will activate.

The Attachment Control Number field is read-only. ForwardHealth will assign a number after the claim is submitted.

2. Enter a description of the attachment being submitted.



Figure 52 Attachments Panel With Added Row

Note: If it is indicated that an attachment will be included with the claim, the claim will suspend for seven days pending the receipt of the indicated attachment. Users may upload attachments electronically through the Portal or submit the attachment by mail or fax using the [Claim Form Attachment Cover Page](#), F-13470, available on the ForwardHealth Forms page of the Portal.

3.7 Submit the Claim

The Claim Status Information panel at the bottom of the Professional Claim form will indicate that the claim has not yet been submitted.



Figure 53 Claim Status Information Panel

1. Ensure that information has been entered in all the required fields on the Professional Claim form.

Note: Since there is no Save feature for the Professional Claim form, if the claim is not submitted successfully and assigned an ICN, all information will be lost.

2. Click **Submit**.

If there is a problem and the claim does not process, an ICN will not be assigned, and an error message that indicates what needs to be corrected will be displayed at the top of the page.

The following messages were generated:
A valid Member ID is required

Professional Claim

Required fields are indicated with an asterisk (*).

ICN Rendering Provider [Search]
 Provider ID 1234567890 NPI Referring Provider 1 [Search]
Member ID* Referring Provider 2 [Search]
 Last Name Medicare Disclaimer no disclaimer
 First Name, MI Other Insurance Indicator
 Date of Birth
 Patient Account # Total Charge* \$0.00
 Medical Record Number Other Insurance Amount \$0.00
 Total Amount Paid \$0.00

[Diagnosis Condition Medicare Anesthesia](#)

Figure 54 Error Message

If an attachment was indicated to be submitted with the claim, the claim will suspend, an attachment control number will be added to the Attachments panel, and the Upload Claim Attachments button will be displayed at the bottom of the page.

Claim Status Information

Claim Status **SUSPEND**
 Claim ICN 2311266001001
 Paid Amount \$0.00

EOB Information

Detail Number	Code	Description
0	2222	Policy not currently enforced.

[Upload Claim Attachments](#)

Figure 55 Submitted Claim With Attachments

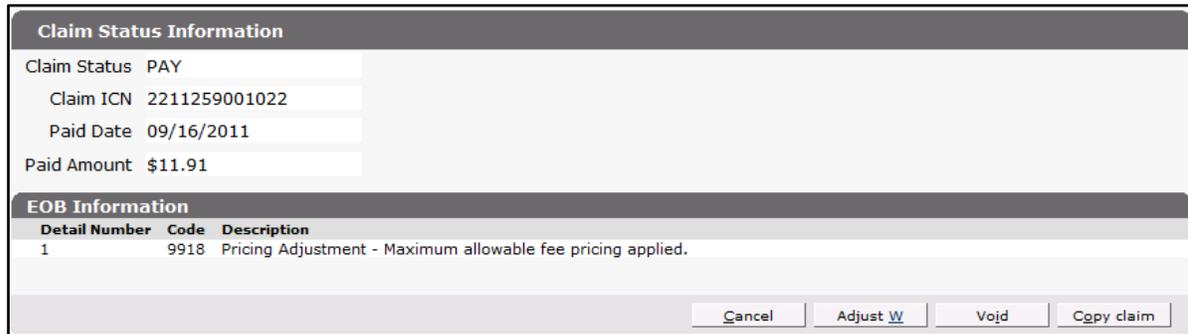
If not ready to upload a file, exit from this page or go to another area of the Portal.

If ready to upload an attachment, click **Upload Claim Attachments**.

The Upload Claim Attachment File panel will be displayed. For information about uploading attachments, refer to the ForwardHealth Portal Uploading Claim Attachments Instruction Sheet, which is located on the Portal User Guides page of the ForwardHealth Portal.

If the claim is successfully submitted without an attachment, the Claim Status Information panel will display the ForwardHealth-assigned ICN and the claim’s status. In addition, the EOB

Information panel will be displayed indicating how the claim was processed by ForwardHealth.



The screenshot displays two panels. The top panel, titled "Claim Status Information", shows the following details:

Claim Status	PAY
Claim ICN	2211259001022
Paid Date	09/16/2011
Paid Amount	\$11.91

The bottom panel, titled "EOB Information", contains a table with the following data:

Detail Number	Code	Description
1	9918	Pricing Adjustment - Maximum allowable fee pricing applied.

At the bottom of the EOB panel, there are four buttons: "Cancel", "Adjust W", "Void", and "Copy claim".

Figure 56 Claim Status Information and EOB Information Panels

If the claim is denied or adjusted, an EOB code or codes will be displayed indicating the reason for the adjustment.