

Children's Long-Term Support Program: Other Insurance and ForwardHealth

This resource is for Children's Long-Term Support (CLTS) providers who may provide services to participants who have commercial health insurance in addition to being enrolled with Wisconsin Medicaid and the CLTS Program.

Claims for Services Provided to Children's Long-Term Support Program Participants With Other Insurance

Providers submit claims in the ForwardHealth Portal (the Portal) for services provided to participants in the CLTS Program.

Wisconsin Medicaid and the CLTS Program are the payers of last resort. This means that providers must submit claims for services to a participant's other insurance before submitting claims to the CLTS Program in ForwardHealth.



DID YOU KNOW?

ForwardHealth receives policyholder files from most major commercial health insurance companies monthly. ForwardHealth then compares that information to a participant's enrollment file and, if they have commercial health insurance, adds it to the participant's enrollment file.

Children's Long-Term Support Service Codes and Other Insurance

CLTS providers who deliver any of the services in the table below for a participant who has other insurance will be required to exhaust the commercial insurance before submitting a claim to ForwardHealth.

Procedure Code	Children's Long-Term Support Benefit Category	Code Description
92508	Counseling and Therapeutic Services—Speech and Language Therapy	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group 2 or more individuals
92523	Counseling and Therapeutic Services—Speech and Language Therapy	Evaluation of language comprehension and expression (eg receptive and expressive language)
97110	Counseling and Therapeutic Services—Occupational Therapy or Physical Therapy	Therapeutic procedure(s); group 2 or more individuals
97150	Counseling and Therapeutic Services—Occupational Therapy or Physical Therapy	Therapeutic procedure; one or more areas, each 15 minutes, therapeutic exercises to develop strength, endurance, gait training
97162	Counseling and Therapeutic Services—Physical Therapy	Physical therapy evaluation
97164	Counseling and Therapeutic Services—Physical Therapy	Physical therapy re-evaluation
97166	Counseling and Therapeutic Services—Occupational Therapy	Occupational therapy evaluation
97168	Counseling and Therapeutic Services—Occupational Therapy	Re-evaluation of occupational therapy
A9999	Specialized Medical and Therapeutic Supplies	Miscellaneous DME supply or accessory, not otherwise specified
E1399	Communication Assistance for Community Inclusion	Durable medical equipment, miscellaneous
T1013	Communication Assistance for Community Inclusion	Sign language or oral interpretive services, per 15 minutes
H0046	Grief and Bereavement Counseling	Mental health services, not otherwise specified

Note: Not all services in the CLTS Program can be covered by other health insurance due to the nature of the service.

How to Complete an Explanation of Benefits Form When Submitting a Claim for a Participant Who Has Other Insurance

When you submit a claim to ForwardHealth for services provided to a CLTS Program participant who has commercial insurance or Medicare coverage, you must submit the claim to the other insurance first. After the other insurance has made its claim payment determination, you can submit the claim to ForwardHealth.

When you submit the claim, you have two options to explain how the other insurance handled the claim.

1. “Other Insurance” panels using Direct Data Entry on the Portal

Complete all “Other Insurance” panels on the DDE claim in the Portal. Enter details about the other insurance carrier, the amount paid, and if the claim was denied in the panels.

Refer to the ForwardHealth Provider Portal Professional Claims User Guide (www.dhs.wi.gov/publications/p0/p00970a.pdf) for step-by-step instructions on completing these panels.

2. Explanation of Medical Benefits form

Complete the Explanation of Medical Benefits form, F-01234. This form can be attached to a DDE claim instead of completing the “Other Insurance” panels. The Explanation of Medical Benefits form must be used for paper claim forms or 837 Health Care Claim submissions.

Follow these steps to find and fill out the form.

- ☒ Go to the Forms page of the Portal (forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms).

Note: Providers must fill out the Explanation of Medical Benefits because each insurance company has their own explanation of benefits (EOB) format, and the ForwardHealth system cannot read each company's EOB correctly.

- ☒ Type “explanation” or “01234” in the search field to find the form. The result includes the form in PDF or Word format and instructions for filling out the form.
- ☒ Use the claim information from the other insurance EOB to fill out the Explanation of Medical Benefits form.
- ☒ Follow the instructions for attaching documentation (like the Explanation of Medical Benefits form) using the Children's Long-Term Support Program Claim Attachments and Instructions sheet (forwardhealth.wi.gov/WIPortal/content/CLTS/pdf/CLTS_Program_Claim_Attachments_and_Instructions.pdf.spage).

Tip for completing the Explanation of Medical Benefits form

Keep a copy of the other insurance EOB close by when you fill out the form. The Portal will not allow you to copy and paste from an electronic commercial insurance or Medicare coverage EOB to the Explanation of Medical Benefits form, so make sure to enter the information carefully.

Other Insurance Indicators

When you fill out a claim's Other Insurance panels on the Portal or the paper Explanation of Medical Benefits form, you will need to use other insurance indicators. Other insurance indicators identify the status and availability of commercial health insurance, such as:

- Commercial health insurance exists or does not apply or the provider is unable to obtain reimbursement by reasonable means for a valid reason.
- Commercial health insurance does not cover the service provided.
- Full or partial payment was made by commercial health insurance.

When the participant has commercial health insurance, you must use these indicators on:

- Professional or institutional claim forms.
- Explanation of Medical Benefits forms (forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=46&s=7&c=41&nt=Explanation+of+Medical+Benefits+Form+Requirement).

For the indicators and their descriptions, refer to the ForwardHealth Online Handbook Other Insurance Indicator topic #605 (forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=50&s=7&c=41&nt=Other+Insurance+Indicators).

The intentional misuse of other insurance indicators to obtain inappropriate reimbursement constitutes fraud.

How to Resolve a Discrepancy Due to Inaccurate Other Insurance Information

If you receive an EOB with the code and message: **0078 CLAIM INDICATES OTHER INSURANCE/TPL PAYMENT MUST BE RECEIVED PRIOR TO FILING FORWARDHEALTH CLAIM**, and the participant states they don't have commercial insurance, you can report the discrepancy by completing and sending one of these forms to ForwardHealth:

- Commercial Other Coverage Discrepancy Report, F-01159
- Medicare Other Coverage Discrepancy Report, F-02074

Both forms can be found on the Forms page of the Portal. Once the discrepancy is resolved, you can resubmit the claim.