

Certification and Ongoing Responsibilities

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Certification and Ongoing Responsibilities: Certification

Topic #3969

Categories of Certification

Wisconsin Medicaid certifies providers in four billing categories. Each billing category has specific designated uses and restrictions. These categories include the following:

- Billing/rendering provider.
- Rendering provider.
- Group billing that requires a rendering provider.
- Group billing that does not require a rendering provider.

Providers should refer to their certification materials or to service-specific information in the Online Handbook to identify what types of certification categories they may apply for or be assigned.

Billing/Rendering Provider

Certification as billing/rendering provider allows providers to identify themselves on claims (and other forms) as either the provider billing for the services or the provider rendering the services.

Rendering Provider

Certification as a rendering provider is given to those providers who practice under the professional supervision of another provider (e.g., physician assistants). Providers with a rendering provider certification cannot submit claims to ForwardHealth directly, but have reimbursement rates established for their provider type. Claims for services provided by a rendering provider must include the supervising provider or group provider as the billing provider.

Group Billing

Certification as a group billing provider is issued primarily as an accounting convenience. This allows a group billing provider to receive one reimbursement, one RA (Remittance Advice), and the 835 (835 Health Care Claim Payment/Advice) transaction for covered services rendered by individual providers within the group.

Group Billing That Requires a Rendering Provider

Individual providers within certain groups are required to be Medicaid certified because these groups are required to identify the provider who rendered the service on claims. Claims indicating these group billing providers that are submitted without a rendering provider are denied.

Group Billing That Does Not Require a Rendering Provider

Other groups (e.g., physician pathology, radiology groups, and rehabilitation agencies) are not required to indicate a rendering provider on claims.

Group billing providers should refer to their certification materials or to service-specific information in the Online Handbook to determine whether or not a rendering provider is required on claims.

Topic #6700

Child/Adolescent Day Treatment Certification Applications

To be reimbursed for providing child/adolescent day treatment services to members, a provider is first required to be certified by the DQA (Division of Quality Assurance), DHS (Department of Health Services) for child/adolescent day treatment under [DHS 40](#), Wis. Admin. Code. For information regarding this certification, providers may contact the DQA, DHS by telephone at (608) 261-0656 or by mail at the following address:

Division of Quality Assurance Department of Health Services
Behavioral Health Certification Section
PO Box 2969
Madison WI 53701-2969

A provider meeting DQA, DHS certification may initiate Medicaid child/adolescent day treatment provider certification by submitting the [Wisconsin Medicaid Mental Health/Substance Abuse Agency Certification Packet](#) via the ForwardHealth Portal or on paper.

Documentation

Topic #6277

1099 Miscellaneous Forms

ForwardHealth generates the 1099 Miscellaneous form in January of each year for earnings greater than \$600.00, per Internal Revenue Service regulations. One 1099 Miscellaneous form per financial payer and per tax identification number is generated, regardless of how many provider IDs or NPIs (National Provider Identifier) share the same tax identification number. For example, a provider who conducts business with both Medicaid and WCDP (Wisconsin Chronic Disease Program) will receive separate 1099 Miscellaneous forms for each program.

The 1099 Miscellaneous forms are sent to the address designated as the "1099 mailing address." The address formerly known as the "payee address" is used as the 1099 mailing address unless a provider has reported a separate address for the 1099 mailing address to ForwardHealth.

Ongoing Responsibilities

Topic #696

Newborn Enrollment

Children born to women who are eligible for the BadgerCare Expansion for Certain Pregnant Women do not qualify for continuous newborn enrollment. The Newborn Report form should not be submitted to Wisconsin Medicaid. Providers should refer the woman to her county/tribal social or human services agency so the agency can assist her in obtaining health care coverage for her child.

Provider Numbers

Topic #3421

National Provider Identifier

Health care providers are required to indicate an NPI (National Provider Identifier) on electronic and paper transactions submitted to ForwardHealth.

The NPI is a 10-digit number obtained through NPPES (National Plan and Provider Enumeration System).

Providers should ensure that they have obtained an appropriate NPI to correspond to their certification.

There are two kinds of NPIs:

- Entity Type 1 NPIs are for individuals who provide health care, such as physicians, dentists, and chiropractors.
- Entity Type 2 NPIs are for organizations that provide health care such as hospitals, group practices, pharmacies, and home health agencies.

It is possible for a provider to qualify for both Entity Type 1 and Entity Type 2 NPIs. For example, an individual physical therapist may also be the owner of a therapy group that is a corporation and have two Wisconsin Medicaid certifications — one certification as an individual physical therapist and the other certification as the physical therapy group. A Type 1 NPI for the individual certification and a Type 2 NPI for the group certification are required.

NPIs and classifications may be viewed on the [NPPES Web site](#). The [CMS \(Centers for Medicare and Medicaid Services\) Web site](#) includes more Type 1 and Type 2 NPI information.

Some providers hold multiple certifications with ForwardHealth. For example, a health care organization may be certified according to the type of services their organization provides (e.g., physician group, therapy group, home health agency) or the organization may have separate certification for each practice location. ForwardHealth maintains a separate provider file for each certification that stores information used for processing electronic and paper transactions (e.g., provider type and specialty, certification begin and end dates). When a single NPI is reported for multiple certifications, ForwardHealth requires additional data to identify the provider and to determine the correct provider file to use when processing transactions.

Either or both of the following additional data is required with NPI when a single NPI corresponds to multiple certifications:

- The [ForwardHealth-designated taxonomy code](#).
- ZIP+4 code (complete, nine digits) that corresponds to the practice location address on file with ForwardHealth.

Omission of the additional required data will cause claims and other transactions to be denied or delayed in processing.

ForwardHealth-Required Taxonomy Codes

Provider Type	Provider Specialty	Taxonomy Code	Taxonomy Description
Ambulance	Air Ambulance	3416A0800X	Air Transport
Ambulance	<ul style="list-style-type: none"> Land Ambulance Federally Qualified Health Center (FQHC) 	3416L0300X	Land Transport
Ambulance	Water Ambulance	3416S0300X	Water Transport
Ambulatory Surgical Center	N/A	261QA1903X	Ambulatory Surgical
Anesthetist	Anesthesiologist Assistant	367H00000X	Anesthesiologist Assistant
Anesthetist	<ul style="list-style-type: none"> Certified Registered Nurse Anesthetist Certified Registered Nurse Anesthetist Group 	367500000X	Nurse Anesthetist, Certified Registered
Audiologist	<ul style="list-style-type: none"> Audiologist Audiology Group 	231H00000X	Audiologist
Case Management	All	251B00000X	Case Management
Chiropractor	<ul style="list-style-type: none"> Chiropractor Chiropractic Group 	111N00000X	Chiropractor
Community Support Program	All	251S00000X	Community/Behavioral Health
Comprehensive Community Services	All	251S00000X	Community/Behavioral Health
Crisis Intervention	All	251S00000X	Community/Behavioral Health
Day Treatment	<ul style="list-style-type: none"> Adult Mental Health Substance Abuse 	261Q00000X	Clinic/Center
Day Treatment	Child Adolescent	261QM0855X	Adolescent and Children Mental Health
Dentist	Endodontics	1223E0200X	Endodontics
Dentist	General Practice	1223G0001X	General Practice
Dentist	Oral Pathology	1223P0106X	Oral and Maxillofacial Pathology
Dentist	Oral Surgery	1223S0112X	Oral and Maxillofacial Surgery
Dentist	Orthodontics	1223X0400X	Orthodontics and Dentofacial Orthopedics
Dentist	Pediatric Dentist	1223P0221X	Pediatric Dentistry
Dentist	Periodontics	1223P0300X	Periodontics
Dentist	Prosthodontics	1223P0700X	Prosthodontics
Dental Group	N/A	261QD0000X	Dental

Dental Hygienist	N/A	124Q00000X	Dental Hygienist
End-Stage Renal Disease (ESRD)	All	261QE0700X	ESRD Treatment
Facility for the Developmentally Disabled	All	315P00000X	Intermediate Care Facility
Family Planning Clinic	All	261QF0050X	Family Planning, Non-Surgical
Federally Qualified Health Clinic (FQHC)	N/A	261QF0400X	FQHC
HealthCheck	All	261QP2300X	Clinic Center/Primary
HealthCheck "Other Services"	N/A	261QH0100X	Health Service
Hearing Instrument Specialist	<ul style="list-style-type: none"> Hearing Instrument Specialist Hearing Instrument Specialist Group 	237700000X	Hearing Instrument Specialist
Home Health/Personal Care Agency	<ul style="list-style-type: none"> Home Health Only Provider Home Health/Personal Care Dually Certified Provider Federally Qualified Health Center (FQHC) 	251E00000X	Home Health
Hospice	All	251G00000X	Hospice Care, Community Based
Hospital	Inpatient/Outpatient Hospital	282N00000X	General Acute Care Hospital
Independent Lab	Independent Lab	291U00000X	Clinical Medical Laboratory
Individual Medical Supply	Federally Qualified Health Center (FQHC)	332B00000X	Durable Medical Equipment & Medical Supplies
Individual Medical Supply	<ul style="list-style-type: none"> Orthotist Orthotist/Prosthetist 	222Z00000X	Orthotist
Individual Medical Supply	Prosthetist	224P00000X	Prosthetic
Individual Medical Supply	Specialties other than Federally Qualified Health Center (FQHC), Orthotist, Prosthetist, and Orthotist/Prosthetist	335E00000X	Prosthetic Orthotic Supplier
Institution for Mental Disease	All	283Q00000X	Psychiatric Hospital
Medical Vendor	Federally Qualified Health Center (FQHC)	261QF0400X	FQHC
Medical Vendor	Medical Equipment/Supplies	332B00000X	Durable Medical Equipment & Medical Supplies
Mental Health and Substance Abuse Agency	All	261QM0801X	Mental Health, including Community Mental Health
Mental Health and Substance Abuse Services Provided by Individuals	Advanced Practice Nurse Prescriber	363LP0808X	Psychiatric/Mental Health
Mental Health and Substance Abuse Services Provided by Individuals	Substance Abuse Counselor	101YA0400X	Addiction (Substance Use Disorder)

Mental Health and Substance Abuse Services Provided by Individuals	<ul style="list-style-type: none"> Licensed Psychologist (PhD) Licensed Psychologist (PhD) Group 	103T00000X	Psychologist
Mental Health and Substance Abuse Services Provided by Individuals	<ul style="list-style-type: none"> Master's-Level Psychotherapist Master's-Level Psychotherapist/Substance Abuse Counselor 	104100000X	Social Worker
Mental Health and Substance Abuse Services Provided by Individuals	Psychiatric Nurse	163WP0808X	Psychiatric/Mental Health Registered Nurse
Narcotic Treatment Service	Licensed Practical Nurse (LPN)	164W000000X	LPN
Narcotic Treatment Service	Registered Substance Abuse Counselor/Narcotic Treatment Service	101YA0400X	Addiction (Substance Use Disorder)
Narcotic Treatment Service	Registered Nurse (RN)	163WA0400X	Addiction (Substance Use Disorder)
Narcotic Treatment Service Agency	N/A	261QM2800X	Methadone
Nurse Practitioner	Certified Family Nurse Practitioner	363LF0000X	Family
Nurse Practitioner	Certified Pediatric Nurse Practitioner	363LP0200X	Pediatrics
Nurse Practitioner	Nurse Practitioner/Nurse Midwife	367A00000X	Midwife, Certified Nurse
Nurse Practitioner	<ul style="list-style-type: none"> Specialties other than Pediatric Nurse Practitioner, Family Nurse Practitioner, Nurse Practitioner/Nurse Midwife Group 	363L00000X	Nurse Practitioner
Nurses in Independent Practice	Licensed Practical Nurse (LPN)	164W00000X	LPN
Nurses in Independent Practice	Registered Nurse (RN)	163W00000X	RN
Nurse Midwife	N/A	176B00000X	Midwife, Certified
Nursing Facility	N/A	314000000X	Skilled Nursing Facility
Occupational Therapy	<ul style="list-style-type: none"> Occupational Therapist Occupational Therapy Group 	225X00000X	Occupational Therapist
Occupational Therapy	Occupational Therapy Assistant	224Z00000X	Occupational Therapy Assistant
Optician	Optician	156FX1800X	Optician
Optometry	<ul style="list-style-type: none"> Optometrist Optometry Group 	152W00000X	Optometrist
Pharmacy	Pharmacy	333600000X	Pharmacy
Physical Therapy	Group	261QP2000X	Physical Therapy

Physical Therapy	Physical Therapist	225100000X	Physical Therapist
Physical Therapy	Physical Therapy Assistant	225200000X	Physical Therapy Assistant
Physician Clinic	Multi-Specialty	193200000X	Multi-Specialty
Physician and Physician Specialty Clinic	Allergy and Immunology	207K00000X	Allergy and Immunology
Physician and Physician Specialty Clinic	Anesthesiology	207L00000X	Anesthesiology
Physician and Physician Specialty Clinic	Cardiovascular Disease	207RC0000X	Cardiovascular Disease
Physician and Physician Specialty Clinic	Dermatology	207N00000X	Dermatology
Physician and Physician Specialty Clinic	Emergency Medicine	207P00000X	Emergency Medicine
Physician and Physician Specialty Clinic	Family Practice	207Q00000X	Family Practice
Physician and Physician Specialty Clinic	Gastroenterology	207RG0100X	Gastroenterology
Physician and Physician Specialty Clinic	General Practice	208D00000X	General Practice
Physician and Physician Specialty Clinic	General Surgery	208600000X	Surgery
Physician and Physician Specialty Clinic	Geriatrics	207QG0300X	Geriatric Medicine
Physician and Physician Specialty Clinic	Internal Medicine	207R00000X	Internal Medicine
Physician and Physician Specialty Clinic	Nephrology	207RN0300X	Nephrology
Physician and Physician Specialty Clinic	Neurological Surgery	207T00000X	Neurological Surgery
Physician and Physician Specialty Clinic	Neurology	2084N0400X	Neurology
Physician and Physician Specialty Clinic	Nuclear Medicine	207U00000X	Nuclear Medicine
Physician and Physician Specialty Clinic	Obstetrics and Gynecology	207V00000X	Obstetrics and Gynecology
Physician and Physician Specialty Clinic	Oncology and Hematology	207RH0003X	Hematology and Oncology
Physician and Physician Specialty Clinic	Ophthalmology	207W00000X	Ophthalmology
Physician and Physician Specialty Clinic	Orthopedic Surgery	207X00000X	Orthopedic Surgery
Physician and Physician Specialty Clinic	Otolaryngology	207Y00000X	Otolaryngology
Physician and Physician Specialty Clinic	<ul style="list-style-type: none"> • Pathology (individual) • Pathology (group) 	207ZC0500X 207ZP0102X	<ul style="list-style-type: none"> • Pathologist • Anatomic Pathology & Clinical Pathology

Physician and Physician Specialty Clinic	Pediatrician	20800000X	Pediatrics
Physician and Physician Specialty Clinic	Physical Medicine and Rehab	208100000X	Physical Medicine and Rehabilitation
Physician and Physician Specialty Clinic	Plastic Surgery	208200000X	Plastic Surgery
Physician and Physician Specialty Clinic	<ul style="list-style-type: none"> Preventive Medicine (individual) Preventive Medicine (group) 	2083P0901X 2083P0500X	<ul style="list-style-type: none"> Public Health and General Preventative Medicine Preventive Medicine/Occupational Environmental-Medicine
Physician and Physician Specialty Clinic	Proctology	208C00000X	Colon and Rectal Surgery
Physician and Physician Specialty Clinic	Psychiatry	2084P0800X	Psychiatry
Physician and Physician Specialty Clinic	Pulmonary Disease	207RP1001X	Pulmonary Disease
Physician and Physician Specialty Clinic	Radiology	2085R0202X	Diagnostic Radiology
Physician and Physician Specialty Clinic	Thoracic and Cardiovascular Surgery	208G00000X	Thoracic Surgery (Cardiothoracic Vascular Surgery)
Physician and Physician Specialty Clinic	Urology	208800000X	Urology
Physician Assistant	N/A	363A00000X	Physician Assistant
Podiatry	<ul style="list-style-type: none"> Podiatrist Podiatry Group 	213E00000X	Podiatrist
Portable X-Ray	N/A	261QR0208X	Radiology Mobile
Prenatal Care Coordination	All	251B00000X	Case Management
Rehabilitation Agency	All	261QR0400X	Rehabilitation
Rural Health Clinic	All	261QR1300X	Rural Health
School-Based Services	All	251300000X	Local Education Agency
Speech and Hearing Clinic	N/A	261QH0700X	Hearing and Speech
Speech-Language Pathology	Speech-Language Pathology — Bachelor's Level	2355S0801X	Speech-Language Assistant
Speech-Language Pathology	Speech-Language Pathology — Master's Level	235Z00000X	Speech-Language Pathologist
Speech-Language Pathology Clinic	N/A	235Z00000X	Speech-Language Pathologist
Therapy Group	Group	261QR0400X	Rehabilitation

Topic #5096

Taxonomy Codes

Taxonomy codes are standard code sets used to provide information about provider type and specialty for the provider's certification. Providers are required to use the taxonomy code designated by ForwardHealth when the NPI (National Provider Identifier) reported to ForwardHealth corresponds to multiple certifications and the provider's practice location ZIP+4 code does not uniquely identify the provider.

ForwardHealth designates a taxonomy code as additional data to be used to correctly match NPI to the correct provider file. The designated taxonomy code may be different than the taxonomy code providers originally submitted to [NPPES \(National Plan & Provider Enumeration System\)](#) when obtaining their NPI as not all national taxonomy code options are recognized by ForwardHealth. For example, some taxonomy codes may correspond to provider types not certifiable with ForwardHealth, or they may represent services not covered by ForwardHealth.

Omission of a taxonomy code when it is required as additional data to identify the provider or indicating a taxonomy code that is not designated by ForwardHealth will cause claims and other transactions to be denied or delayed in processing.

Refer to the [ForwardHealth-designated taxonomy codes](#) for the appropriate taxonomy code for your certification.

Note: The ForwardHealth-designated taxonomy code does not change provider certification or affect reimbursement terms.

ForwardHealth-Required Taxonomy Codes

Provider Type	Provider Specialty	Taxonomy Code	Taxonomy Description
Ambulance	Air Ambulance	3416A0800X	Air Transport
Ambulance	<ul style="list-style-type: none"> Land Ambulance Federally Qualified Health Center (FQHC) 	3416L0300X	Land Transport
Ambulance	Water Ambulance	3416S0300X	Water Transport
Ambulatory Surgical Center	N/A	261QA1903X	Ambulatory Surgical
Anesthetist	Anesthesiologist Assistant	367H00000X	Anesthesiologist Assistant
Anesthetist	<ul style="list-style-type: none"> Certified Registered Nurse Anesthetist Certified Registered Nurse Anesthetist Group 	367500000X	Nurse Anesthetist, Certified Registered
Audiologist	<ul style="list-style-type: none"> Audiologist Audiology Group 	231H00000X	Audiologist
Case Management	All	251B00000X	Case Management
Chiropractor	<ul style="list-style-type: none"> Chiropractor Chiropractic Group 	111N00000X	Chiropractor
Community Support Program	All	251S00000X	Community/Behavioral Health
Comprehensive Community Services	All	251S00000X	Community/Behavioral Health
Crisis Intervention	All	251S00000X	Community/Behavioral Health
Day Treatment	<ul style="list-style-type: none"> Adult Mental Health Substance Abuse 	261Q00000X	Clinic/Center
Day Treatment	Child Adolescent	261QM0855X	Adolescent and Children Mental Health
Dentist	Endodontics	1223E0200X	Endodontics
Dentist	General Practice	1223G0001X	General Practice
Dentist	Oral Pathology	1223P0106X	Oral and Maxillofacial Pathology
Dentist	Oral Surgery	1223S0112X	Oral and Maxillofacial Surgery
Dentist	Orthodontics	1223X0400X	Orthodontics and Dentofacial Orthopedics
Dentist	Pediatric Dentist	1223P0221X	Pediatric Dentistry
Dentist	Periodontics	1223P0300X	Periodontics
Dentist	Prosthodontics	1223P0700X	Prosthodontics
Dental Group	N/A	261QD0000X	Dental

Dental Hygienist	N/A	124Q00000X	Dental Hygienist
End-Stage Renal Disease (ESRD)	All	261QE0700X	ESRD Treatment
Facility for the Developmentally Disabled	All	315P00000X	Intermediate Care Facility
Family Planning Clinic	All	261QF0050X	Family Planning, Non-Surgical
Federally Qualified Health Clinic (FQHC)	N/A	261QF0400X	FQHC
HealthCheck	All	261QP2300X	Clinic Center/Primary
HealthCheck "Other Services"	N/A	261QH0100X	Health Service
Hearing Instrument Specialist	<ul style="list-style-type: none"> Hearing Instrument Specialist Hearing Instrument Specialist Group 	237700000X	Hearing Instrument Specialist
Home Health/Personal Care Agency	<ul style="list-style-type: none"> Home Health Only Provider Home Health/Personal Care Dually Certified Provider Federally Qualified Health Center (FQHC) 	251E00000X	Home Health
Hospice	All	251G00000X	Hospice Care, Community Based
Hospital	Inpatient/Outpatient Hospital	282N00000X	General Acute Care Hospital
Independent Lab	Independent Lab	291U00000X	Clinical Medical Laboratory
Individual Medical Supply	Federally Qualified Health Center (FQHC)	332B00000X	Durable Medical Equipment & Medical Supplies
Individual Medical Supply	<ul style="list-style-type: none"> Orthotist Orthotist/Prosthetist 	222Z00000X	Orthotist
Individual Medical Supply	Prosthetist	224P00000X	Prosthetic
Individual Medical Supply	Specialties other than Federally Qualified Health Center (FQHC), Orthotist, Prosthetist, and Orthotist/Prosthetist	335E00000X	Prosthetic Orthotic Supplier
Institution for Mental Disease	All	283Q00000X	Psychiatric Hospital
Medical Vendor	Federally Qualified Health Center (FQHC)	261QF0400X	FQHC
Medical Vendor	Medical Equipment/Supplies	332B00000X	Durable Medical Equipment & Medical Supplies
Mental Health and Substance Abuse Agency	All	261QM0801X	Mental Health, including Community Mental Health
Mental Health and Substance Abuse Services Provided by Individuals	Advanced Practice Nurse Prescriber	363LP0808X	Psychiatric/Mental Health
Mental Health and Substance Abuse Services Provided by Individuals	Substance Abuse Counselor	101YA0400X	Addiction (Substance Use Disorder)

Mental Health and Substance Abuse Services Provided by Individuals	<ul style="list-style-type: none"> Licensed Psychologist (PhD) Licensed Psychologist (PhD) Group 	103T00000X	Psychologist
Mental Health and Substance Abuse Services Provided by Individuals	<ul style="list-style-type: none"> Master's-Level Psychotherapist Master's-Level Psychotherapist/Substance Abuse Counselor 	104100000X	Social Worker
Mental Health and Substance Abuse Services Provided by Individuals	Psychiatric Nurse	163WP0808X	Psychiatric/Mental Health Registered Nurse
Narcotic Treatment Service	Licensed Practical Nurse (LPN)	164W000000X	LPN
Narcotic Treatment Service	Registered Substance Abuse Counselor/Narcotic Treatment Service	101YA0400X	Addiction (Substance Use Disorder)
Narcotic Treatment Service	Registered Nurse (RN)	163WA0400X	Addiction (Substance Use Disorder)
Narcotic Treatment Service Agency	N/A	261QM2800X	Methadone
Nurse Practitioner	Certified Family Nurse Practitioner	363LF0000X	Family
Nurse Practitioner	Certified Pediatric Nurse Practitioner	363LP0200X	Pediatrics
Nurse Practitioner	Nurse Practitioner/Nurse Midwife	367A00000X	Midwife, Certified Nurse
Nurse Practitioner	<ul style="list-style-type: none"> Specialties other than Pediatric Nurse Practitioner, Family Nurse Practitioner, Nurse Practitioner/Nurse Midwife Group 	363L00000X	Nurse Practitioner
Nurses in Independent Practice	Licensed Practical Nurse (LPN)	164W00000X	LPN
Nurses in Independent Practice	Registered Nurse (RN)	163W00000X	RN
Nurse Midwife	N/A	176B00000X	Midwife, Certified
Nursing Facility	N/A	314000000X	Skilled Nursing Facility
Occupational Therapy	<ul style="list-style-type: none"> Occupational Therapist Occupational Therapy Group 	225X00000X	Occupational Therapist
Occupational Therapy	Occupational Therapy Assistant	224Z00000X	Occupational Therapy Assistant
Optician	Optician	156FX1800X	Optician
Optometry	<ul style="list-style-type: none"> Optometrist Optometry Group 	152W00000X	Optometrist
Pharmacy	Pharmacy	333600000X	Pharmacy
Physical Therapy	Group	261QP2000X	Physical Therapy

Physical Therapy	Physical Therapist	225100000X	Physical Therapist
Physical Therapy	Physical Therapy Assistant	225200000X	Physical Therapy Assistant
Physician Clinic	Multi-Specialty	193200000X	Multi-Specialty
Physician and Physician Specialty Clinic	Allergy and Immunology	207K00000X	Allergy and Immunology
Physician and Physician Specialty Clinic	Anesthesiology	207L00000X	Anesthesiology
Physician and Physician Specialty Clinic	Cardiovascular Disease	207RC0000X	Cardiovascular Disease
Physician and Physician Specialty Clinic	Dermatology	207N00000X	Dermatology
Physician and Physician Specialty Clinic	Emergency Medicine	207P00000X	Emergency Medicine
Physician and Physician Specialty Clinic	Family Practice	207Q00000X	Family Practice
Physician and Physician Specialty Clinic	Gastroenterology	207RG0100X	Gastroenterology
Physician and Physician Specialty Clinic	General Practice	208D00000X	General Practice
Physician and Physician Specialty Clinic	General Surgery	208600000X	Surgery
Physician and Physician Specialty Clinic	Geriatrics	207QG0300X	Geriatric Medicine
Physician and Physician Specialty Clinic	Internal Medicine	207R00000X	Internal Medicine
Physician and Physician Specialty Clinic	Nephrology	207RN0300X	Nephrology
Physician and Physician Specialty Clinic	Neurological Surgery	207T00000X	Neurological Surgery
Physician and Physician Specialty Clinic	Neurology	2084N0400X	Neurology
Physician and Physician Specialty Clinic	Nuclear Medicine	207U00000X	Nuclear Medicine
Physician and Physician Specialty Clinic	Obstetrics and Gynecology	207V00000X	Obstetrics and Gynecology
Physician and Physician Specialty Clinic	Oncology and Hematology	207RH0003X	Hematology and Oncology
Physician and Physician Specialty Clinic	Ophthalmology	207W00000X	Ophthalmology
Physician and Physician Specialty Clinic	Orthopedic Surgery	207X00000X	Orthopedic Surgery
Physician and Physician Specialty Clinic	Otolaryngology	207Y00000X	Otolaryngology
Physician and Physician Specialty Clinic	<ul style="list-style-type: none"> • Pathology (individual) • Pathology (group) 	207ZC0500X 207ZP0102X	<ul style="list-style-type: none"> • Pathologist • Anatomic Pathology & Clinical Pathology

Physician and Physician Specialty Clinic	Pediatrician	208000000X	Pediatrics
Physician and Physician Specialty Clinic	Physical Medicine and Rehab	208100000X	Physical Medicine and Rehabilitation
Physician and Physician Specialty Clinic	Plastic Surgery	208200000X	Plastic Surgery
Physician and Physician Specialty Clinic	<ul style="list-style-type: none"> Preventive Medicine (individual) Preventive Medicine (group) 	2083P0901X 2083P0500X	<ul style="list-style-type: none"> Public Health and General Preventative Medicine Preventive Medicine/Occupational Environmental-Medicine
Physician and Physician Specialty Clinic	Proctology	208C00000X	Colon and Rectal Surgery
Physician and Physician Specialty Clinic	Psychiatry	2084P0800X	Psychiatry
Physician and Physician Specialty Clinic	Pulmonary Disease	207RP1001X	Pulmonary Disease
Physician and Physician Specialty Clinic	Radiology	2085R0202X	Diagnostic Radiology
Physician and Physician Specialty Clinic	Thoracic and Cardiovascular Surgery	208G00000X	Thoracic Surgery (Cardiothoracic Vascular Surgery)
Physician and Physician Specialty Clinic	Urology	208800000X	Urology
Physician Assistant	N/A	363A00000X	Physician Assistant
Podiatry	<ul style="list-style-type: none"> Podiatrist Podiatry Group 	213E00000X	Podiatrist
Portable X-Ray	N/A	261QR0208X	Radiology Mobile
Prenatal Care Coordination	All	251B00000X	Case Management
Rehabilitation Agency	All	261QR0400X	Rehabilitation
Rural Health Clinic	All	261QR1300X	Rural Health
School-Based Services	All	251300000X	Local Education Agency
Speech and Hearing Clinic	N/A	261QH0700X	Hearing and Speech
Speech-Language Pathology	Speech-Language Pathology — Bachelor's Level	2355S0801X	Speech-Language Assistant
Speech-Language Pathology	Speech-Language Pathology — Master's Level	235Z00000X	Speech-Language Pathologist
Speech-Language Pathology Clinic	N/A	235Z00000X	Speech-Language Pathologist
Therapy Group	Group	261QR0400X	Rehabilitation

Claims

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Archive Date:09/01/2011

Claims:Submission

Topic #561

Paper Claim Form Preparation and Data Alignment Requirements

Optical Character Recognition

Paper claims submitted to ForwardHealth on the 1500 Health Insurance Claim Form and UB-04 Claim Form are processed using OCR (Optical Character Recognition) software that recognizes printed, alphanumeric text. OCR software increases efficiency by alleviating the need for keying in data from paper claims.

The data alignment requirements do not apply to the [Compound Drug Claim \(F-13073 \(10/08\)\)](#) and the [Noncompound Drug Claim \(F-13072 \(10/08\)\)](#).

Speed and Accuracy of Claims Processing

OCR software processes claim forms by reading text within fields on claim forms. After a paper claim form is received by ForwardHealth, the claim form is scanned so that an image can be displayed electronically. The OCR software reads the electronic image on file and populates the information into the ForwardHealth interChange system. This technology increases accuracy by removing the possibility of errors being made during manual keying.

OCR software speeds paper claim processing, but only if providers prepare their claim forms correctly. In order for OCR software to read the claim form accurately, the quality of copy and the alignment of text within individual fields on the claim form need to be precise. If data are misaligned, the claim could be processed incorrectly. If data cannot be read by the OCR software, the process will stop and the electronic image of the claim form will need to be reviewed and keyed manually. This will cause an increase in processing time.

Handwritten Claims

Submitting handwritten claims should be avoided whenever possible. ForwardHealth accepts handwritten claims; however, it is very difficult for OCR software to read a handwritten claim. If a handwritten claim cannot be read by the OCR software, it will need to be keyed manually from the electronic image of the claim form. Providers should avoid submitting claims with handwritten corrections as this can also cause OCR software processing delays.

Use Original Claim Forms

Only original 1500 Health Insurance Claim Forms and UB-04 Claim Forms should be submitted. Original claim forms are printed in red ink and may be obtained from a federal forms supplier. ForwardHealth does not provide these claim forms. Claims that are submitted as photocopies cannot be read by OCR software and will need to be keyed manually from an electronic image of the claim form. This could result in processing delays.

Use Laser or Ink Jet Printers

It is recommended that claims are printed using laser or ink jet printers rather than printers that use DOT matrix. DOT matrix printers have breaks in the letters and numbers, which may cause the OCR software to misread the claim form. Use of old or worn ink cartridges should also be avoided. If the claim form is read incorrectly by the OCR software, the claim may be denied or

reimbursed incorrectly. The process may also be stopped if it is unable to read the claim form, which will cause a delay while it is manually reviewed.

Alignment

Alignment within each field on the claim form needs to be accurate. If text within a field is aligned incorrectly, the OCR software may not recognize that data are present within the field or may not read the data correctly. For example, if a reimbursement amount of \$300.00 is entered into a field on the claim form, but the last "0" is not aligned within the field, the OCR software may read the number as \$30.00, and the claim will be reimbursed incorrectly.

To get the best alignment on the claim form, providers should center information vertically within each field, and align all information on the same horizontal plane. Avoid squeezing two lines of text into one of the six line items on the 1500 Health Insurance Claim Form.

The following sample claim forms demonstrate correct and incorrect alignment:

- [Correct alignment](#) for the 1500 Health Insurance Claim Form.
- [Incorrect alignment](#) for the 1500 Health Insurance Claim Form.
- [Correct alignment](#) for the UB-04 Claim Form.
- [Incorrect alignment](#) for the UB-04 Claim Form.

Clarity

Clarity is very important. If information on the claim form is not clear enough to be read by the OCR software, the process may stop, prompting manual review.

The following guidelines will produce the clearest image and optimize processing time:

- Use 10-point or 12-point Times New Roman or Courier New font.
- Type all claim data in uppercase letters.
- Use only black ink to complete the claim form.
- Avoid using italics, bold, or script.
- Make sure characters do not touch.
- Make sure there are no lines from the printer cartridge anywhere on the claim form.
- Avoid using special characters such as dollar signs, decimals, dashes, asterisks, or backslashes, unless it is specified that these characters should be used.
- Use Xs in check boxes. Avoid using letters such as "Y" for "Yes," "N" for "No," "M" for "Male," or "F" for "Female."
- Do not highlight any information on the claim form. Highlighted information blackens when it is imaged, and the OCR software will be unable to read it.

Note: The above guidelines will also produce the clearest image for claims that need to be keyed manually from an electronic image.

Staples, Correction Liquid, and Correction Tape

The use of staples, correction liquid, correction tape, labels, or stickers on claim forms should be avoided. Staples need to be removed from claim forms before they can be imaged, which can damage the claim and cause a delay in processing time. Correction liquid, correction tape, labels, and stickers can cause data to be read incorrectly or cause the OCR process to stop, prompting manual review. If the form cannot be read by the OCR software, it will need to be keyed manually from an electronic image.

Additional Diagnosis Codes

ForwardHealth will accept up to eight diagnosis codes in Element 21 of the 1500 Health Insurance Claim Form. To correctly add additional diagnosis codes in this element so that it can be read properly by the OCR software, providers should indicate the fifth diagnosis code between the first and third diagnosis code blanks, the sixth diagnosis code between the second and fourth diagnosis code blanks, the seventh diagnosis code to the right of the third diagnosis code blank, and the eighth diagnosis code to the right of the fourth diagnosis code blank. Providers should not number any additional diagnosis codes.

Anchor Fields

Anchor fields are areas on the 1500 Health Insurance Claim Form and the UB-04 Claim Form that the OCR software uses to identify what type of form is being processed. The following fields on the 1500 Health Insurance Claim Form are anchor fields:

- Element 2 (Patient's Name).
- Element 4 (Insured's Name).
- Element 24 (Detail 1).

The following fields on the UB-04 Claim Form are anchor fields:

- Form Locator 4 (Type of Bill).
- Form Locator 5 (Fed. Tax No.).
- Form Locator 9 (Patient Address).
- Form Locator 58A (Insured's Name).

Since ForwardHealth uses these fields to identify the form as a 1500 Health Insurance Claim Form or a UB-04 Claim Form, it is required that these fields are completed for processing.

Sample of a Correctly Aligned 1500 Health Insurance Claim Form

1500 HEALTH INSURANCE CLAIM FORM									
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05									
PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) (SSN)</small>					1a. INSURED'S I.D. NUMBER (For Programs in Item 1) 1234567890				
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) MEMBER, IM A.					3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>				
5. PATIENT'S ADDRESS (No., Street) 609 WILLOW ST					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				
7. INSURED'S ADDRESS (No., Street)					7. INSURED'S ADDRESS (No., Street)				
CITY ANYTOWN STATE WI					8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>				
ZIP CODE 55555 TELEPHONE (Include Area Code) (XXX XXX-XXXX)					CITY STATE ZIP CODE TELEPHONE (Include Area Code)				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) OI-P					10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
a. OTHER INSURED'S POLICY OR GROUP NUMBER					11. INSURED'S POLICY GROUP OR FECA NUMBER M-8				
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>					a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>				
c. EMPLOYER'S NAME OR SCHOOL NAME					b. EMPLOYER'S NAME OR SCHOOL NAME				
d. INSURANCE PLAN NAME OR PROGRAM NAME					c. INSURANCE PLAN NAME OR PROGRAM NAME				
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED: _____ DATE: _____					13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED: _____ DATE: _____				
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) MM DD YY					15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY				
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE I.M. REFERRING PROVIDER					17a. NPI 0123456780				
19. RESERVED FOR LOCAL USE					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Repeat items 1, 2, 3 or 4 to item 24E by Line) 1. XX XX XX . XX 2. XX XX XX . XX 3. XX XX XX . XX 4. XX XX XX . XX					20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES				
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) EPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9-CM ICD-9-CM J. RENDERING PROVIDER ID #					22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER				
1 MM DD YY XX XXXXX XX X XXX XX 1					ZZ 123456789X NPI 0111111110				
25. FEDERAL TAX I.D. NUMBER SSN EIN					26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For opt. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) I.M. Provider MM/DD/YY					29. TOTAL CHARGE \$ XXX XX 29. AMOUNT PAID \$ XX XX 30. BALANCE DUE \$ XX XX				
32. SERVICE FACILITY LOCATION INFORMATION					33. BILLING PROVIDER INFO & PH # I.M. PROVIDER 1 W WILLIAMS ST ANYTOWN WI 55555-1234 a. 022222220 b. ZZ123456789X				
SIGNED: _____ DATE: _____					SIGNED: _____ DATE: _____				

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

Sample of an Incorrectly Aligned 1500 Health Insurance Claim Form

1500 HEALTH INSURANCE CLAIM FORM											
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05											
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input type="checkbox"/>											
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) MEMBER, IM A.											
3. PATIENT'S BIRTH DATE MM DD YY											
4. INSURED'S I.D. NUMBER 1234567890											
5. PATIENT'S ADDRESS (No., Street) 609 WILLOW ST.											
6. PATIENT RELATIONSHIP TO INSURED Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>											
7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)											
8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>											
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) OI-P											
10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>											
11. INSURED'S POLICY GROUP OR FECA NUMBER M-8											
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE SIGNED: _____ DATE: _____											
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE SIGNED: _____ DATE: _____											
14. DATE OF CURRENT ILLNESS (First symptoms) OR INJURY (Accident) OR PREGNANCY (M/P) MM DD YY											
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY											
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY											
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE I.M. REFERRING PROVIDER											
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY											
19. RESERVED FOR LOCAL USE 0123456780											
20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Please Items 1, 2, 3 or 4 to Item 24E by Line) 1. XX XX XX . XX 2. XX XX XX . XX 3. XX XX XX . XX 4. XX XX XX . XX											
22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. ZZ-123456789X											
23. PRIOR AUTHORIZATION NUMBER 0111111110											
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. PROCEDURE, SERVICE, OR SUPPLIES (English (Usual Circumstances) CPT/HCPCS I MODIFIER D. DIAGNOSIS POINTER E. \$ CHARGES F. \$ CHARGES G. CIP OF ICD-9-CM H. ICD-9-CM ICD-9-CM J. ICD-9-CM K. ICD-9-CM L. ICD-9-CM M. ICD-9-CM N. ICD-9-CM O. ICD-9-CM P. ICD-9-CM Q. ICD-9-CM R. ICD-9-CM S. ICD-9-CM T. ICD-9-CM U. ICD-9-CM V. ICD-9-CM W. ICD-9-CM X. ICD-9-CM Y. ICD-9-CM Z. ICD-9-CM											
25. FEDERAL TAX I.D. NUMBER SSN E IN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE											
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) I.M. Provider MM/DD/YY											
32. SERVICE FACILITY LOCATION INFORMATION I.M. PROVIDER 1 W WILLIAMS ST ANYTOWN WI 55555-1234 022222220 ZZ123456789X											

Sample of a Correctly Aligned UB-04 Claim Form

1 IM BILLING PROVIDER		2		3a PAF CONT. #		3b PAF RICH #		3c PAF TAX NO.		3d ESTIMATED COVERED PERIOD FROM		3e ESTIMATED COVERED PERIOD THROUGH		3f STATE	
1 W. WILSON				JED1234		03 765432		1234567890						XXX	
1 ANYTOWN WI 55555															
1 (444) 444-4444															
8 PATIENT NAME		9 PATIENT ADDRESS		4		5		6		7		8		9	
MEMBER, IM A		555 ORBITING DRIVE, WESTHILL, WI 52345													
10 BIRTHDATE		11 SEX		12 DATE		13 HR		14 TYPE		15 SRC		16 DHR		17 STAT	
07151955		F													
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37 OCCURRENCE SPAN FROM		38 OCCURRENCE SPAN THROUGH	
39 CODE		40 VALUE CODES AMOUNT		41 CODE		42 VALUE CODES AMOUNT		43 CODE		44 VALUE CODES AMOUNT		45 CODE		46 VALUE CODES AMOUNT	
47 REV. ID		48 DESCRIPTION		49 HOURS / RATE / HIPS CODE		50 SERV. DATE		51 SERV. UNITS		52 TOTAL CHARGES		53 NON-COVERED CHARGES		54	
550				XXXXX		MMDDYY		1		XXX XX		DD			
580				XXXXX		MMDDYY		1		XXX XX		DD			
PAGE		OF		CREATION DATE		TOTALS								XXX XX	
55 PRIOR NAME		56 HEALTH PLAN ID		57 PHL		58 PHL		59 PRIOR PAYMENTS		60 EST. AMOUNT DUE		61 NPI		62 OTHER PAY ID	
MEDICARE								XX XX						87654321	
XYZ INSURANCE															
T19 MEDICAID															
63 INSURED'S NAME		64 PHL		65 INSURED'S UNIQUE ID		66 GROUP NAME		67 INSURANCE GROUP NO.							
IM INSURED				1234567890											
68 TREATMENT AUTHORIZATION CODES		69 DOCUMENT CONTROL NUMBER		70 EMPLOYER NAME											
XXXXX															
71 ADMIT DATE		72 REASON FOR ADMISSION		73 ICD-9 CODE		74 ICD-9 CODE		75 ICD-9 CODE		76 ATTENDING		77 OPERATING		78	
										1D 12345678		PROVIDER		I.M.	
79 OTHER PROCEDURE DATE		80 OTHER PROCEDURE CODE		81 OTHER PROCEDURE DATE		82 OTHER PROCEDURE CODE		83 OTHER PROCEDURE DATE		84 OTHER PROCEDURE CODE		85 OTHER PROCEDURE DATE		86 OTHER PROCEDURE CODE	
87 REMARKS		88		89		90		91		92		93		94	
M-7															

Sample of an Incorrectly Aligned UB-04 Claim Form

IM BILLING PROVIDER
1 W. WILSON
ANYTOWN WI 55555
(444) 444-4444

JED1234
03 765432

XXX

MEMBER, IM A
555 ORBITING DRIVE, WESTHILL, WI 52345

07151955 F

550
580

XXXX
XXXX

MMDDYY
MMDDYY

1
1

XXX XX
XXX XX

DD
DD

XXX XX

87654321

1234567890

XXXX

PROVIDER

1D 12345678
I.M.

M-7
OI-P

Topic #10637

Reimbursement Reduction for Most Paper Claims

As a result of the Medicaid Rate Reform project, ForwardHealth will reduce reimbursement on most claims submitted to ForwardHealth on paper. Most paper claims will be subject up to a \$1.10 reimbursement reduction per claim.

For each claim that a reimbursement reduction was applied, providers will receive an EOB (Explanation of Benefits) to notify

them of the payment reduction. For claims with reimbursement reductions, the EOB will state the following, "This claim is eligible for electronic submission. Up to a \$1.10 reduction has been applied to this claim payment."

If a paid claim's total reimbursement amount is less than \$1.10, ForwardHealth will reduce the payment up to a \$1.10. The claim will show on the RA (Remittance Advice) as paid but with a \$0 paid amount.

The reimbursement reduction applies to the following paper claims:

- 1500 Health Insurance Claim Form.
- UB-04 (CMS 1450) Claim Form.
- Compound Drug Claim form.
- Noncompound Drug Claim form.

Exceptions to Paper Claim Reimbursement Reduction

The reimbursement reduction will not affect the following providers or claims:

- In-state emergency providers.
- Out-of-state providers.
- Medicare Crossover Claims.
- Any claims that ForwardHealth requires additional supporting information to be submitted on paper. For example:
 - Hysterectomy claims must be submitted along with a paper [Acknowledgment of Receipt of Hysterectomy Information \(F-1160A \(10/08\)\)](#) form.
 - Sterilization claims must be submitted along with a paper [Consent for Sterilization \(F-1164 \(10/08\)\)](#) form.
 - Claims submitted to Timely Filing appeals must be submitted on paper with a [Timely Filing Appeals Request \(F-13047 \(10/08\)\)](#) form.
 - In certain circumstances, drug claims must be submitted on paper with a [Pharmacy Special Handling Request \(F-13074 \(04/11\)\)](#) form.

Covered and Noncovered Services

3

Archive Date:09/01/2011

Covered and Noncovered Services:Codes

Topic #643

Unlisted Procedure Codes

According to the HCPCS (Healthcare Common Procedure Coding System) code book, if a service is provided that is not accurately described by other HCPCS CPT (Current Procedural Terminology) procedure codes, the service should be reported using an unlisted procedure code.

Before considering using an unlisted, or NOC (not otherwise classified), procedure code, a provider should determine if there is another more specific code that could be indicated to describe the procedure or service being performed/provided. If there is no more specific code available, the provider is required to submit the appropriate documentation, which could include a PA (prior authorization) request, to justify use of the unlisted procedure code and to describe the procedure or service rendered. Submitting the proper documentation, which could include a PA request, may result in more timely claims processing.

Unlisted procedure codes should not be used to request adjusted reimbursement for a procedure for which there is a more specific code available.

Unlisted Codes That Do Not Require Prior Authorization or Additional Supporting Documentation

For a limited group of unlisted procedure codes, ForwardHealth has established specific policies for their use and associated reimbursement. These codes do not require PA or additional documentation to be submitted with the claim. Providers should refer to their service-specific area of the Online Handbook on the ForwardHealth Portal for details about these unlisted codes.

For most unlisted codes, ForwardHealth requires additional documentation.

Unlisted Codes That Require Prior Authorization

Certain unlisted procedure codes require PA. Providers should follow their service-specific PA instructions and documentation requirements for requesting PA. For a list of procedure codes for which ForwardHealth requires PA, refer to the service-specific interactive [maximum allowable fee schedules](#).

In addition to a properly completed PA request, documentation submitted on the service-specific PA attachment or as additional supporting documentation with the PA request should provide the following information:

- Specifically identify or describe the name of the procedure/service being performed or billed under the unlisted code.
- List/justify why other codes are not appropriate.
- Include only relevant documentation.
- Include all required clinical/supporting documentation.

For most situations, once the provider has an approved PA request for the unlisted procedure code, there is no need to submit additional documentation along with the claim.

Unlisted Codes That Do Not Require Prior Authorization

If an unlisted procedure code does not require PA, documentation submitted with the claim to justify use of the unlisted code and

to describe the procedure/service rendered must be sufficient to allow ForwardHealth to determine the nature and scope of the procedure and to determine whether or not the procedure is covered and was medically necessary, as defined in Wisconsin Administrative Code.

The documentation submitted should provide the following information related to the unlisted code:

- Specifically identify or describe the name of the procedure/service being performed or billed under the unlisted code.
- List/justify why other codes are not appropriate.
- Include only relevant documentation.

How to Submit Claims and Related Documentation

Claims including an unlisted procedure code and supporting documentation may be submitted to ForwardHealth in the following ways:

- On paper with supporting information/description included in Element 19 of the 1500 Health Insurance Claim Form.
- On paper with supporting documentation submitted on paper. This option should be used if Element 19 does not allow enough space for the description or when billing multiple unlisted procedure codes. Providers should indicate "See Attachment" in Element 19 of the paper claim and send the supporting documentation along with the paper claim.
- Electronically, either using Direct Data Entry through the ForwardHealth Portal, PES (Provider Electronic Solutions) transactions, or 837 Health Care Claim electronic transactions, with supporting documentation included electronically in the Notes field. The Notes field is limited to 80 characters.
- Electronically with an indication that supporting documentation will be submitted separately on paper. This option should be used if the Notes field does not allow enough space for the description or when billing multiple unlisted procedure codes. Providers should indicate "See Attachment" in the Notes field of the electronic transaction and submit the supporting documentation on paper.
- Upload claim attachments via the secure Provider area of the Portal.

Covered Services and Requirements

Topic #479

A Comprehensive Overview

Even though coverage is based on pregnancy, women who are covered for the BadgerCare Expansion for Certain Pregnant Women are covered for *all* Medicaid-covered services. (They are not limited to pregnancy-related services.)

Postpartum care is reimbursable *only* if provided as part of global obstetric care.

Topic #480

Emergency Services for Non-U.S. Citizens

When enrollment ends for pregnant non-U.S. citizens who are not qualified aliens, they receive coverage for emergency services as defined by [DHS 101.03\(52\)](#), Wis. Admin. Code.

Topic #787

Global Obstetric Care

When submitting claims for women who are enrolled for the BadgerCare Expansion for Certain Pregnant Women, providers may submit claims for individual services or global obstetric care if appropriate. Providers choosing to submit claims for global obstetric care are required to perform all of the following:

- A minimum of six antepartum visits.
- Vaginal or cesarean delivery.
- The post-delivery hospital visit and a minimum of one postpartum office visit.

If fewer than six antepartum visits have been performed for these women, the provider may *not* be reimbursed for global obstetric care or for postpartum care.

Member Information

4

Archive Date:09/01/2011

Member Information:Enrollment Categories

Topic #785

BadgerCare Expansion for Certain Pregnant Women

As a result of 2005 Wisconsin Act 25, the 2005-07 biennial budget, BadgerCare has expanded coverage to the following individuals:

- Pregnant non-U.S. citizens who are not qualified aliens but meet other eligibility criteria for BadgerCare.
- Pregnant individuals detained by legal process who meet other eligibility criteria for BadgerCare.

The BadgerCare Expansion for Certain Pregnant Women is designed to provide better birth outcomes.

Women are eligible for all covered services from the first of the month in which their pregnancy is verified or the first of the month in which the application for BadgerCare Plus is filed, whichever is later. Members are enrolled through the last day of the month in which they deliver or the pregnancy ends. Postpartum care is reimbursable *only* if provided as part of global obstetric care. Even though enrollment is based on pregnancy, these women are eligible for *all* covered services. (They are not limited to pregnancy-related services.)

These women are not presumptively eligible. Providers should refer them to the appropriate county/tribal social or human services agency where they can apply for this coverage.

Fee-for-Service

Pregnant non-U.S. citizens who are not qualified aliens and pregnant individuals detained by legal process receive care only on a fee-for-service basis. Providers are required to follow all program requirements (e.g., claims submission procedures, PA (prior authorization) requirements) when providing services to these women.

Emergency Services for Non-U.S. Citizens

When BadgerCare Plus enrollment ends for pregnant non-U.S. citizens who are not qualified aliens, they receive coverage for emergency services. These women receive emergency coverage for 60 days after the pregnancy ends; this coverage continues through the end of the month in which the 60th day falls (e.g., a woman who delivers on June 20, 2006, would be enrolled through the end of August 2006).

Enrollment Verification

Topic #786

Verifying Enrollment

Women who enroll for the BadgerCare Expansion for Certain Pregnant Women are established on the Wisconsin EVS (Enrollment Verification System). When verifying enrollment for these women, the EVS indicates that they are enrolled for all Medicaid-covered services.

When verifying enrollment for non-U.S. citizens who are enrolled only for emergency services, the EVS indicates that the woman is enrolled only for emergency services.

Identification Cards

Topic #868

Forward Cards

Women who enroll for the BadgerCare Expansion for Certain Pregnant Women receive a Forward card after coverage is established.

Resources

5

Archive Date:09/01/2011

Resources:Contact Information

Topic #4456

Resources Reference Guide

The [Provider Services and Resources Reference Guide](#) lists services and resources available to providers and members with contact information and hours of availability.

Provider Services and Resources

Services and resources, contact information, and hours of availability are effective after ForwardHealth implementation, unless otherwise noted.

ForwardHealth Portal	www.forwardhealth.wi.gov/	24 hours a day, seven days a week
Public and secure access to ForwardHealth information with direct link to contact Provider Services for up-to-date access to ForwardHealth programs information, including publications, fee schedules, and forms.		
WiCall Automated Voice Response System	(800) 947-3544	24 hours a day, seven days a week
WiCall, the ForwardHealth Automated Voice Response system, provides responses to the following inquiries: <ul style="list-style-type: none"> • Checkwrite. • Claim status. • Prior authorization. • Member enrollment. 		
ForwardHealth Provider Services Call Center	(800) 947-9627	Monday through Friday, 7:00 a.m. to 6:00 p.m. (Central Time)*
To assist providers in the following programs: <ul style="list-style-type: none"> • BadgerCare Plus. • Medicaid. • SeniorCare. • Wisconsin Well Woman Medicaid. • Wisconsin Chronic Disease Program (WCDP). • Wisconsin Well Woman Program (WWWP). • Wisconsin Medicaid and BadgerCare Plus Managed Care Programs. 		
ForwardHealth Portal Helpdesk	(866) 908-1363	Monday through Friday, 8:30 a.m. to 4:30 p.m. (Central Time)*
To assist providers and trading partners with technical questions regarding Portal functions and capabilities, including Portal accounts, registrations, passwords, and submissions through the Portal.		
Electronic Data Interchange Helpdesk	(866) 416-4979	Monday through Friday, 8:30 a.m. to 4:30 p.m. (Central Time)*
For providers, trading partners, billing services, and clearing houses with technical questions about the following: <ul style="list-style-type: none"> • Electronic transactions. • Companion documents. • Provider Electronic Solutions (PES) software. 		
Managed Care Ombudsman Program	(800) 760-0001	Monday through Friday, 7:00 a.m. to 6:00 p.m. (Central Time)*
To assist managed care enrollees with questions about enrollment, rights, responsibilities, and general managed care information.		
Member Services	(800) 362-3002	Monday through Friday, 7:00 a.m. to 6:00 p.m. (Central Time)*
To assist ForwardHealth members or persons calling on behalf of members with program information and requirements, enrollment, finding certified providers, and resolving concerns.		

* With the exception of state-observed holidays.

Electronic Data Interchange

Topic #11907

5010 Companion Guides and NCPDP Version D.0 Payer Sheet

The HIPAA (Health Insurance Portability and Accountability Act of 1996) ASC (Accredited Standards Committee) X12 version 5010 companion guides and the NCPDP (National Council for Prescription Drug Programs) version D.0 payer sheet are available for download on the [HIPAA Version 5010 Companion Guides and NCPDP Version D.0 Payer Sheet page](#) of the ForwardHealth Portal for the following transactions:

- 270/271 Health Care Eligibility/Benefit Inquiry and Information Response.
- 276/277 Health Care Claim Status Request and Response.
- 835 Health Care Claim Payment/Advice.
- 837 Health Care Claim: Professional.
- 837 Health Care Claim: Institutional.
- 837 Health Care Claim: Dental.
- 999 Functional Acknowledgment. (*Note:* The 999 will replace the 997 Functional Acknowledgment.)
- TA1 Interchange Acknowledgment.
- NCPDP version D.0.

The 5010 companion guides and the payer sheet will completely replace the companion documents used for version 4010 and NCPDP version 5.1 and will not include the summary of changes known as the "revision log."

The companion guides and the payer sheet provide ForwardHealth-specific information that should be used with the national HIPAA Implementation Guides. Implementation Guides define the national data standards, electronic format, and values required for each data element within an electronic transaction.

To request paper copies of the companion guides or the payer sheet, providers may contact [Provider Services](#).

Compliance Testing

Each HIPAA covered entity (i.e., provider, payer, clearinghouse, or other vendor) is responsible for ensuring its own compliance with versions 5010 and D.0 transaction requirements. Providers who contract with billing services, clearinghouses, or other vendors are responsible for ensuring the services provided by their contractors are compliant with HIPAA and ForwardHealth requirements.

After completing internal testing, covered entities are required to complete compliance testing with ForwardHealth to ensure that they are able to submit and receive versions 5010 and D.0 transactions and have identified and resolved all issues prior to the January 1, 2012, implementation date.

Version 5010

Prior to submitting version 5010-compliant electronic transactions to the ForwardHealth production environment, trading partners are required to:

- Update their Trading Partner Profile on the Portal and agree to the revised Trading Partner Agreement.

- Complete compliance testing procedures as outlined in their 5010 Standard Testing Packet, found on the [HIPAA Version 5010 and NCPDP Version D.0 Electronic Transaction Standards page](#) of the Portal.

Trading partners may start compliance testing on October 15, 2011.

Version D.0

Providers may work with their VAN (Value Added Network) to complete any testing for version D.0 transactions; there will not be any direct testing between providers and ForwardHealth. Providers should contact their VAN or switch vendor for information or questions they may have regarding version D.0 preparedness.

Dual Processing Period

There will be a dual processing or transition period between October 15 and December 31, 2011, during which ForwardHealth will accept in the production environment the current version 4010 and NCPDP version 5.1 transactions *and* the new version 5010 and NCPDP version D.0 transactions, except for the 270/271 and 276/277 transactions.

For the 270/271 and 276/277 transactions, the transition period during which ForwardHealth will accept versions 4010 and 5010 will be from November 12 to December 31, 2011.

Topic #461

Electronic Data Interchange Helpdesk

The [EDI \(Electronic Data Interchange\) Helpdesk](#) assists anyone interested in becoming a trading partner with getting started and provides ongoing support pertaining to electronic transactions. Providers, billing services, and clearinghouses are encouraged to contact the EDI Helpdesk for test packets and/or technical questions.

Providers with policy questions should call [Provider Services](#).

Enrollment Verification

Topic #469

An Overview

Providers should always verify a member's enrollment before providing services, both to determine enrollment for the current date (since a member's enrollment status may change) and to discover any limitations to the member's coverage. Each enrollment verification method allows providers to verify the following prior to services being rendered:

- A member's enrollment in a ForwardHealth program(s).
- State-contracted MCO (managed care organization) enrollment.
- Medicare enrollment.
- Limited benefits categories.
- Any other commercial health insurance coverage.
- Exemption from copayments for BadgerCare Plus members.

Topic #4903

Copayment Information

If a member is enrolled in BadgerCare Plus and is exempted from paying copayments for services, providers will receive the following response to an enrollment query from all methods of enrollment verification:

- The name of the benefit plan.
- The member's enrollment dates.
- The message, "No Copay."

If a member is enrolled in BadgerCare Plus and is required to pay copayments, providers will be given the name of the benefit plan in which the member is enrolled and the member's enrollment dates for the benefit plan only.

Note: The BadgerCare Plus Core Plan may also charge different copayments for hospital services depending on the member's income level. Members identified as "BadgerCare Plus Core Plan 1" are subject to lower copayments for hospital services. Members identified as "BadgerCare Plus Core Plan 2" are subject to higher copayments for hospital services.

Topic #4901

Enrollment Verification on the Portal

The secure ForwardHealth Portal offers real-time member enrollment verification for all ForwardHealth programs. Providers will be able to use this tool to determine:

- The benefit plan(s) in which the member is enrolled.
- If the member is enrolled in a state-contracted managed care program (for Medicaid and BadgerCare Plus members).
- If the member has any other coverage, such as Medicare or commercial health insurance.
- If the member is exempted from copayments (BadgerCare Plus members only).

To access enrollment verification via the ForwardHealth Portal, providers will need to do the following:

- Go to the ForwardHealth Portal.
- Establish a provider account.
- Log into the secure Portal.
- Click on the menu item for enrollment verification.

Providers will receive a unique transaction number for each enrollment verification inquiry. Providers may access a history of their enrollment inquiries using the Portal, which will list the date the inquiry was made and the enrollment information that was given on the date that the inquiry was made. For a more permanent record of inquiries, providers are advised to use the "print screen" function to save a paper copy of enrollment verification inquiries for their records or document the transaction number at the beginning of the response, for tracking or research purposes. This feature allows providers to access enrollment verification history when researching claim denials due to enrollment issues.

The Provider Portal is available 24 hours a day, seven days a week.

Topic #4900

Entering Dates of Service

Enrollment information is provided based on a "From" DOS (date of service) and a "To" DOS that the provider enters when making the enrollment inquiry. For enrollment inquiries, a "From" DOS is the earliest date for which the provider is requesting enrollment information and the "To" DOS is the latest date for which the provider is requesting enrollment information.

Providers should use the following guidelines for entering DOS when verifying enrollment for Wisconsin Medicaid, BadgerCare Plus, SeniorCare, or WCDP (Wisconsin Chronic Disease Program) members:

- The "From" DOS is the earliest date the provider requires enrollment information.
- The "To" DOS must be within 365 days of the "From" DOS.
- If the date of the request is prior to the 20th of the current month, then providers may enter a "From" DOS and "To" DOS up to the end of the current calendar month.
- If the date of the request is on or after the 20th of the current month, then providers may enter a "From" DOS and "To" DOS up to the end of the following calendar month.

For example, if the date of the request was November 15, 2008, the provider could request dates up to and including November 30, 2008. If the date of the request was November 25, 2008, the provider could request dates up to and including December 31, 2008.

Topic #4899

Member Identification Card Does Not Guarantee Enrollment

Most members receive a member identification card, but possession of a program identification card does not guarantee enrollment. Periodically, members may become ineligible for enrollment, only to re-enroll at a later date. Members are told to keep their cards even though they may have gaps in enrollment periods. It is possible that a member will present a card when he or she is not enrolled; therefore, it is essential that providers verify enrollment before providing services. To reduce claim denials, it is important that providers verify the following information prior to each DOS (date of service) that services are provided:

- If a member is enrolled in any ForwardHealth program, including benefit plan limitations.

- If a member is enrolled in a managed care organization.
- If a member is in primary provider lock-in status.
- If a member has Medicare or other insurance coverage.

Topic #4898

Responses Are Based on Financial Payer

When making an enrollment inquiry through Wisconsin's EVS (Enrollment Verification System), the returned response will provide information on the member's enrollment in benefit plans based on financial payers.

There are three financial payers under ForwardHealth:

- Medicaid (Medicaid is the financial payer for Wisconsin Medicaid, BadgerCare Plus, and SeniorCare).
- WCDP (Wisconsin Chronic Disease Program).
- WWWP (Wisconsin Well Woman Program).

Within each financial payer are benefit plans. Each member is enrolled under at least one of the three financial payers, and under each financial payer, is enrolled in at least one benefit plan. An individual member may be enrolled under more than one financial payer. (For instance, a member with chronic renal disease may have health care coverage under the BadgerCare Plus Standard Plan and the WCDP chronic renal disease program. The member is enrolled under two financial payers, Medicaid and WCDP.) Alternatively, a member may have multiple benefits under a single financial payer. (For example, a member may be covered by the TB-Only (Tuberculosis-Related Services Only) Benefit and Family Planning Only Services at the same time, both of which are administered by Medicaid.)

Portal

Topic #11057

ASC X12 Version 5010 and NCPDP Version D.0 Implementation Page

ForwardHealth has established a page on the ForwardHealth Portal designed to keep providers and trading partners informed of important dates and information related to the implementation of the new HIPAA (Health Insurance Portability and Accountability Act of 1996) ASC X12 version 5010 and NCPDP (National Council for Prescription Drug Programs) telecommunication standard version D.0. Providers, trading partners, partners, MCOs (managed care organizations), and other interested parties are encouraged to check the 5010 page of the Portal often, as ForwardHealth will post new information regularly.

As information becomes available, ForwardHealth plans to include the following on the version 5010 and version D.0 page of the Portal:

- Questions and answers about the transition to the new standards.
- Companion documents for the new standards.
- External compliance testing schedule and procedures.
- Links to national resources for version 5010 and version D.0 transactions.
- An e-mail address to which providers and trading partners can send their questions (*forwardhealth5010support@wi.gov*).

Topic #5157

Cost Share Reports for Long-Term Managed Care Organizations

Individual cost share reports for long-term care MCOs (managed care organizations) that provide Family Care, Family Care Partnership, and PACE (Program of All-Inclusive Care for the Elderly) services are available via the secure area of the ForwardHealth Portal and can be downloaded as an Excel file.

Topic #4345

Creating a Provider Account

Each provider needs to designate one individual as an administrator of the ForwardHealth Portal account. This user establishes the administrative account once his or her PIN (Personal Identification Number) is received. The administrative user is responsible for this provider account and is able to add accounts for other users (clerks) within his or her organization and assign security roles to clerks that have been established. To establish an administrative account after receiving a PIN, the administrative user is required to follow these steps:

1. Go to the ForwardHealth Portal.
2. Click the **Providers** button.
3. Click **Logging in for the first time?**
4. Enter the Login ID and PIN. The Login ID is the provider's NPI or provider number.

5. Click **Setup Account**.
6. At the Account Setup screen, enter the user's information in the required fields.
7. Read the security agreement and click the checkbox to indicate agreement with its contents.
8. Click **Submit** when complete.

Once in the secure Provider area of the Portal, the provider may conduct business online with ForwardHealth via a secure connection. Providers may also perform the following administrative functions from the Provider area of the Portal:

- Establish accounts and define access levels for clerks.
- Add other organizations to the account.
- Switch organizations.

A user's guide containing detailed instructions for performing these functions can be found on the Portal.

Topic #4340

Designating a Trading Partner to Receive 835 Health Care Claim Payment/Advice Transactions

Providers must designate a trading partner to receive their 835 (835 Health Care Claim Payment/Advice) transaction for ForwardHealth interChange.

Providers who wish to submit their 835 designation via the Portal are required to create and establish a provider account to have access to the secure area of the Portal.

To designate a trading partner to receive 835 transactions, providers must first complete the following steps:

- Access the Portal and log into their secure account by clicking the Provider link/button.
- Click on the Designate 835 Receiver link on the right-hand side of the secure home page.
- Enter the identification number of the trading partner that is to receive the 835 in the Trading Partner ID field.
- Click Save.

Providers who are unable to use the Portal to designate a trading partner to receive 835 transactions may call the [EDI \(Electronic Data Interchange\) Helpdesk](#) or submit a [paper \(Trading Partner 835 Designation, F-13393 \(08/08\)\)](#) form.

Topic #4338

ForwardHealth Portal

Providers, members, trading partners, managed care programs, and partners have access to public *and* secure information through the ForwardHealth Portal.

The Portal has the following areas:

- Providers (public and secure).
- Trading Partners.
- Members.
- MCO (managed care organization).
- Partners.

The secure Portal allows providers to conduct business and exchange electronic transactions with ForwardHealth. The public Portal contains general information accessible to all users. Members can access general health care program information and apply for benefits [online](#).

Topic #4441

ForwardHealth Portal Helpdesk

Providers and trading partners may call the [ForwardHealth Portal Helpdesk](#) with technical questions on Portal functions, including their Portal accounts, registrations, passwords, and submissions through the Portal.

Topic #4451

Inquiries to ForwardHealth Via the Portal

Providers are able to contact Provider Services through the ForwardHealth Portal by clicking the [Contact](#) link and entering the relevant inquiry information, including selecting the preferred method of response (i.e., telephone call or e-mail). Provider Services will respond to the inquiry by the preferred method of response indicated within five business days.

Topic #4400

Internet Connection Speed

ForwardHealth recommends providers have an Internet connection that will provide an upload speed of at least 768 Kbps and a download speed of at least 128 Kbps in order to efficiently conduct business with ForwardHealth via the Portal.

For [PES \(Provider Electronic Solutions\)](#) users, ForwardHealth recommends an Internet connection that will provide a download speed of at least 128 Kbps for downloading PES software and software updates from the Portal.

These download speeds are generally not available through a dial-up connection.

Topic #4351

Logging in to the Provider Area of the Portal

Once an administrative user's or other user's account is set up, he or she may log in to the Provider area of the Portal to conduct business. To log in, the user is required to click the "Provider" link or button, then enter his or her username and password and click "Go" in the Login to Secure Site box at the right side of the screen.

Topic #4743

Managed Care Organization Portal

Information and Functions Through the Portal

The [MCO \(managed care organization\) area](#) of the ForwardHealth Portal allows state-contracted MCOs to conduct business with ForwardHealth. The Public MCO page offers easy access to key MCO information and Web tools. A log-in is required to access the secure area of the Portal to submit or retrieve account and member information which may be sensitive.

The following information is available through the Portal:

- Certified Provider Listing of all Medicaid-certified providers.
- Coordination of Benefits Extract/Insurance Carrier Master List information updated quarterly.
- Data Warehouse, which is linked from the Portal to Business Objects. The Business Objects function allows for access to MCO data for long term care MCOs.
- Electronic messages.
- Enrollment verification by entering a member ID or SSN (Social Security number) with date of birth and a "from DOS (date of service)" and a "to DOS" range. A transaction number is assigned to track the request.
- Member search function for retrieving member information such as medical status code, and managed care and Medicare information.
- Provider search function for retrieving provider information such as address, telephone number, provider ID, and taxonomy code (if applicable), and provider type and specialty.
- HealthCheck information.
- MCO contact information.
- Technical contact information. Entries may be added via the Portal.

Topic #5158

Managed Care Organization Portal Reports

The following reports are generated to MCOs (managed care organizations) through their account on the ForwardHealth MCO Portal:

- Capitation Payment Listing Report.
- Cost Share Report (long-term MCOs only).
- Enrollment Reports.

MCOs are required to establish a Portal account in order to receive reports from ForwardHealth.

Capitation Payment Listing Report

The Capitation Payment Listing Report provides "payee" MCOs with a detailed listing of the members for whom they receive capitation payments. ForwardHealth interChange creates adjustment transaction information weekly and regular capitation transaction information monthly. The weekly batch report includes regular and adjustment capitation transactions. MCOs have the option of receiving both the Capitation Payment Listing Report and the 820 Payroll Deducted and Other Group Premium Payment for Insurance Products transactions.

Initial Enrollment Roster Report

The Initial Enrollment Roster Report is generated according to the annual schedules detailing the number of new and continuing members enrolled in the MCO and those disenrolled before the next enrollment month.

Final Enrollment Roster Report

The Final Enrollment Roster Report is generated the last business day of each month and includes members who have had a change in status since the initial report and new members who were enrolled after the Initial Enrollment Roster Report was generated.

Other Reports

Additional reports are available for BadgerCare Plus HMOs, SSI HMOs, and long-term MCOs. Some are available via the Portal and some in the secure FTP (file transfer protocol).

Topic #4744

Members ForwardHealth Portal

Members can access ForwardHealth information by going to the ForwardHealth Portal. Members can search through a directory of providers by entering a ZIP code, city, or county. Members can also access all member-related ForwardHealth applications and forms. Members can use [ACCESS](#) to check availability, apply for benefits, check current benefits, and report any changes.

Topic #4344

Obtaining a Personal Identification Number

To establish an account on the ForwardHealth Portal, providers are required to obtain a PIN (Personal Identification Number). The PIN is a unique, nine-digit number assigned by ForwardHealth interChange for the sole purpose of allowing a provider to establish a Portal account. It is used in conjunction with the provider's login ID. Once the Portal account is established, the provider will be prompted to create a username and password for the account, which will subsequently be used to log in to the Portal.

Note: The PIN used to create the provider's Portal account is not the same PIN used for recertification on the Portal. Providers will receive a separate PIN for recertification.

A provider may need to request more than one PIN if he or she is a provider for more than one program or has more than one type of provider certification. A separate PIN will be needed for each provider certification. Health care providers will need to supply their NPI (National Provider Identifier) and corresponding taxonomy code when requesting an account. Non-healthcare providers will need to supply their unique provider number.

Providers may request a PIN by following these steps:

1. Go to the [Portal](#).
2. Click on the "Providers" link or button.
3. Click the "Request Portal Access" link from the Quick Links box on the right side of the screen.
4. At the Request Portal Access screen, enter the following information:
 - a. Health care providers are required to enter their NPI and click "Search" to display a listing of ForwardHealth certifications. Select the correct certification for the account. The taxonomy code, ZIP+4 code, and financial payer for that certification will be automatically populated. Enter the SSN (Social Security number) or TIN (Tax Identification Number).
 - b. Non-healthcare providers are required to enter their provider number, financial payer, and SSN or TIN. (This option should only be used by non-healthcare providers who are exempt from NPI requirements).

The financial payer is one of the following:

- Medicaid (Medicaid is the financial payer for Wisconsin Medicaid, BadgerCare Plus, and Senior Care).
- SSI (Supplemental Security Income).
- WCDP (Wisconsin Chronic Disease Program).
- The WWWP (Wisconsin Well Woman Program).

- c. Click **Submit**.

- d. Once the Portal Access Request is successfully completed, ForwardHealth will send a letter with the provider's PIN to the address on file.

Topic #4740

Public Area of the Provider Portal

The public Provider area of the ForwardHealth Portal offers a variety of important business features and functions that will greatly assist in daily business activities with ForwardHealth programs.

Maximum Allowable Fee Schedules

Within the Portal, all [fee schedules](#) for Medicaid, BadgerCare Plus, and WCDP (Wisconsin Chronic Disease Program) are interactive and searchable. Providers can enter the DOS (date of service), along with other information such as procedure code, category of supplies, or provider type, to find the maximum allowable fee. Providers can also download all fee schedules.

Online Handbook

The Online Handbook is the single source for all current policy and billing information for ForwardHealth. The Online Handbook is designed to sort information based on user-entered criteria, such as program and provider type.

Revisions to policy information are incorporated into the Online Handbook in conjunction with published *Updates*. The Online Handbook also links to the [ForwardHealth Publications page](#), an archive section where providers can research previously published *Updates*.

ForwardHealth Publications Archive Section

The [ForwardHealth Publications page](#), available via the Quick Links box, lists *Updates*, *Update Summaries*, archives of provider Handbooks and provider guides, and monthly archives of the Online Handbook. The ForwardHealth Publications page contains both current and obsolete information for research purposes only. Providers should use the Online Handbook for current policy and procedure questions. The *Updates* are searchable by provider type or program (e.g., physician or HealthCheck "Other Services") and by year of publication.

Training

Providers can register for all scheduled trainings and view online trainings via the [Portal Training page](#), which contains an up-to-date calendar of all available training. Additionally, providers can view [Webcasts](#) of select trainings.

Contacting Provider Services

Providers and other Portal users will have an additional option for contacting Provider Services through the Contact link on the Portal. Providers can enter the relevant inquiry information, including selecting the preferred method of response (i.e., telephone call or e-mail) the provider wishes to receive back from Provider Services. Provider Services will respond to the inquiry within five business days. Information will be submitted via a secure connection.

Online Certification

Providers can speed up the certification process for Medicaid by completing a [provider certification application](#) via the Portal. Providers can then track their application by entering their ATN (application tracking number) given to them on completion of the application.

Other Business Enhancements Available on the Portal

The public Provider area of the Portal also includes the following features:

- A "[What's New?](#)" section for providers that links to the latest provider publication summaries and other new information posted to the Provider area of the Portal.
- Home page for the provider. Providers have administrative control over their Portal homepage and can grant other employees access to specified areas of the Portal, such as claims and PA (prior authorization).
- [E-mail subscription](#) service for *Updates*. Providers can register for e-mail subscription to receive notifications of new provider publications via e-mail. Users are able to select, by program and service area, which publication notifications they would like to receive.
- A [forms library](#).

Topic #4401

System and Browser Requirements

The following table lists the recommended system and browser requirements for using the Portal. PES (Provider Electronic Solutions) users should note that the Windows-based requirements noted in the table apply; PES cannot be run on Apple-based systems.

Recommended System Requirements	Recommended Browser Requirements
Windows-Based Systems	
Computer with at least a 500Mhz processor, 256 MB of RAM, and 100MB of free disk space	Microsoft Internet Explorer v. 6.0 or higher, or
Windows XP or higher operating system	Firefox v. 1.5 or higher
Apple-Based Systems	
Computer running a PowerPC G4 or Intel processor, 512 MB of RAM, and 150MB of free disk space	Safari, or
Mac OS X 10.2.x or higher operating system	Firefox v. 1.5 or higher

Topic #4742

Trading Partner Portal

The following information is available on the public [Trading Partner](#) area of the ForwardHealth Portal:

- Trading partner [testing packets](#).
- [Trading Partner Profile](#) submission.
- [PES \(Provider Electronic Solutions\)](#) software and upgrade information.
- EDI (Electronic Data Interchange) [companion documents](#).

In the secure Trading Partner area of the Portal, trading partners can exchange electronic transactions with ForwardHealth.

WiCall

Topic #6257

Entering Letters into WiCall

For some WiCall inquiries, health care providers are required to enter their taxonomy code with their NPI (National Provider Identifier). Because taxonomy codes are a combination of numbers and letters, telephone key pad combinations, shown in the table below, allow providers to successfully enter taxonomy code letters for WiCall functions (e.g., press *21 to enter an "A," press *72 to enter an "R").

Letter	Key Combination	Letter	Key Combination
A	*21	N	*62
B	*22	O	*63
C	*23	P	*71
D	*31	Q	*11
E	*32	R	*72
F	*33	S	*73
G	*41	T	*81
H	*42	U	*82
I	*43	V	*83
J	*51	W	*91
K	*52	X	*92
L	*53	Y	*93
M	*61	Z	*12

Additionally, providers may select option 9 and press "#" for an automated voice explanation of how to enter letters in WiCall.

Topic #466

Information Available Via WiCall

WiCall, ForwardHealth's AVR (Automated Voice Response) system, gathers inquiry information from callers through voice prompts and accesses ForwardHealth interChange to retrieve and "speak" back the following ForwardHealth information:

- Claim status.
- Enrollment verification.
- PA (prior authorization) status.
- Provider CheckWrite information.

Note: ForwardHealth releases CheckWrite information to WiCall no sooner than on the first state business day following the financial cycle.

Providers are prompted to enter NPI (National Provider Identifier) or provider ID and in some cases, NPI-related data, to retrieve query information.

In all inquiry scenarios, WiCall offers the following options after information is retrieved and reported back to the caller:

- Repeat the information.
- Make another inquiry of the same type.
- Return to the main menu.
- Repeat the options.

Claim Status

Providers may check the status of a specific claim by selecting the applicable program ("financial payer" option, i.e., Wisconsin Medicaid, WCDP (Wisconsin Chronic Disease Program), or WWWP (Wisconsin Well Woman Program) by entering their provider ID, member identification number, DOS (date of service), and the amount billed.

Note: Claim information for BadgerCare Plus and SeniorCare is available by selecting the Medicaid option.

Enrollment Verification

Providers may request enrollment status for any date of eligibility the member has on file by entering their provider ID and the member ID. If the member ID is unknown, providers may enter the member's date of birth and SSN (Social Security number). Additionally, the provider is prompted to enter the "From DOS" and the "To DOS" for the inquiry. The "From" DOS is the earliest date the provider requires enrollment information and the "To" DOS must be within 365 days of the "From" DOS.

Each time a provider verifies member enrollment, the enrollment verification is saved and assigned a transaction number as transaction confirmation. Providers should note the transaction number for their records.

Prior Authorization Status

Except in certain instances, providers may obtain the status of PA requests for Medicaid and WCDP via WiCall by entering their provider ID and the applicable PA number. If the provider does not know the PA number, there is an option to bypass entering the PA number and the caller will be prompted to enter other PA information such as member ID and type of service (i.e., NDC (National Drug Code)/procedure code, revenue code, or ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification) diagnosis code.) When a match is found, WiCall reports back the PA status information, including the PA number for future reference, and the applicable program.

Information on past PAs is retained indefinitely. Paper PAs require a maximum of 20 working days from receipt to be processed and incorporated into WiCall's PA status information.

Note: PA information for BadgerCare Plus and SeniorCare is available by selecting the Medicaid option.