

Affected Programs: All Programs

To: All Providers, HMOs and Other Managed Care Organizations

ForwardHealth Requires Providers to Use the 1500 Health Insurance Claim Form (version dated 08/05) or the UB-04 Claim Form

Effective for claims received on and after August 1, 2008, ForwardHealth will accept claims submitted *only* on the 1500 Health Insurance Claim Form (version dated 08/05) or the UB-04 Claim Form. ForwardHealth will no longer accept or process the CMS 1500 claim form or the UB-92 claim form after this date.

1500 Health Insurance Claim Form (dated 08/05) and UB-04 Claim Form

Effective for claims received on and after August 1, 2008, ForwardHealth will accept claims submitted *only* on the 1500 Health Insurance Claim Form (dated 08/05) or the UB-04 Claim Form. These claim forms accommodate National Provider Identifier information, which will be required when ForwardHealth interChange is implemented in October 2008.

Claim Forms Received on and After August 1, 2008, but Before Implementation of ForwardHealth Interchange

Claims submitted on the CMS 1500 claim form or the UB-92 claim form on and after August 1, but before implementation of ForwardHealth interChange in October 2008, will be denied. All claims must be submitted *only* on the 1500 Health Insurance Claim form or the UB-04 claim form. Providers are required to continue to indicate their Medicaid provider identification number or Wisconsin Chronic Disease

Program provider identification number on the 1500 Health Insurance Claims form and UB-04 claim form.

Medicaid and BadgerCare Plus providers may refer to service-specific information and the December 2006 *Wisconsin Medicaid and BadgerCare Update (2006-95)*, titled “New 1500 Health Insurance Claim Form and Supplemental Instructions,” for claim form completion instructions. Providers may refer to the February 2007 *Updates (2007-15, 2007-16, 2007-17, 2007-18, 2007-19, 2007-20, and 2007-21)* for service-specific UB-04 claim form completion instructions and sample UB-04 claims forms. Providers are reminded that they must use these instructions prior to implementation of ForwardHealth interChange.

Claim Forms Received on and After Implementation of ForwardHealth interChange

Claims submitted on the CMS 1500 claim form or the UB-92 claim form on and after implementation of ForwardHealth interChange will be returned to the provider unprocessed. ForwardHealth interChange will only accept and process claims submitted on the 1500 Health Insurance Claim form or UB-04 claim form with an NPI and related NPI-required information as appropriate.

Following implementation of ForwardHealth interChange, providers will need to follow new service-specific completion instructions for the 1500 Health Insurance claim form and the UB-04 claim form. Providers should look for these instructions in future service-specific updates.

Ordering Claim Forms

ForwardHealth does not provide the 1500 Health Insurance Claim form or the UB-04. Providers may obtain the forms from any vendor who supplies federal forms.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health and Family Services (DHFS). Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHFS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at dhfs.wisconsin.gov/forwardhealth/.

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