

Affected Programs: BadgerCare Plus, Medicaid

To: Counties Certified for Outpatient Mental Health/Substance Abuse Services in the Home or Community, County Mental Health Coordinators, Master's Level Psychotherapists, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Physician Clinics, Physicians, Psychiatrists, Psychologists, Tribal Human Facilitators, HMOs and Other Managed Care Programs

New Explanation of Benefits Code for Certain County Outpatient Mental Health and Outpatient Substance Abuse Agency Claims

This *ForwardHealth Update* describes a new Explanation of Benefits code that county outpatient mental health and outpatient substance abuse agencies will receive on their Remittance Advice for outpatient mental health claims submitted with the National Provider Identifier of a rendering provider who is not Medicaid certified.

New Explanation of Benefits Code

A problem was identified regarding certain county outpatient mental health and outpatient substance abuse claims submitted with the National Provider Identifier (NPI) of a rendering provider who is not Medicaid certified.

Effective for claims processed on and after October 12, 2009, when county outpatient mental health and outpatient substance abuse agencies submit an outpatient mental health claim with the NPI of a rendering provider who is not Medicaid certified, they will receive the following:

- New Explanation of Benefits (EOB) code 9817 which states, "Billing provider number used to adjudicate the service," on the Remittance Advice.
- Reason code B7, which states, "The provider was not certified/eligible to be paid for this

procedure/service on this date of service," on the 835 Health Care Claim Payment/Advice (835).

The informational reason code stating the provider was not certified/eligible to be paid will not cause the claim to deny. The Department of Health Services is required to use the national reason codes for the 835 transaction, but there is no reason code available that accurately reflects ForwardHealth's internal processing of the claim.

When the rendering provider is Medicaid certified, there will be no additional informational EOB or reason codes given.

Mental health providers are required to follow federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines when using their NPI on 837 Health Care Claim transactions. Per HIPAA guidelines, providers are required to indicate the rendering provider's NPI when it is different than the billing provider's NPI.

Information Regarding Managed Care Organizations

This *ForwardHealth Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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 Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

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

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