

Affected Programs: BadgerCare Plus, Medicaid

To: End-Stage Renal Disease Providers, HMOs and Other Managed Care Programs

Reimbursement for End-Stage Renal Disease Drugs for Members Enrolled in Managed Care Organizations

End-stage renal disease providers may resubmit claims for certain provider-administered drugs and corresponding administration fees for members enrolled in most managed care organizations to BadgerCare Plus and Medicaid fee-for-service for reimbursement.

End-Stage Renal Disease Drugs and Administration Codes Reimbursed by Fee-for-Service

As part of the state budget, effective for dates of service (DOS) on and after January 1, 2009, providers for all provider-administered drugs and corresponding administration fees for members enrolled in most managed care organizations (MCOs) were directed to submit their claims to BadgerCare Plus and Medicaid fee-for-service for reimbursement.

Claims submitted to ForwardHealth fee-for-service for reimbursement for end-stage renal disease (ESRD) services provided in a free-standing or hospital-affiliated ESRD center for certain provider-administered drugs were incorrectly denied with Explanation of Benefits code 0287, which stated "Member is enrolled in a State-contracted managed care program for the Date(s) of Service."

End-stage renal disease providers may now resubmit these claims for the drugs and corresponding administration fees to Medicaid fee-for-service for

reimbursement. Providers with claims or adjustments with DOS more than 365 days old are required to submit them to Timely Filing Appeals, as described later in this *Update*.

For members enrolled in all MCOs, *except* those enrolled in the Program for All Inclusive Care for the Elderly (PACE) and Family Care Partnership, outpatient ESRD claims for the services listed in the Attachment of this *ForwardHealth Update* should be submitted to BadgerCare Plus and Medicaid fee-for-service. Refer to the Attachment for a list of ESRD procedure codes reimbursed by Medicaid fee-for-service.

Note: This policy does not apply to ESRD crossover claims for members enrolled in an MCO. Providers using crossovers should bill using Medicare guidelines.

Managed care organizations are responsible for reimbursing providers for all other ESRD services. Refer to the Online Handbook on the ForwardHealth Portal at www.forwardhealth.wi.gov/ for complete policy regarding reimbursement for drugs.

Claim and Adjustment Requests

Claims and adjustments to claims submitted for fee-for-service reimbursement should include only details that are reimbursed fee-for-service. Claims submitted to fee-

for-service with details reimbursable by fee-for-service along with details reimbursable by managed care will be denied. This policy is only intended for fee-for-service claims for provider-administered drugs from ESRD providers.

Providers should follow all other applicable billing rules for submitting outpatient ESRD claims for fee-for-service reimbursement.

ForwardHealth must receive all claims and adjustment requests within 365 days of the DOS. Claims and adjustment requests that are beyond the 365-day timely filing deadline must be submitted to Timely Filing Appeals to be considered for reimbursement.

All fee-for-service policies and procedures related to provider-administered drugs, including copayment, cost sharing, diagnosis restriction, prior authorization, and pricing policies, apply to claims submitted to fee-for-service.

Submitting Timely Filing Appeals Requests

Claims and adjustments to claims that are beyond the 365-day timely filing deadline must be submitted to timely filing appeals to receive consideration for an exception to the submission deadline.

Timely filing appeals requests for this issue must be received by ForwardHealth on or before February 14, 2011.

Providers are required to submit the following:

- A legible claim or adjustment request.
- A properly completed Timely Filing Appeals Request, F-13047 (10/08), for each group of affected claims.

When completing the Timely Filing Appeals Request, providers should check the “ForwardHealth Reconsideration” box and write in the blank space provided immediately above the signature/date elements,

“Provider-administered drugs related to end-stage renal disease managed care organization members (per *Update* 2010-100).” Providers do not need to indicate the claims number or payer claims control number, the Remittance Advice number, the 835 Health Care Claim Payment/Advice transaction number, or the check issue date on the form. Providers need only to complete a single Timely Filing Appeals Request to serve as the cover sheet for all claims or adjustments to claims that are beyond the 365-day timely filing deadline.

Providers should refer to the Claims section and Timely Filing Appeals chapter of their Online Handbook for more information about timely filing appeals.

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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ATTACHMENT

End-Stage Renal Disease Procedure Codes for Fee-for-Service Reimbursement

The end-stage renal disease procedure codes below are reimbursed by fee-for-service for members enrolled in most managed care organizations (MCOs). Medicare crossover claims for procedure codes and claims for procedure codes not indicated on the table below should be submitted to the member's MCO for reimbursement.

End-Stage Renal Disease Procedure Codes Reimbursed by Fee-for-Service					
90656	90658	90669	90732	90740	90746
90747	96372	96373	96374	96375	96376
96379	J0610	J0636	J0690	J0692	J0696
J0713	J0735	J0878	J0882	J0886	J0895
J1270	J1440	J1580	J1590	J1756	J1955
J2250	J2405	J2501	J2550	J2765	J2916
J2997	J3010	J3260	J3370	J3490	Q4081