ForwardHealth
Wisconsin serving you

Update
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Affected Programs: BadgerCare Plus, Medicaid
To: Ambulance Providers, Ambulatory Surgery Centers, Anesthesiologists, Anesthesiologist Assistants, Audiologists, Case Management Providers, Certified Registered Nurse Anesthetists, Chiropractors, Community Care Organizations, Community Support Programs, Comprehensive Community Service Providers, Crisis Intervention Providers, Dentists, Family Planning Clinics, Federally Qualified Health Centers, HealthCheck Providers, HealthCheck "Other Services" Providers, Hearing Instrument Specialists, Independent Labs, Individual Medical Supply Providers, Master's Level Psychotherapists, Medical Equipment Vendors, Narcotic Treatment Services Providers, Nurse Midwives, Nurse Practitioners, Nursing Homes, Occupational Therapists, Opticians, Optometrists, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Pharmacies, Physical Therapists, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Portable X-ray Providers, Prenatal Care Coordination Providers, Psychologists, Rehabilitation Agencies, Rural Health Clinics, School-Based Services Providers, Specialized Medical Vehicle Providers, Speech and Hearing Clinics, Speech-Language Pathologists, Substance Abuse Counselors, Substance Abuse Day Treatment Providers, Therapy Groups, HMOs and Other Managed Care Programs

ClaimCheck Clarification

This *ForwardHealth Update* provides clarification of ForwardHealth's use of ClaimCheck review software in the claims processing system. ForwardHealth uses ClaimCheck software to review all professional claims.

Information in this *Update* applies to providers who render services to Wisconsin Medicaid and BadgerCare Plus members.

ClaimCheck Review

ForwardHealth monitors all professional claims for compliance with reimbursement policy using automated procedure coding review software known as McKesson ClaimCheck®. ClaimCheck reviews submitted claims for billing inconsistencies and errors during claims processing. Insurance companies, Medicare, and other state Medicaid programs use similar software.

ClaimCheck review does not change Medicaid or BadgerCare Plus policy on covered services but monitors compliance with policy more closely and reimburses providers appropriately.

ClaimCheck policy was issued in the August 2008 *ForwardHealth Update* (2008-141), titled "Expanded Review by ClaimCheck." Information in this *Update* revises the policy issued in the previous *Update*.

Areas Monitored by ClaimCheck

ForwardHealth will continue to use ClaimCheck software to monitor the following situations:

- Unbundled procedures.
- Incidental/integral procedures.
- Mutually exclusive procedures.
- Medical visit billing errors.
- Preoperative and postoperative billing errors.
- Medically obsolete procedures.
- Assistant surgeon billing errors.

Effective for dates of process on and after September 1, 2010, ForwardHealth will begin to use ClaimCheck software to monitor claims for gender-related billing errors.

Unbundled Procedures

Unbundling occurs when two or more procedure codes are used to describe a procedure that may be better described by a single, more comprehensive procedure code. ClaimCheck considers the single, most appropriate procedure code for reimbursement when unbundling is detected. Review for unbundled procedures will continue in ClaimCheck and will be unchanged.

Incidental/Integral Procedures

Incidental procedures are those procedures performed at the same time as a more complex primary procedure. These require few additional provider resources and are generally not considered necessary to the performance of the primary procedure. Integral procedures are those procedures performed as part of a more complex primary procedure.

When a procedure is either incidental or integral to a major procedure, ClaimCheck considers only the *primary* procedure for reimbursement. Providers are reminded that, per *Current Procedural Terminology* billing guidelines, when multiple procedures; other than evaluation and management (E&M) services, physical medicine and rehabilitation services or provisions of supplies (e.g., vaccines); are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) may be identified by appending modifier "51" to the additional procedure or service code(s).

Note: This modifier should not be appended to designated 'add-on' procedure codes.

Review for incidental/integral procedures will continue in ClaimCheck and will be unchanged.

Mutually Exclusive Procedures

Mutually exclusive procedures are procedures that would not be performed on a single member on the same day or that use different codes to describe the same type of procedure. Review for mutually exclusive procedures will continue in ClaimCheck and will be unchanged.

Medical Visit Billing Errors

Medical visit billing errors occur if E&M services are reported separately when a substantial diagnostic or therapeutic procedure is performed. Under Centers for Medicare and Medicaid Services (CMS) guidelines, most E&M procedures are not allowed to be reported separately when a substantial diagnostic or therapeutic procedure is performed. Review for medical visit billing errors will continue in ClaimCheck and will be unchanged.

Preoperative and Postoperative Billing Errors

Preoperative and postoperative billing errors occur when E&M services are billed with surgical procedures during their preoperative and postoperative periods. ClaimCheck bases the preoperative and postoperative periods on designations in the CMS National Physician Fee Schedule. Review of preoperative and postoperative billing errors will continue in ClaimCheck.

Medically Obsolete Procedures

Obsolete procedures are procedures that are no longer performed under prevailing medical standards. Procedures designated as obsolete are denied. Review for medically obsolete procedures will continue in ClaimCheck and will be unchanged.

Assistant Surgeon Billing Errors

ClaimCheck development and maintenance of assistant surgeon values includes two designations, *always* and *never*. ClaimCheck uses the American College of Surgeons as its primary source for determining assistant surgeon designations. Review for assistant surgeon billing errors will continue in ClaimCheck. ForwardHealth will be updating the list of procedure codes allowable with an assistant surgeon designation to be consistent with ClaimCheck.

Gender-Related Billing Errors

Gender-related billing errors occur when a provider submits a gender-specific procedure for a patient of the opposite sex. Effective for dates of process on and after September 1, 2010, ForwardHealth will be adopting ClaimCheck's designation of gender for procedure codes.

Areas Being Monitored Outside of ClaimCheck Review

The following situations will not be monitored by ClaimCheck as previously stated:

- Age-related billing errors.
- Bilateral and duplicative procedures.
- Cosmetic Procedures.
- Modifier-related billing errors.

Policies for these services will be monitored in other areas of the claims processing system.

Information Regarding Managed Care

This *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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