

Affected Programs: BadgerCare Plus, Medicaid, Wisconsin Chronic Disease Program

To: Hospital Providers, HMOs and Other Managed Care Programs

Policy Changes and Processing Delay for Outpatient Hospital Crossover Claims

This *ForwardHealth Update* addresses the following related to outpatient hospital crossover claims:

- Pricing for outpatient hospital crossover claims will be calculated at the detail level under the Enhanced Ambulatory Patient Groups reimbursement methodology.
- Providers adjusting or resubmitting claims will be required to indicate Medicare adjudication amounts (e.g., Medicare allowed, paid, coinsurance, copayment, and deductible amounts) at the detail level.
- ForwardHealth will hold outpatient crossover claims with dates of service on and after April 1, 2013.
- Two training sessions will expound billing changes relating to outpatient hospital crossovers.

Billing Changes for Outpatient Crossover Claims

Effective for dates of service (DOS) on and after April 1, 2013, pricing for outpatient hospital crossover claims will be calculated at the detail level under the Enhanced Ambulatory Patient Groups (EAPG) reimbursement methodology. Refer to the October 2012 *ForwardHealth Update* (2012-55), titled “Implementation of the Enhanced Ambulatory Patient Groups Reimbursement Methodology,” for more information on EAPG pricing.

Providers adjusting or resubmitting outpatient hospital claims for crossover are required to indicate Medicare adjudication amounts (e.g., Medicare allowed, paid,

coinsurance, copayment, and deductible amounts) at the *detail level*, effective for DOS on and after April 1, 2013. This billing change is not only necessitated by the implementation of the EAPG reimbursement methodology, it is also consistent with the Health Insurance Portability and Accountability Act of 1996, which requires providers to enter information at the detail level when Medicare reimburses at the detail level. Outpatient hospital crossover claims that include Medicare adjudication amounts at the header level and have DOS after the effective date will be denied.

The following table gives an example of Medicare adjudication information entered at the detail level.

Note: This table is only an example of *some* of the detail information that may be entered on a Medicare crossover claim. Total charge amounts, noncovered amounts, reason and remark codes, and other information may also need to be included on the claim or adjustment to be reimbursed appropriately.

Line No.	Revenue Code	Procedure Code	Medicare Allowed Amount	Medicare Paid Amount	Medicare Deductible	Medicare Coinsurance
1	0272		\$0.00	\$0.00	\$0.00	\$0.00
2	0612	72158	\$542.07	\$263.38	\$140.00	\$138.69
3	0636	A9579	\$0.00	\$0.00	\$0.00	\$0.00

Training Dates

Outpatient hospital providers, billing staff, and billing vendors are encouraged to participate in one of two training

Providers submitting detail-level information should use the following references for more information:

- 837 Health Care Claim transactions: Refer to the CAS segment instructions found in the companion guide for the 837 Health Care Claim: Institutional (837I) transaction.
- Provider Electronic Solutions (PES) software: Refer to the PES User Manual.
- Direct Data Entry: Refer to the ForwardHealth Portal Institutional Claims User Guide.

Providers adjusting or resubmitting Medicare claims on paper claim forms should ensure that the details billed on the claim match the Explanation of Medicare Benefits.

Successfully submitted automatic crossover claims will show Medicare reimbursement at the detail level.

Processing Delay for Outpatient Hospital Crossover Claims

ForwardHealth will be holding outpatient hospital crossover claims with DOS on and after April 1, 2013. These claims will be held until May 10, 2013, at which time they will be processed under the EAPG system.

Pricing Changes for Outpatient Hospital Medicare Crossover Claims

Under the EAPG reimbursement methodology, pricing for all outpatient hospital crossover claims and adjustments will be calculated at the detail level, and Medicare cutback will be determined at the detail level.

sessions regarding the billing changes outlined in this *Update* for Medicare crossover claims.

Both training sessions will cover the topic of billing Medicare adjudication amounts at the detail level. The following will be included in the discussion:

- Policy changes.
- Billing on 837I transactions, Portal claims, and PES submissions.

Registering for Virtual Room Training Sessions

ForwardHealth will offer two one-hour Virtual Room (real-time, online) sessions for the EAPG Medicare crossover trainings. Providers may register for *one* (not both) of the sessions, which will be held on the following dates:

- April 2 — Check-in: 9:45 a.m. Training: 10:00 a.m.-11:00 a.m.
- April 3 — Check-in: 1:15 p.m. Training: 1:30 p.m.-2:30 p.m.

Registration is required prior to participating in Virtual Room sessions. For more information about Virtual Room sessions and to register online, go to the Trainings page of the Providers area of the ForwardHealth Portal at www.forwardhealth.wi.gov/. Providers may also register by calling Provider Services at (800) 947-9627. Registrants will receive a training session confirmation number they should keep for their records. Providers who have questions about registration or are unable to attend a session for which registration has been confirmed should call Provider Services and have their confirmation number available.

E-mail for EAPG Questions

Providers who have questions regarding the material outlined in this *Update* or regarding the EAPG system in general may e-mail their questions to vedseapgsupport@wisconsin.gov. Specific claim examples, complete with internal control numbers, are welcome; however, providers should not send members' personal health information.

Information Regarding Managed Care Organizations

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.

Medicaid HMOs and other ForwardHealth managed care programs will not be implementing the EAPG system at this time. Providers will be notified of implementation plans for Medicaid HMOs and other managed care programs.

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 AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are 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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This *Update* was issued on 03/20/2013 and information contained in this *Update* was incorporated into the Online Handbook on 04/03/2013.