

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

To: End-Stage Renal Disease Service Providers, Federally Qualified Health Centers, Home Health Agencies, Personal Care Agencies, Hospice Providers, Hospital Providers, Nurses in Independent Practice, Nursing Homes, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, HMOs and Other Managed Care Programs

Revisions to Companion Guide for the 837 Health Care Claim: Institutional Transaction

ForwardHealth has revised the Instructions Related to 837 Health Care Claim/Encounter: Institutional (837I) Transactions Based on ASC X12 Implementation Guide, P-00266 (11/13), to clarify the information required for referring providers and the information required for attending providers, when applicable. These clarifications are the result of the new requirements for services prescribed, referred, or ordered under the Affordable Care Act.

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The revised companion guide is available for download on the HIPAA Version 5010 Companion Guides and NCPDP Version D.0 Payer Sheet page of the Trading Partners area of the Portal at www.forwardhealth.wi.gov/WIPortal/Default.aspx?srcUrl=CompanionDocuments.htm&tabid=41.

Summary of Revisions

Information Required for Referring Providers

As indicated in the August 2013 *ForwardHealth Update* (2013-40), titled “Policy Clarification for Services That Are Prescribed, Referred, or Ordered,” claims submitted via the ASC X12 837I transaction should indicate referring provider information in Loop 2310F and Loop 2420D. The November 2013 revision of the 837I companion guide includes the addition of lines for both loops to clarify the following:

- The referring provider is required to be an individual (not an organization).
- The referring provider is required to have a National Provider Identifier (NPI).
- The referring provider’s NPI must be indicated on the claim.

Note: As a reminder, the referring provider is also required to be Medicaid-enrolled.

Information Required for Attending Providers

For those services that also have an attending provider, attending provider information should be indicated in Loop

2310A of the 837I. The November 2013 revision of the 837I companion guide includes the addition of lines for Loop 2310A to provide the definition for attending provider — from the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Version 5010 Implementation Guide — and to distinguish between the attending provider and the referring provider. Attending provider is defined as “the individual who has overall responsibility for the patient’s medical care and treatment on the claim/encounter. This can be an individual or organizational entity.”

For example, a personal care provider would indicate the personal care agency as the attending provider in Loop 2310A and indicate referring provider information in Loop 2310F and Loop 2420D.

Note: For more detailed information on the November 2013 revision of the 837I companion guide, providers may refer to the Version 1.3 Revision Log at the end of the companion guide.

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 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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