



October 2014

No. 2014-62

**Affected Programs:** BadgerCare Plus, Medicaid, SeniorCare, Wisconsin Chronic Disease Program, Wisconsin Well Woman Program

**To:** Adult Mental Health Day Treatment Providers, Advance Practice Nurse Prescribers with Psychiatric Specialty, Ambulance Providers, Ambulatory Surgery Centers, Anesthesiologist Assistants, Audiologists, Blood Banks, Case Management Providers, Certified Registered Nurse Anesthetists, Child/Adolescent Day Treatment Providers, Chiropractors, Community Care Organizations, Community Recovery Services Providers, Community Support Programs, Comprehensive Community Service Providers, Crisis Intervention Providers, Dentists, Family Planning Clinics, Federally Qualified Health Centers, HealthCheck “Other Services” Providers, HealthCheck Providers, Hearing Instrument Specialists, Hospital Providers, Independent Labs, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Individual Medical Supply Providers, Master’s-Level Psychotherapists, Medical Equipment Vendors, Narcotic Treatment Services Providers, Nurse Midwives, Nurse Practitioners, Nurses in Independent Practice, 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, Qualified Treatment Trainees, School-Based Services Providers, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Agencies, 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

## Changes to the 1500 Health Insurance Claim Form and Completion Instructions

This *ForwardHealth Update* addresses changes to the 1500 Health Insurance Claim Form and completion instructions, effective November 12, 2014, as a result of the following:

- ForwardHealth will no longer accept the 1500 Health Insurance Claim Form, version August 2005 (08/05), and will only accept the 1500 Health Insurance Claim Form, version February 2012 (02/12).
- ForwardHealth will be implementing a single, unified set of 1500 Health Insurance Claim Form completion instructions to be used by all provider types submitting paper claims that will align with the National Uniform Claim Committee’s completion instructions.
- ForwardHealth’s implementation of the mandatory Explanation of Medical Benefits form, F-01234 (11/14). For more information, refer to the October 2014 *ForwardHealth Update* (2014-61), titled

“New Requirements for Paper Claims and Paper Claim Adjustments with Other Health Insurance Indicated.”

- Other Insurance indicators will not be required to be reported on the 1500 Health Insurance Claim Form (02/12) when other insurance has made payment on a claim. Other health insurance information for paper claims submission will be collected using the Explanation of Medical Benefits form.

### 1500 Health Insurance Claim Form Paper Claim Submission

Effective November 12, 2014, ForwardHealth will no longer accept the 1500 Health Insurance Claim Form, version August 2005 (08/05). Regardless of the date of service or date of discharge, as applicable, indicated on the claim, ForwardHealth will only accept the National Uniform Claim Committee (NUCC)-developed and Centers for

Medicare and Medicaid Services (CMS)-adopted paper 1500 Health Insurance Claim Form, version February 2012 (02/12). The 1500 Health Insurance Claim Form dated February 2012 (02/12) will replace the 1500 Health Insurance Claim Form dated August 2005 (08/05).

Any 1500 Health Insurance Claim Forms (08/05) received by ForwardHealth on and after November 12, 2014, will not be accepted and will be returned to the provider unprocessed. If providers submit the 1500 Health Insurance Claim Form (08/05), they should allow sufficient time to ensure receipt of the paper claim forms via mail delivery no later than November 12, 2014.

### **1500 Health Insurance Claim Form Completion Instructions Will Be Revised to Align with the National Uniform Claim Committee**

The 1500 Health Insurance Claim Form service-specific completion instructions in the ForwardHealth Online Handbook will be revised to align with the 1500 Health Insurance Claim Form (02/12) and the NUCC's completion instructions detailed in the NUCC 1500 Health Insurance Claim Form Reference Instruction Manual for Form Version 02/12. The NUCC provides billing instructions that extend beyond ForwardHealth's completion instructions. The manual is available for review or download free of charge at [www.nucc.org/](http://www.nucc.org/).

As a part of these changes, ForwardHealth will be implementing a single, unified set of 1500 Health Insurance Claim Form completion instructions in the Online Handbook for all service areas eligible to submit claims using the 1500 Health Insurance Claim Form. ForwardHealth will only include completion instructions for those fields that are ForwardHealth-specific. For all other item numbers, providers will be instructed to refer to the NUCC instructions.

Refer to Attachment 1 of this *ForwardHealth Update* for a copy of the 1500 Health Insurance Claim Form completion instructions that will be incorporated into the Online

Handbook in November 2014. Portal and e-mail subscription messaging will be sent out announcing the Online Handbook revisions.

A sample of the 1500 Health Insurance Claim Form (02/12) is included in Attachment 2. As a reminder, ForwardHealth does not provide the 1500 Health Insurance Claim Form. The form may be obtained from any federal forms supplier.

### **Explanation of Medical Benefits Form Required for Certain Paper Claims and Claim Adjustments with Other Health Insurance**

For professional and institutional claims and claim adjustments submitted on paper when other health insurance sources (e.g., commercial insurance, Medicare) are present, an Explanation of Medical Benefits form, F-01234 (11/14), must be included for each other payer indicated on the claim or adjustment. 1500 Health Insurance Claim Forms or adjustments that have other health insurance indicated will be returned to the provider unprocessed if they are submitted to ForwardHealth without the Explanation of Medical Benefits form for each other payer.

This applies to 1500 Health Insurance Claim Forms submitted to Wisconsin Medicaid, BadgerCare Plus, and the Wisconsin Chronic Disease Program (WCDP). For more information about the Explanation of Medical Benefits form, refer to the October 2014 *ForwardHealth Update* (2014-61), titled "New Requirements for Paper Claims and Paper Claim Adjustments with Other Health Insurance Indicated."

### **Changes to 1500 Health Insurance Claim Form Completion Instructions as a Result of the Implementation of the Explanation of Medical Benefits Form**

The 1500 Health Insurance Claim Form completion instructions in the Online Handbook will note which item numbers are no longer required to be supplied on the paper 1500 Health Insurance Claim Form (02/12), as a result of ForwardHealth's implementation of the Explanation of

Medical Benefits form. For these item numbers, providers will be instructed to refer to the Explanation of Medical Benefits form and completion instructions.

### ***Other Insurance Indicators No Longer Required on 1500 Health Insurance Claim Form***

To coincide with the implementation of the Explanation of Medical Benefits form, providers are no longer required to report other commercial health insurance using other insurance (OI) explanation codes in Item Number 9 of the 1500 Health Insurance Claim Form. Other commercial health insurance information for paper claims submission will be collected using the Explanation of Medical Benefits form.

### **Electronic Claim Submission**

Providers are encouraged to submit claims electronically using the following electronic submission options:

- 837 Health Care Claims.
- ForwardHealth Portal.
- Provider Electronic Solutions software.

Electronic billing allows efficient and timely payments for successfully processed claims and reduces billing and processing errors. ForwardHealth offers the following resources to guide the transition from paper to electronic claims submission:

- Portal user guides.
  - ✓ ForwardHealth Provider Portal Account User Guide — This user guide contains detailed information about creating a Portal account.
  - ✓ Claims User Guides — These user guides contain detailed information about submitting claims electronically via the Portal.
- Ongoing provider training sessions, for instance the Portal Fundamentals Training.
- Wisconsin Provider Electronic Solutions Manual.

Refer to the Electronic Claim Submission topic (topic #344) in the Submission chapter of the Claims section of the Online Handbook for more 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 (MCOs) are required to provide at least the same benefits as those provided under fee-for-service arrangements.

Members enrolled only in the WCDP are not enrolled in MCOs.

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/](http://www.forwardhealth.wi.gov/).

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# ATTACHMENT 1

## 1500 Health Insurance Claim Form (02/12) Completion Instructions

These instructions are for the completion of the 1500 Health Insurance Claim Form for ForwardHealth. Refer to the 1500 Health Insurance Claim Form Reference Instruction Manual for Form Version 02/12, prepared by the National Uniform Claim Committee (NUCC), to view instructions for all item numbers *not* listed below. The instruction manual may be viewed or downloaded by accessing the NUCC Web site at [www.nucc.org/](http://www.nucc.org/).

Use the following claim form completion instructions, in conjunction with the 1500 Health Insurance Claim Form Reference Instruction Manual for Form Version 02/12, prepared by the NUCC, to avoid denial or inaccurate claim payment. Be advised that every code used is required to be a valid code, even if it is entered in a non-required field. Do not include attachments unless instructed to do so.

Members enrolled in BadgerCare Plus or Medicaid receive a ForwardHealth member identification card. Always verify a member's enrollment before providing nonemergency services to determine if there are any limitations to covered services and to obtain the correct spelling of the member's name.

When submitting a claim with multiple pages, providers are required to indicate page numbers using the format "Page X of X" in the upper right corner of the claim form.

Other health insurance sources (e.g., commercial insurance, Medicare, Medicare Advantage Plans) must be billed prior to submitting claims to ForwardHealth, unless the service does not require commercial insurance billing as determined by ForwardHealth. When submitting paper claims, if the member has any other commercial health insurance, providers are required to complete and submit an Explanation of Medical Benefits form, F-01234 (11/14), along with the completed paper claim.

Submit completed paper claims and their accompanying Explanation of Medical Benefits form, if applicable, to the following address:

ForwardHealth  
Claims and Adjustments  
313 Blettner Blvd  
Madison WI 53784

### **Item Number 6 — Patient Relationship to Insured**

Enter "X" in the "Self" box to indicate the member's relationship to insured when Item Number 4 is completed. Only one box can be marked.

### **Item Number 9 — Other Insured's Name**

When submitting paper claims to ForwardHealth, if the member has any other health insurance sources (e.g., commercial insurance, Medicare, Medicare Advantage Plans), providers are required to complete and submit a separate Explanation of Medical Benefits form for each other payer, along with their completed paper claim.

### **Item Number 9a — Other Insured's Policy or Group Number**

When submitting paper claims to ForwardHealth, if the member has any other health insurance sources (e.g., commercial insurance, Medicare, Medicare Advantage Plans), providers are required to complete and submit a separate Explanation of Medical Benefits form for each other payer, along with their completed paper claim.

### **Item Number 9d — Insurance Plan Name or Program Name**

When submitting paper claims to ForwardHealth, if the member has any other health insurance sources (e.g., commercial insurance, Medicare, Medicare Advantage Plans), providers are required to complete and submit a separate Explanation of Medical Benefits form for each other payer, along with their completed paper claim.

### **Item Number 10d — Claim Codes (Designated by NUCC)**

When applicable, enter the Condition Code. The Condition Codes approved for use on the 1500 Health Insurance Claim Form are available at [www.nucc.org/](http://www.nucc.org/) under Code Sets.

### **Item Number 11 — Insured's Policy Group or FECA Number**

When submitting paper claims to ForwardHealth, if the member has any other health insurance sources (e.g., commercial insurance, Medicare, Medicare Advantage Plans), providers are required to complete and submit a separate Explanation of Medical Benefits form for each other payer, along with their completed paper claim.

### **Item Number 11d — Is There Another Health Benefit Plan?**

When submitting paper claims to ForwardHealth, if the member has any other health insurance sources (e.g., commercial insurance, Medicare, Medicare Advantage Plans), providers are required to complete and submit a separate Explanation of Medical Benefits form for each other payer, along with their completed paper claim.

### **Item Number 19 — Additional Claim Information (Designated by NUCC)**

When applicable, enter provider identifiers or taxonomy codes. A list of applicable qualifiers are defined by the NUCC and can be found in the NUCC 1500 Health Insurance Claim Form Reference Instruction Manual for Form Version 02/12, prepared by the NUCC.

If a provider bills an unlisted (or not otherwise classified) procedure code, a description of the procedure must be indicated in this field. If a more specific code is not available, the provider is required to submit the appropriate documentation, which could include a prior authorization (PA) request, to justify use of the unlisted procedure code and to describe the procedure or service rendered.

### **Item Number 22 — Resubmission Code and/or Original Reference Number**

The use of this item number is not required by ForwardHealth.

## Section 24

The six service lines in section 24 have been divided horizontally. Enter service information in the bottom, unshaded area of the six service lines. The horizontal division of each service line is not intended to allow the billing of 12 lines of service.

*For provider-administered drugs:* National Drug Codes (NDCs) must be indicated in the shaded area of Item Numbers 24A-24G. Each NDC must be accompanied by an NDC qualifier, unit qualifier, and units. To indicate an NDC, providers should do the following:

- Indicate the NDC qualifier N4, followed by the 11-digit NDC, with no space in between.
- Indicate one space between the NDC and the unit qualifier.
- Indicate one unit qualifier (F2 [International unit], GR [Gram], ME [Milligram], ML [Milliliter], or UN [Unit]), followed by the NDC units, with no space in between.

For additional information about submitting a 1500 Health Insurance Claim Form with supplemental NDC information, refer to the completion instructions located under “Section 24” in the Field Specific Instructions section of the NUCC’s 1500 Health Insurance Claim Form Reference Instruction Manual for Form Version 02/12.

### Item Number 24C — EMG

Enter a “Y” in the unshaded area for each procedure performed as an emergency. If the procedure was not an emergency, leave this field blank.

### Item Number 29 — Amount Paid

When submitting paper claims to ForwardHealth, if the member has any other health insurance sources (e.g., commercial insurance, Medicare, Medicare Advantage Plans), providers are required to complete and submit a separate Explanation of Medical Benefits form for each other payer, along with their completed paper claim.

# **ATTACHMENT 2**

## **Sample of the 1500 Health Insurance Claim Form (02/12)**

(A sample of the 1500 Health Insurance Claim Form [02/12]  
is located on the following page.)



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Form with fields for PICA, patient/insured information, diagnosis, dates, charges, and signatures. Includes a large 'SAMPLE' watermark.