

Affected Programs: BadgerCare Plus, Medicaid, Wisconsin Chronic Disease Program
To: End-Stage Renal Disease Service Providers

Claims Submitted by End-Stage Renal Disease Service Providers Do Not Require Referring Provider Information

Effective for dates of service on and after July 15, 2013, claims submitted by end-stage renal disease service providers do not require referring provider information.

Referring Provider Information Not Required

Beginning in July 2013, ForwardHealth implemented new requirements for prescribing/referring/ordering providers due to the Affordable Care Act (ACA). As part of implementing those requirements, ForwardHealth identified certain services for which a prescribing/referring/ordering provider is required. For those services, which include end-stage renal disease (ESRD) services, ForwardHealth has required that the prescribing, referring, or ordering provider's information be indicated on the claim.

ForwardHealth has since determined that *referring* provider information will not be required on claims for ESRD services; however, *prescribing* and *ordering* provider information will still be required on claims.

Effective for dates of service (DOS) on and after July 15, 2013, claims submitted for ESRD services do not require referring provider information.

Providers are encouraged to resubmit denied claims with DOS on and after July 15, 2013, to align with the new policy for ESRD services. Providers may, but are not required to,

adjust paid claims with DOS on and after July 15, 2013, to align with the new policy.

Resubmission of Denied Claims

Providers are encouraged to resubmit claims for ESRD services for DOS on and after July 15, 2013, which were denied due to missing referring provider information. These denials would have been indicated by explanation of benefits code 0091 (A valid enrolled prescribing/referring/ordering provider NPI is required).

Claims to be resubmitted that have passed the 365-day claim submission deadline must be resubmitted using the timely filing appeals request process. Refer to the Submission topic (topic #744) in the Timely Filing Appeals Requests chapter of the Claims section of the End-Stage Renal Disease service area of the ForwardHealth Online Handbook for more information about submitting a timely filing appeals request for ForwardHealth reconsideration. For each claim being resubmitted using the timely filing appeals request process, providers are instructed to reference this *ForwardHealth Update* by its *Update* number (*Update* 2015-07) in the "Briefly explain the nature of the problem and previous efforts made to resolve the claims" section of the Timely Filing Appeals Request form, F-13047 (07/12). To receive consideration, these requests must be received by June 30, 2015.

Managed care organizations are not affected by the prescribing/referring/ordering requirements.

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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