

Affected Programs: BadgerCare Plus, Medicaid

To: Dentists, Federally Qualified Health Centers, HealthCheck Providers, Nursing Homes, Nurse Practitioners, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Physician Assistants, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

Reporting Other Health Insurance Information on Dental Claims

Providers are required to indicate the appropriate other insurance indicator on dental claims to report the outcome of any other commercial health insurance inquiry and/or submission. This *ForwardHealth Update* provides an overview of other insurance indicators, including the OI-Y indicator. ForwardHealth will accept the OI-Y indicator on dental claims submitted on and after July 11, 2016.

Reporting Other Health Insurance Information

Except for a few instances, ForwardHealth is the payer of last resort for any services covered by ForwardHealth. This means that for services that require commercial health insurance billing, the provider is required to make a reasonable effort to exhaust all existing commercial health insurance sources before billing ForwardHealth.

Other Insurance Indicators

Following is an overview of other insurance (OI) indicators, including the OI-Y indicator. ForwardHealth will accept the OI-Y indicator on dental claims submitted on and after July 11, 2016.

If the member has any other commercial health insurance, and the service requires other commercial health insurance

billing, one of the following OI indicators must be included on the claim:

- OI-P — PAID in part or in full by commercial health insurance or commercial HMO. Indicate the amount paid by commercial health insurance or the commercial HMO to the provider or to the insured.
- OI-D — DENIED by commercial health insurance or commercial HMO following the submission of a correct and complete claim, or payment was applied towards the coinsurance and deductible. Do not use this code unless the claim was actually billed to the commercial health insurer.
- OI-Y — YES, the member has commercial health insurance or commercial HMO coverage, but it was not billed for reasons including, but not limited to, the following:
 - ✓ The member denied coverage or will not cooperate.
 - ✓ The provider knows the service in question is not covered by the carrier.
 - ✓ The member's commercial health insurance failed to respond to initial and follow-up claims.
 - ✓ Benefits are not assignable or cannot get assignment.
 - ✓ Benefits are exhausted.

Effective for claims submitted on and after July 11, 2016, providers are required to indicate OI-Y on dental claims if the member has commercial health insurance or commercial

HMO coverage, but it was not billed for any of the previously listed reasons.

For more information regarding which dental services require commercial health insurance billing prior to submitting claims to ForwardHealth, refer to the Other Insurance Indicators on American Dental Association Claim Forms topic (topic #4657) in the Commercial Health Insurance chapter of the Coordination of Benefits section of the Dental service area of the ForwardHealth Online Handbook on the ForwardHealth Portal at <https://www.forwardhealth.wi.gov>.

Note: For oral surgeons who submit claims using the 1500 Health Insurance Claim Form, if the member has any other commercial health insurance, the provider is required to complete and submit an Explanation of Medical Benefits form, F-01234 (11/14), along with the completed paper claim. There is no change to those instructions or requirements. For 1500 Health Insurance Claim Form completion instructions, refer to the 1500 Health Insurance Claim Form Completion Instructions topic (topic #17797) in the Submission chapter of the Claims section of the Oral Surgery service area of the Online Handbook. For information regarding the Explanation of Medical Benefits form, refer to the Explanation of Medical Benefits Form Requirement topic (topic #18497) in the Commercial Health Insurance chapter of the Coordination of Benefits section of the Oral Surgery service area of the Online Handbook.

Claim Submission Instructions

For more information regarding how to submit other commercial health insurance information on paper or electronic claims, refer to the following resources:

- For the paper American Dental Association 2006 or 2012 claim form, refer to the associated claim form completion instructions topics (topic #825 for the 2006 form; topic #15357 for the 2012 form) in the Submission chapter of the Claims section of the Dental service area of the Online Handbook.
- For the 837 Health Care Claim: Dental (837D) transaction, refer to the Instructions Related to 837 Health Care Claim/Encounter: Dental (837D)

Transactions Based on ASC X12 Implementation Guide, P-00263 (07/15), available in the Trading Partners area of the Portal at www.forwardhealth.wi.gov/WIPortal/Subsystem/Account/StaticHTML.aspx?srcUrl=CompanionDocuments.htm.

- For Direct Data Entry on the Portal, refer to the ForwardHealth Provider Portal Dental Claims User Guide, available on the Portal User Guides page of the Portal at www.forwardhealth.wi.gov/WIPortal/content/Provider/userguides/userguides.htm.spage.
- For Provider Electronic Solutions (PES) electronic billing software, refer to the Wisconsin Provider Electronic Solutions Manual, available in the Trading Partners area of the Portal at www.forwardhealth.wi.gov/WIPortal/Subsystem/Account/StaticHTML.aspx?srcUrl=PESSoftwareInfo.htm.

Documentation Requirements

Providers are required to prepare and maintain truthful, accurate, complete, legible, and concise documentation of efforts to bill commercial health insurance sources to substantiate other insurance indicators used on any claim, according to Wis. Admin. Code § DHS 106.02(9)(a).

Information Regarding Managed Care Organizations

This *ForwardHealth 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 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 website at www.forwardhealth.wi.gov/.

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This *Update* was issued on 06/24/2016 and information contained in this *Update* was incorporated into the Online Handbook on 07/11/2016.