

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare, Wisconsin AIDS Drug Assistance Program, Wisconsin Chronic Disease Program

To: All Providers, HMOs and Other Managed Care Programs

New Billing Instructions for Claims with Deductible, Coinsurance, Copayment, Blood Deduction, or Psychiatric Reduction

This *ForwardHealth Update* announces new billing instructions for professional and institutional claims where a prior payer's allowed amount is applied to a deductible, coinsurance, copayment, blood deduction, and/or psychiatric reduction.

New Billing Instructions for Claims with Deductible, Coinsurance, Copayment, Blood Deduction, or Psychiatric Reduction

Effective immediately, providers are required to indicate other insurance indicator "OI-P" on professional and institutional paper claims when a prior payer's allowed amount is applied to a deductible, coinsurance, copayment, blood deduction, and/or psychiatric reduction. In addition, providers are also required to indicate "OI-P" on any Explanation of Medical Benefits form, F-01234 (11/14), attached to the paper claim. As a reminder, a separate Explanation of Medical Benefits form must be attached to a paper claim for each other payer when other health insurance sources are indicated on a claim. 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 ForwardHealth Online Handbook on the ForwardHealth Portal for more information.

Note: The processing of compound and noncompound drug claim forms is not impacted by this change. The processing of Medicaid cost share is not impacted by this change.

Providers should continue to indicate the amounts paid for deductible, coinsurance, copayment, blood deduction, and psychiatric reduction in the appropriate fields on the Explanation of Medical Benefits form and not in the "Amount Paid" field of the claim forms or the Explanation of Medical Benefits form.

The "OI-P" indicator will be automatically assigned for claims that are submitted electronically with amounts associated with deductible, coinsurance, copayment, blood deductible, and/or psychiatric reduction.

As a reminder, except for a few instances, ForwardHealth is the payer of last resort for any services covered by ForwardHealth. Providers are required to make a reasonable effort to exhaust all existing commercial health insurance sources before billing ForwardHealth.

Claim Adjustments

From September 2017–October 2017, ForwardHealth will be automatically adjusting all applicable claims received on and after November 10, 2008, to account for this change from previous billing instructions.

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 (MCO). MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

Members enrolled only in the Wisconsin Chronic Disease Program 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 Medicaid Services, the 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, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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