Wisconsin Medicaid Residential Substance Use Disorder Treatment Provider Training

Module 4: Claims

January 12, 2021

Wisconsin Department of Health Services
Division of Medicaid Services
Bureau of Benefits Policy

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Agenda

Morning Session

- 8:30am - Overview of Service Area and Covered Services
- 9:30am - Provider and Member Enrollment Information

Afternoon Session

- 11am - Prior Authorization (PA)
- **12pm – Claims – Add Medicare slide**

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Claims

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General Claims Information

- ForwardHealth reimburses only for services that are medically necessary as defined under Wis. Admin. Code § DHS 101.03(96m).

- Services will be reimbursed via a per diem rate.

- For most services, providers are required to indicate their usual and customary charge when submitting claims to ForwardHealth.

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General Claims Information

- Providers have 365 days from the date of service to submit claims and adjustments.

- Providers with ForwardHealth Portal accounts can use Direct Data Entry to decrease denials related to timely filing.

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General Claims Information

Options for submitting claims include:

- Direct Data Entry

- Electronic (837 Health Care Claim transaction, National Council for Prescription Drug Programs, vendor)

- Paper (refer to the service-specific area of Online Handbook for instructions.)

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General Claims Information

Claims for residential SUD treatment must be billed using the UB-04 (institutional) claim form and must include:

- Revenue code 1002 (Behavioral Health accommodation residential—chemical dependency)

- Healthcare Common Procedure Coding System procedure code H0018 (Behavioral health; short-term residential [non-hospital residential treatment program], without room and board, per diem)

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General Claims Information

- Required Modifiers—Must match provider's specialty

MODIFIER	DEFINITION	PROVIDER SPECIALTY
TG	Complex/high tech level of care	Only high-intensity provider specialties of the residential SUD treatment provider type will be able to use this modifier
TF	Intermediate level of care	Only low-Intensity provider specialties of the residential SUD treatment provider type will be able to use this modifier

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General Claims Information

- Optional Modifiers

MODIFIER	DEFINITION
HD	Member is currently pregnant through 60 days post-partum
HA	Member is currently under age 18
HI	Member has an documented intellectual or developmental disability

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Claim Sample

Copays

- Residential SUD treatment services are exempt from copays.
- Members will be subject to premiums if such premiums are a condition of the member's eligibility.

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Commercial Health Insurance

- When a member is enrolled in both a commercial health insurance plan and BadgerCare Plus or Wisconsin Medicaid, the provider is required to submit claims to commercial health insurance before submitting claims to ForwardHealth.

- Providers are required to bill the commercial health insurance plan according to the commercial insurer's policies and designated procedure codes, modifiers, and units billed.

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Commercial Health Insurance

- If commercial health insurance denies or recoups payment for covered services, providers must still follow BadgerCare Plus and Medicaid rules for both PA and billing.

- If ForwardHealth discovers a member had commercial health insurance coverage on the date of service a claim was paid, ForwardHealth will send an invoice to the provider for the paid claim (also known as provider-based billing).

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Commercial Health Insurance

The provider is required to seek reimbursement from the commercial health insurer upon receipt of this invoice. Providers must follow the commercial insurer's policies and designated procedure codes, modifiers, and units billed.

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Medicare

State law limits reimbursement for coinsurance and copayment of Medicare Part B-covered services provided to dual eligibles and Qualified Medicare Beneficiary-Only members.

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Medicare

Medicaid reimbursement for coinsurance or copay of a Medicare Part B-covered service is the lesser of the following:

- The Medicare-allowed amount less any amount paid by other health insurance sources and any copay or spenddown amounts paid by the member.

- The Medicaid-allowed amount less any amount paid by other health insurance sources and any copay or spenddown amounts paid by the member.

- Total payment may not exceed the Medicare allowed amount.

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Adjustment Requests

- After reviewing both the claim and Medicaid remittance information, a provider may determine that an allowed claim needs to be adjusted.

- Adjustments can be completed on the Portal or on paper with the Adjustment/Reconsideration Request form, F-13046.

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Adjustment Requests

Providers may file adjustment requests for reasons, including:

- To correct billing or processing errors
- To correct overpayments and underpayments
- To add or remove services
- To supply additional information that may affect the amount of reimbursement
- To request professional consultant review (for example, medical or dental)

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Remittance Advice

- ForwardHealth issues a Remittance Advice to the provider's secure Portal account if a provider has a claim or adjustment in process.

- The Remittance Advice includes the following sections:
  - Address
  - Paper check, or check number if applicable
  - Claims processing information
  - Explanation of Benefit code descriptions
  - Financial transactions
  - Service code descriptions
  - Summary

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Remittance Advice

- ForwardHealth will release payment information to the Portal, WiCall, and the 835 Health Care Claim Payment/Advice simultaneously for all payment cycles.

- The Remittance Advice is available through the Portal the Tuesday after the financial cycle has completed.

- Providers are able to verify payment through Portal accounts or by calling WiCall or Provider Services.

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EFT Enrollment

- Providers can sign up for EFT enrollment and have ForwardHealth payments directly deposited into the bank account they designate.

- The following requirements apply:

  o All EFT enrollments must be completed via a secure provider Portal account. Paper enrollments will not be accepted.

  o EFT enrollment must be done by a clerk who has been assigned the new EFT role on the Portal. A Portal administrator may create a new clerk account for this purpose or may modify an existing clerk account and grant them the new EFT role.

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EFT Enrollment

- Once enrolled for EFT, organizations cannot revert back to receiving paper checks.

- Organizations may change their EFT information at any time.

- Enrolling in EFT does not change a provider's remittance. Providers will continue to receive their remittance information as they do today.

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Documentation Retention

- Wis. Admin. Code DHS chs. 75, 83, 92, and 94, and 42 C.F.R. Part 2 require residential SUD treatment providers to keep documentation. Providers are reminded that they must follow documentation retention requirements, per Wis. Admin. Code § DHS 106.02(9).

- Information about those requirements are explained in the following Online Handbook topics:
  - Financial Records topic (#201)
  - Medical Records topic (#202)
  - Preparation and Maintenance of Records topic (#203)
  - Record Retention topic (#204)
  - Availability of Records to Authorized Personnel topic (#1640)

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Resources

- ForwardHealth Portal: https://www.forwardhealth.wi.gov/
- User guides
- Trainings on the public home page
- Provider Services: 800-947-9627

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Resources

- WiCall: 800-947-3544 (ForwardHealth's Automated Voice Response system)

- ForwardHealth Portal Helpdesk: 866-908-1363

- Electronic Data Interchange: 866-416-4979

- Provider Relations Representatives (Map located on ForwardHealth Portal)

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Questions