ForwardHealth Provider Portal

Dental Claims User Guide

Date Last Updated: September 4, 2014

Table of Contents

1 Introduction

Providers may submit dental claims directly to ForwardHealth using Direct Data Entry, an online application, available through their secure provider account on the ForwardHealth Portal.

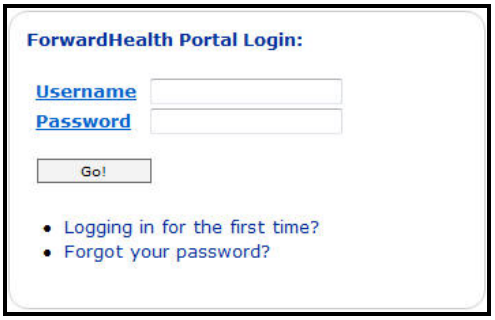
2 Access the Claims Page

1. Access the Portal at *https://www.forwardhealth.wi.gov/*.

ForwardHealth Portal Home Page

2. Click **Login**.

   The ForwardHealth Portal Login box will be displayed.

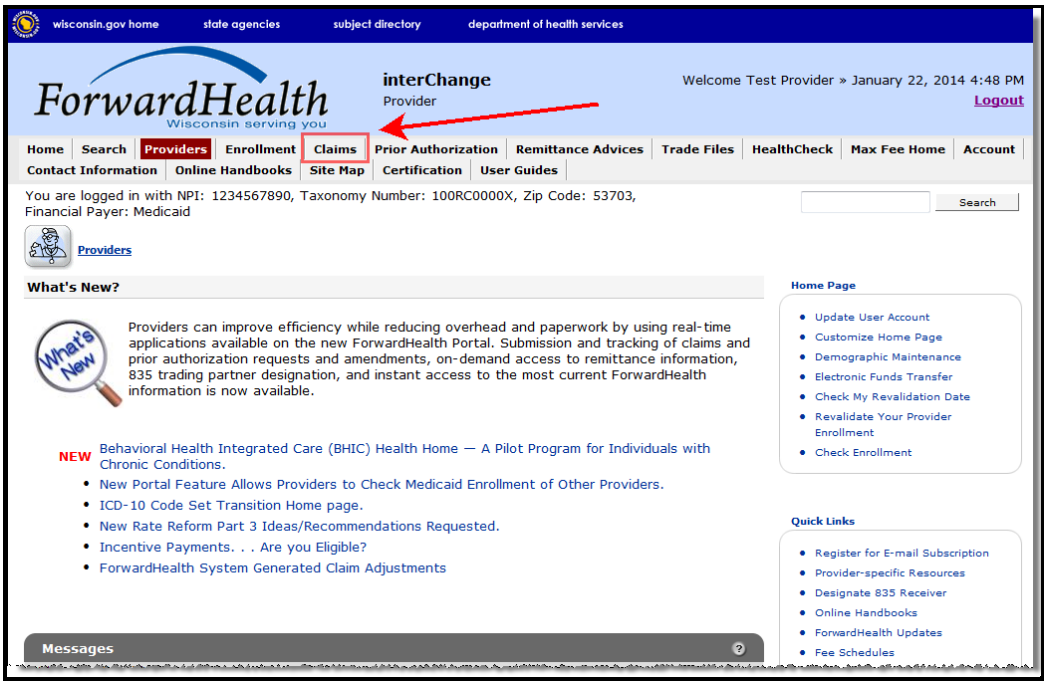


ForwardHealth Portal Login

Note: The login box can also be accessed by clicking the provider icon on the home page of the ForwardHealth Portal.

3. Enter your username.
4. Enter your password.
5. Click **Go!**

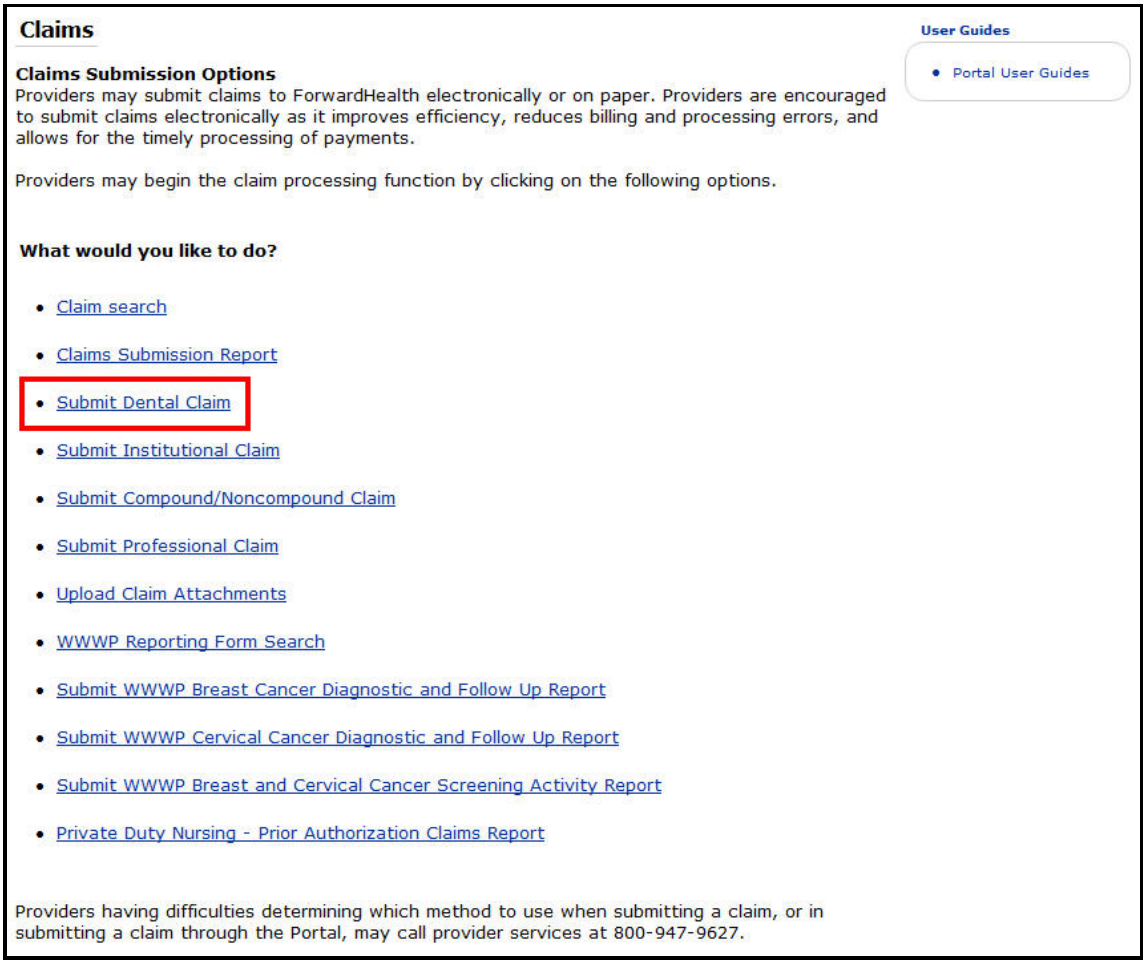
   Your secure provider page will be displayed.



Secure Provider Page

6. Click **Claims** on the main menu at the top of the page.

   The Claims page will be displayed.



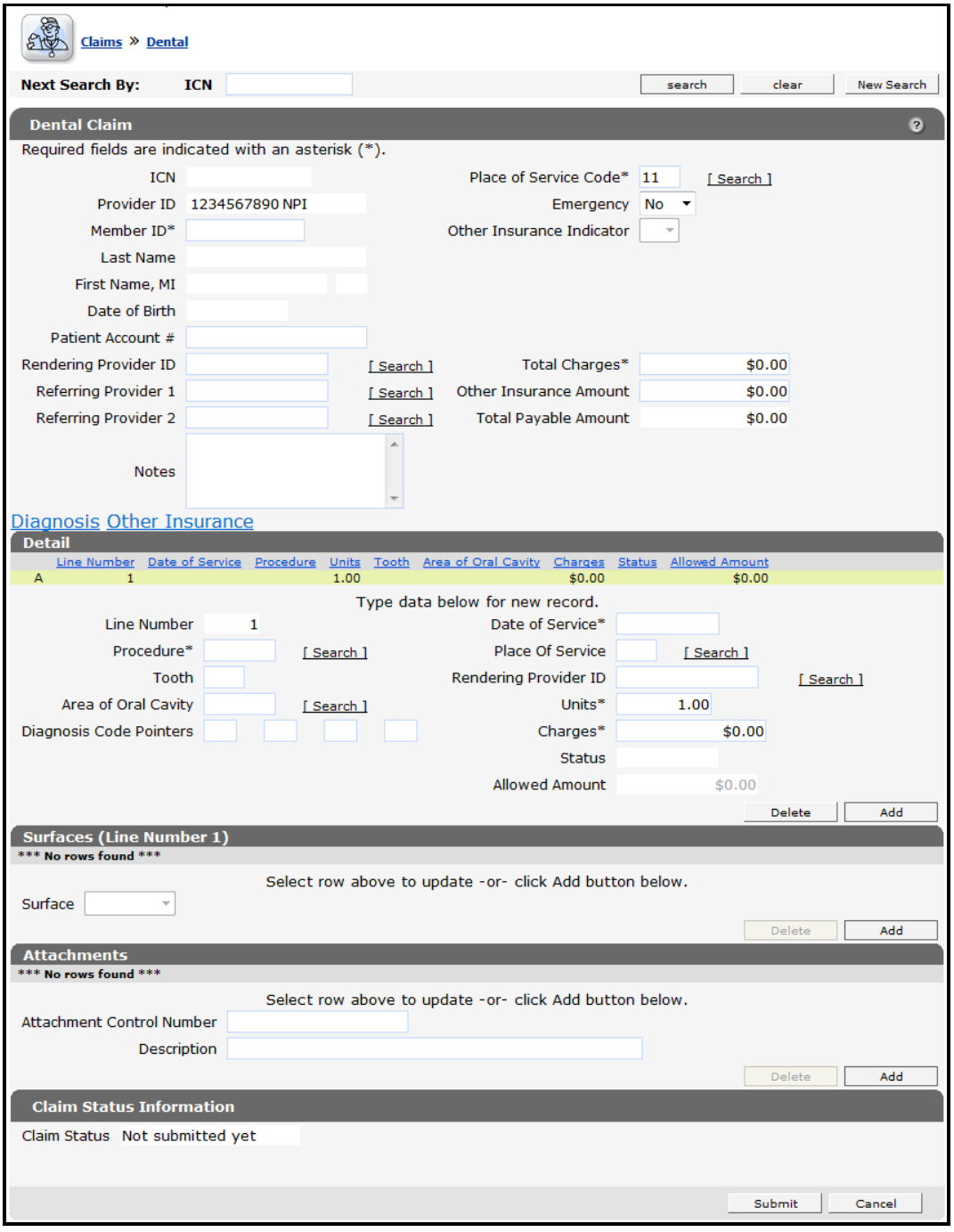
Claims Page

All claim type submission options are available from this page.

3 Submit a Dental Claim

1. Click **Submit Dental Claim** in the "What would you like to do?" section of the Claims page.

   The Dental Claim form will be displayed.

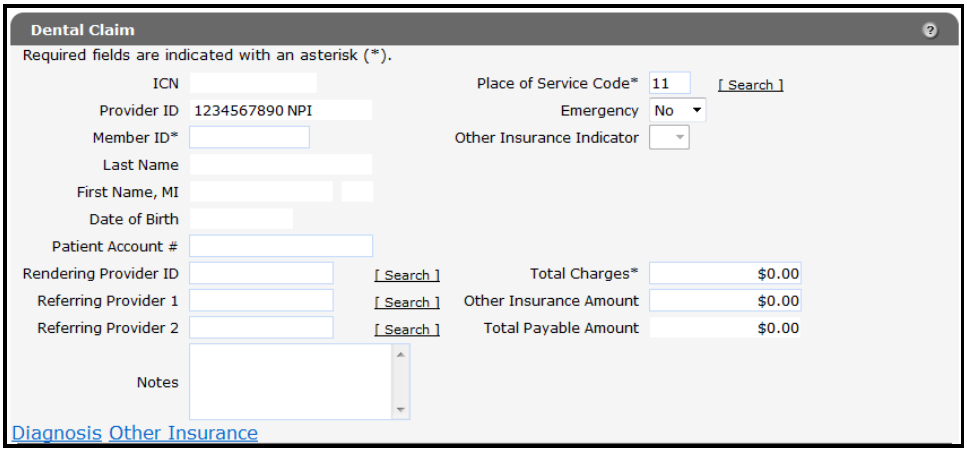


Dental Claim Form

3.1 Dental Claim Panel

Users may enter a claim's header information on the Dental Claim panel.

Note: Fields marked with an asterisk (*) are required fields.



Dental Claim Panel

Information cannot be entered in the ICN field. ForwardHealth will automatically assign an Internal Control Number (ICN) when the claim is submitted.

The Provider ID field will be populated with the National Provider Identifier (NPI) under which the user is logged in.

2. Enter the member's ID in the Member ID field.

   Note: After entering the member's ID, click anywhere on the gray area of the page. The Last Name, First Name, MI, and Date of Birth fields will populate with the member's information.

3. Enter the provider's internal number assigned to the patient's account in the Patient Account # field.
4. Enter the NPI of the provider performing the services in the Rendering Provider ID field if the ID is different from the ID in the Provider ID field.
5. Enter the NPI of the provider, or providers, who referred the member for services in the Referring Provider 1 and Referring Provider 2 fields if applicable. Users may enter an NPI in the field, or search for the NPI using the adjoining Search link.

Note: If a field exists at both the header and detail level, enter the information in one or the other but not necessarily both. The header will apply automatically to all details. Enter information at the detail only if different than the header value for these details.

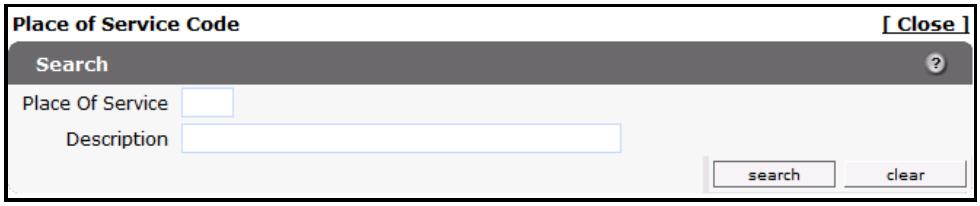
6. If the provider is indicating an unlisted, or not otherwise classified, procedure code, enter a description of the service provided in the Notes field. In addition, enter information in this field for manual pricing purposes.
7. The Place of Service Code field defaults to 11. If the place of service (POS) is not 11, enter another code or search for a code.

Place of Service Code Field

To search for a POS code, complete the following steps:

a. Click **Search** next to the Place of Service Code field.

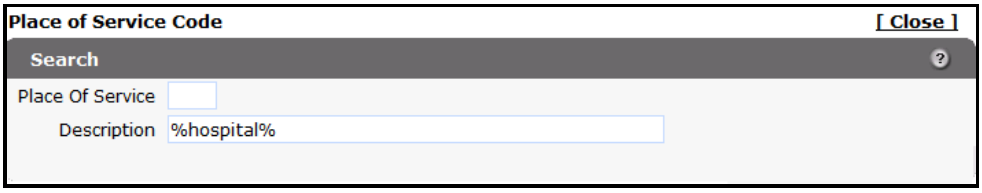
The Place of Service Code search panel will be displayed.



Place of Service Code Search Panel

b. Enter a description of the POS code.

- Enter a partial description of the POS as long as the word or words entered match the first words of the description. For example “nursing” can be entered when searching for Nursing Facility.
- To search for POS codes that contain all the words entered in the Description field, use the percent symbol (**%**) as a wildcard search character on either side of the word(s).

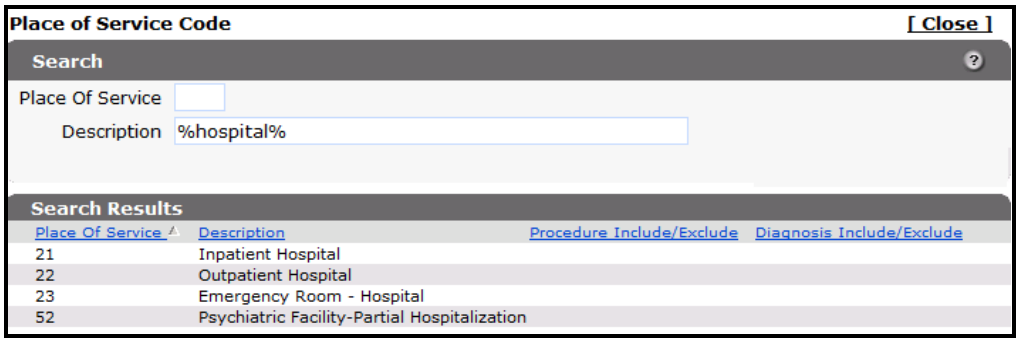


Wildcard Search

c. Click **Search**.

The Search Results section of the panel will be displayed.

Note: If a "No rows found" message is displayed, correct inaccurate information and search again.



Search Results Panel

d. Click the applicable POS code.

The Place of Service Code search panel will close, and the selected code will populate the Place of Service Code field on the Dental Claim form.

Place of Service Code Field

Note: The same procedure can be used with other search links on the Claim form.

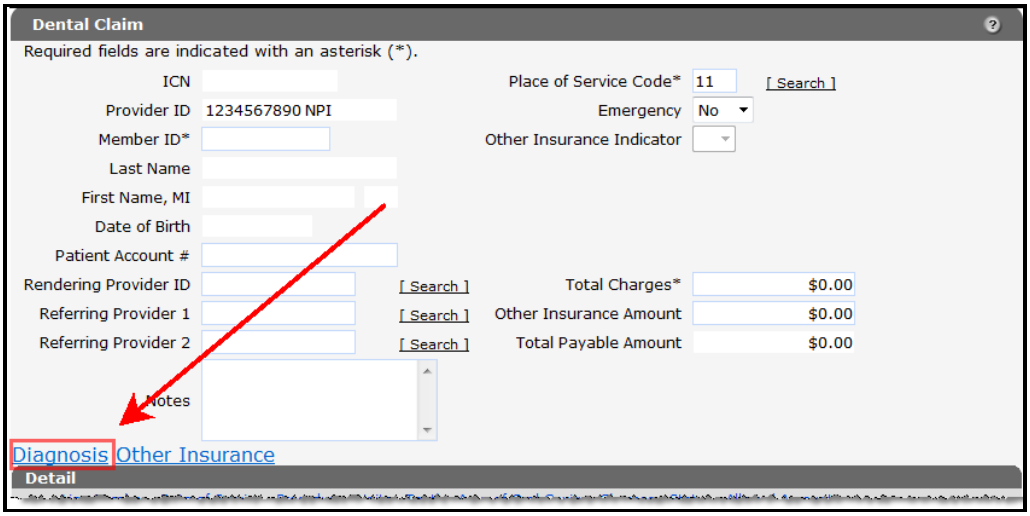
8. The Emergency field defaults to No. Select **Yes** from the Emergency drop-down menu if the charges are the result of an emergency procedure.
9. The Other Insurance Indicator drop-down menu is no longer used on claims submitted on or after June 14, 2014, but remains on this panel for viewing claims submitted before June 14, 2014. Providers are required to use the Other Insurance Header, Detail, and EOB Information panels to report other insurance (OI) information.
10. Enter the total charge for the service(s) being provided to the member in the Total Charges field.
11. Enter the amount paid by a commercial insurance plan in the Other Insurance Amount field if OI information is entered in the Other Insurance Header or Detail Information panels.

    Information cannot be entered in the Total Payable Amount field. The total amount paid will be automatically calculated after the claim is submitted.

3.1.1 Diagnosis Panel

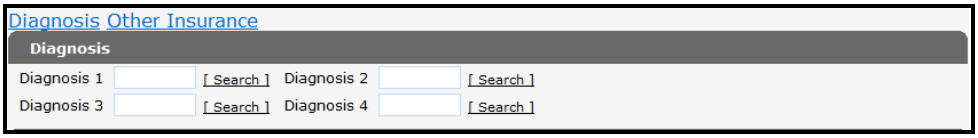
Diagnosis codes are not required for dental claims; however, if desired, providers may enter up to four diagnosis codes per dental claim.

1. Click **Diagnosis** at the bottom of the Dental Claim panel.



Diagnosis Link

The Diagnosis panel will be displayed.



Diagnosis Panel

2. Enter a diagnosis code from the *International Classification of Diseases* (ICD) coding structure in the Diagnosis 1 field or search for a code using the Search link to the right of the field.

Note: Do not use a decimal point when entering a diagnosis code. For example, for ICD diagnosis code 041.00, enter 04100.

For more information about covered services and reimbursement, refer to the *ForwardHealth Online Handbook*.

To search for a diagnosis code, complete the following steps:

a. Click **Search** to the right of the applicable Diagnosis field.

The Diagnosis search panel will be displayed.

Diagnosis Search Panel

b. Enter a description of the code.

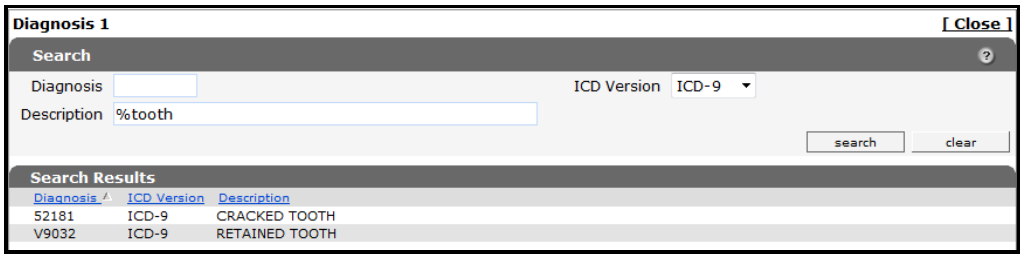
- If the entire description is unknown, enter a key word or partial description.

- When entering a partial description, use the percent symbol (%) as a wildcard search character on either side of a word to display all codes containing that word.

Note: The ICD Version drop-down will be used to switch between ICD-9 and ICD-10 when the ICD-10 codes are in effect.

c. Click **Search**.

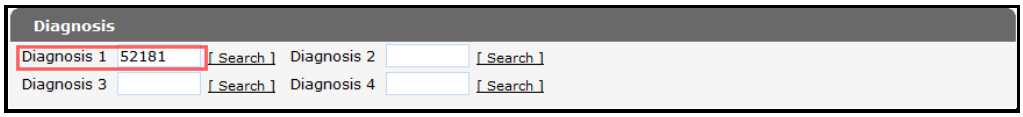
Any diagnosis codes matching your query will be displayed in the Search Results section of the panel.



Search Results Panel

d. Click the applicable diagnosis code.

The Diagnosis search panel will close, and the selected code will populate the Diagnosis field.



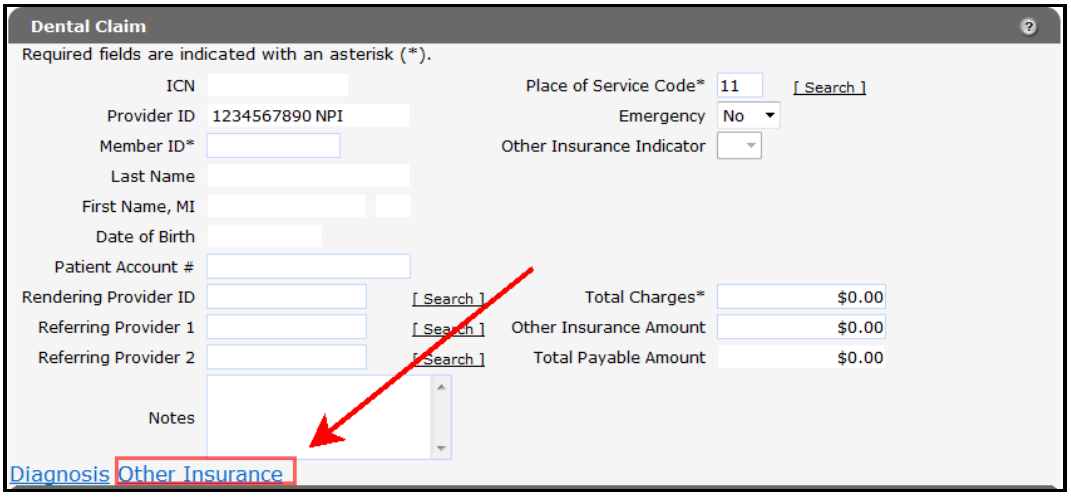
Diagnosis Code Added to Dental Claim Form

3. Add additional diagnosis codes to the claim, if necessary. To delete a diagnosis code, erase the entry.

3.1.2 Other Insurance Header Information Panel

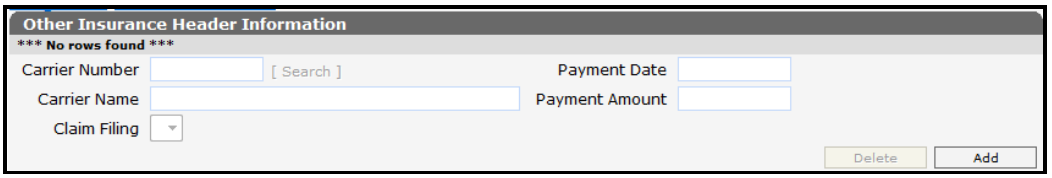
The Other Insurance Header Information panel is used to enter header level information for each OI carrier.

1. Click **Other Insurance** at the bottom of the Dental Claim panel.



Other Insurance Link

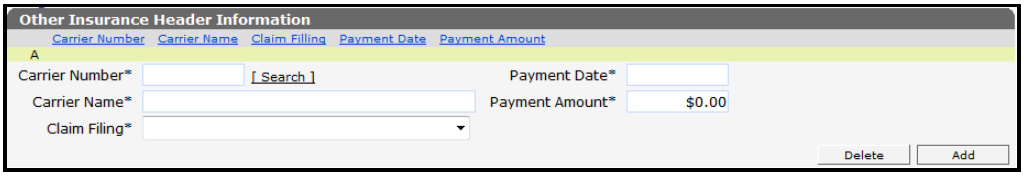
The Other Insurance Header Information panel will be displayed. The Other Insurance *Detail Information* and *EOB Information* panels will also be displayed further down the form.



Other Insurance Header Information Panel

2. Click **Add**.

   The page will refresh, a yellow row will be added to the top of the panel, and the fields will become active to allow for information to be entered.



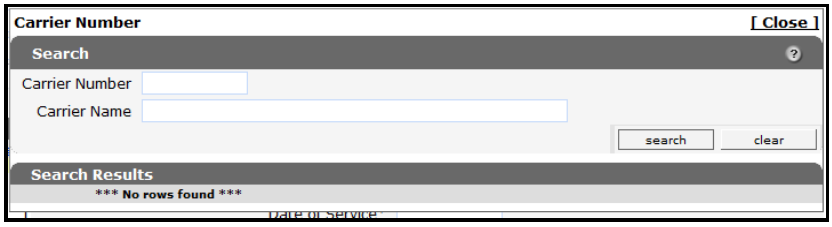
Add Other Insurance

3. Enter a carrier number and name, or search for a carrier using the Search link next to the Carrier Number field.

   To search for a Carrier complete the following steps.

   a. Click **Search** to the right of the Carrier Number field.

      The Carrier Number search panel will be displayed.

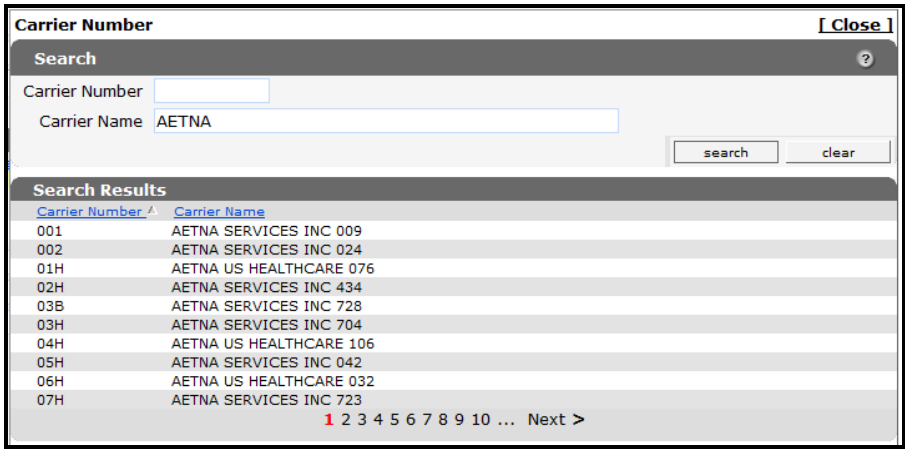


Carrier Number Search Panel

b. Enter a full or partial name for the carrier, if you know the carrier's number, you may also search using that number.

c. Click **Search**.

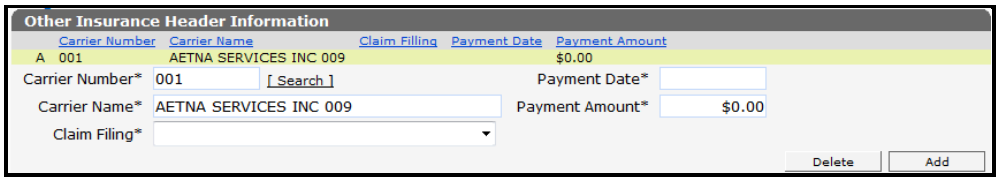
Any carrier matching your query will be displayed in the Search Results section of the panel.



Search Results Panel

d. Click the applicable carrier.

The Carrier Number search panel will close and the selected carrier's number and name will populate the carrier fields.



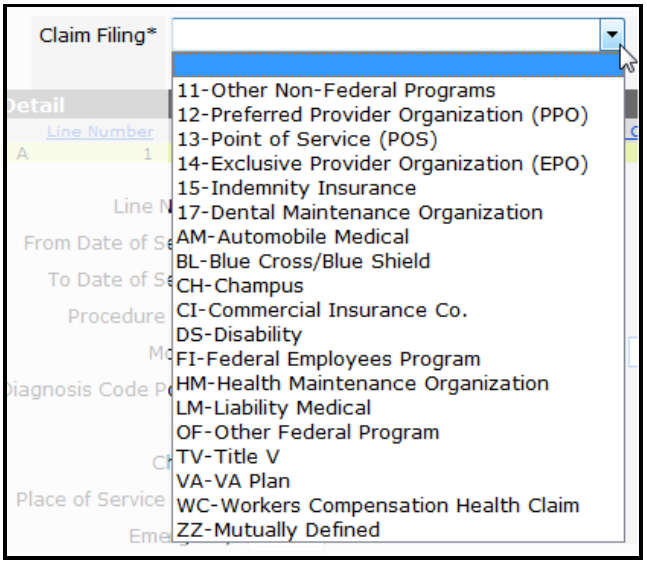
Carrier Number and Name Added to Dental Claim Form

Note: The above procedure can be used for other search links on the Dental Claim Form.

4. Add additional carriers to the claim if necessary.

To delete a carrier, select the applicable row and click **Delete**.

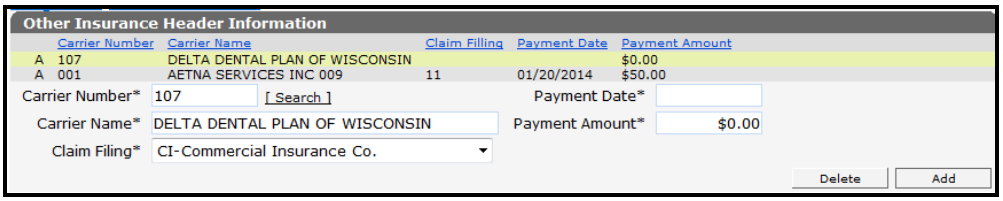
5. Select the Claim Filing from the drop-down menu.



Claim Filing Drop-Down Menu

The claim filing indicates the type of OI billed prior to Medicaid claims submission.

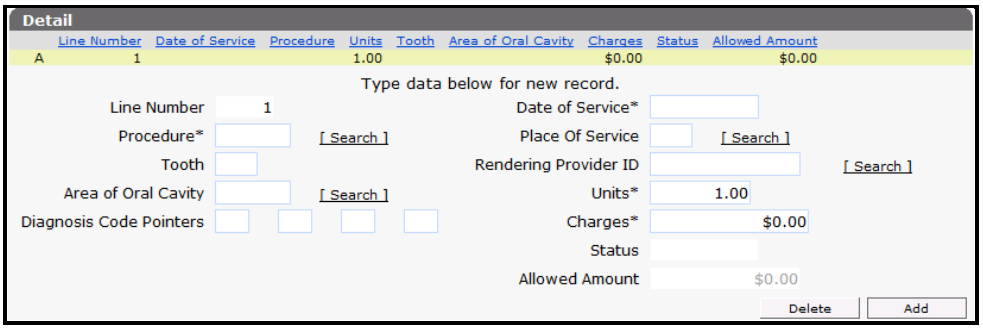
6. Enter the Payment Date.
7. Enter the Payment Amount.
8. Click **Add** to add any other carriers.



Non-Covered Carrier Added to Claim

When finished adding carriers, the information for the last carrier entered will be added to the top row when proceeding to another panel or clicking the Submit button.

3.2 Detail Panel



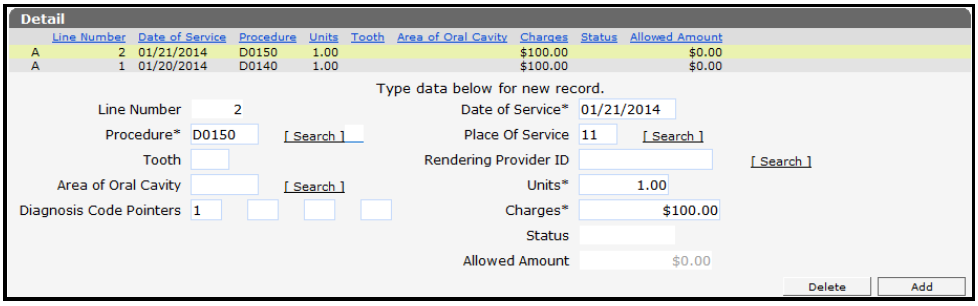
Detail Panel

The Line Number field is auto-populated with the number of the detail currently being added.

1. Enter the applicable procedure code, or click **Search** to the right of the Procedure field to search for a code.
2. Enter the letter or number that identifies the tooth for which the provider rendered services in the Tooth field. A letter indicates a temporary tooth; a number indicates a permanent tooth.
3. Enter the area of the mouth to which the procedure on the claim is related in the Area of Oral Cavity field, or click **Search** to the right of the field to search for the code.
4. Enter the number (1, 2, 3, or 4) of the corresponding diagnosis field from the Diagnosis panel to indicate which diagnosis (or diagnoses) applies to this detail.
5. Enter the date the service was rendered in the Date of Service field.
6. Enter the relevant POS code if the code is different from the POS code entered at the header level. Generally, only enter a number if services on the claim were performed at two or more locations and it is necessary to distinguish between these services at the detail level.
7. Enter the NPI of the provider performing the services if the rendering provider ID is different from the ID the user is logged in with and the ID was not entered at the header level. Generally, only enter a number if there are two or more rendering providers on the claim and it is necessary to distinguish between the providers at the detail level.
8. Enter the number of units billed for the service in the Units field.
9. Enter the amount charged for the service provided in the Charges field.

   Information cannot be entered in the Status and Allowed Amount fields. The Status and Allowed Amount fields will be populated when the claim is submitted. The Status field will display the current status of the detail. The Allowed Amount field will display the amount Wisconsin Medicaid has allowed for the detail.
10. Click **Add** to add more details to the claim.

    Enter the necessary information for each detail added.



Additional Detail Added

Providers may enter up to 50 detail lines per claim. Once 50 details have been entered, the Add button will be disabled until a previously added detail is deleted.

When finished adding details, the information for the last detail entered will be added to the top row when proceeding to another panel or clicking the Submit button.

To remove a detail line,

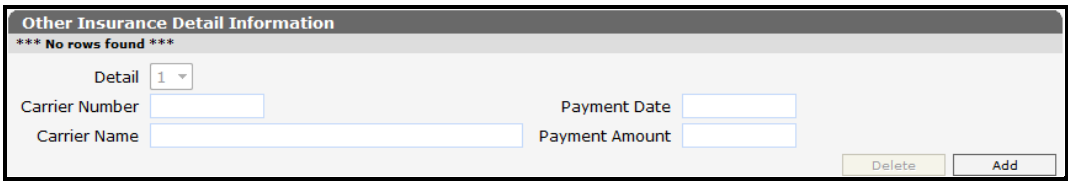
1. Select the desired row and click **Delete**.

   A dialog box will be displayed.

2. Click **OK** to delete the specified row.

3.3 Other Insurance Detail Information Panel

The Other Insurance Detail Information panel is used to enter OI related information for the claim details. If any information is entered in the Other Insurance Detail Information panel, all information must be supplied, even if it seems similar to information entered in the Other Insurance Header Information panel.



Other Insurance Detail Information Panel

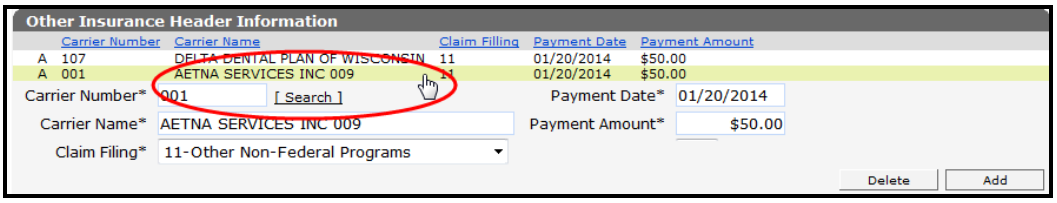
Note: Other Insurance information should be added to only the header, or both the header and detail depending on how the individual carrier adjudicated the claim.

- If the other payer's Explanation of Benefits (EOB) to the provider contains detail specific information, the information should be added to both the header and detail.
- If the other payer adjudicated the claim only at the header (no detail specific information), the provider can only enter header information.
- If there is more than one other payer involved, it is possible for one payer to be entered only in the header and the other in both the header and detail depending on how the individual carriers adjudicated the claim.

To enter an OI detail:

1. If there is more than one carrier in the Other Insurance Header Information panel, scroll up to that panel and click the carrier for which to add the detail.

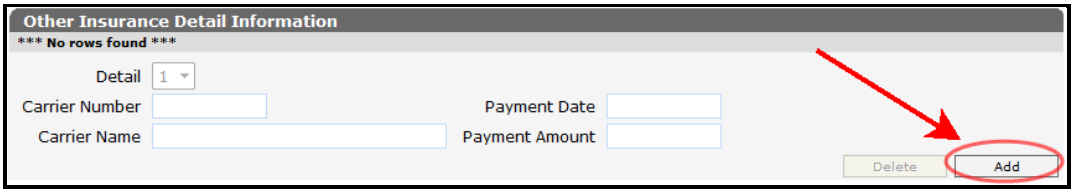
   The page will refresh and the carrier will be highlighted.



Select Carrier in Header

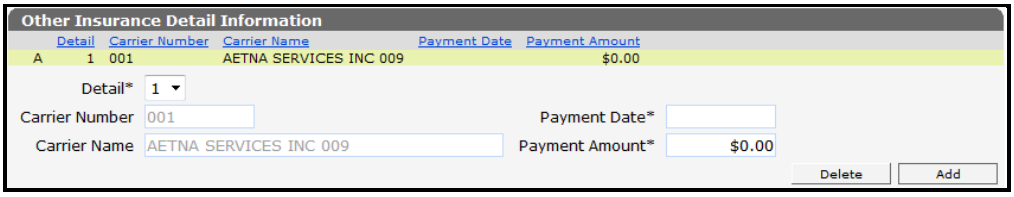
If there is only one carrier listed in the Other Insurance Header panel, step 1 may be skipped.

2. Return to the Other Insurance Detail Information panel and click **Add**.



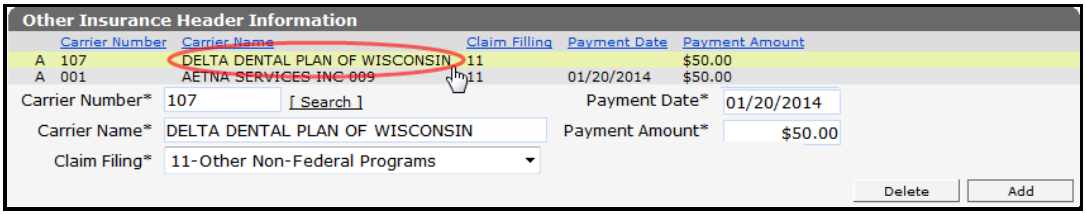
Other Insurance Detail Panel

The page will refresh and a yellow row will be added to the top of the panel with the carrier's name and number. The fields will also become active to allow for further information to be entered. The Detail number will display as "1", but can be changed when adding additional information.



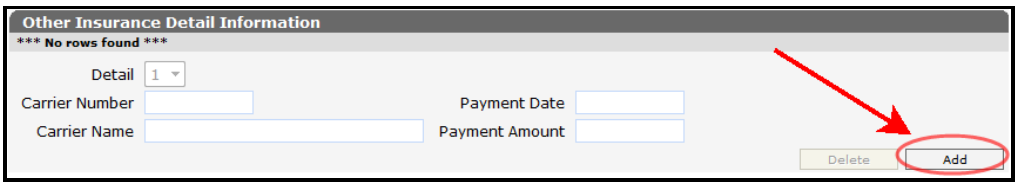
Carrier Added to Other Insurance Detail Information Panel

3. Select the Detail number for which the OI information applies from the drop-down menu, if applicable. The default setting is "0," which indicates that the other insurance paid the claim at the header.
4. Enter the date the other insurance paid the claim in the Payment Date field.
5. Enter the total amount of dollars the OI carrier paid on the detail in the Payment Amount field.
6. To add another carrier, scroll up to the Other Insurance Header Information panel and click the carrier for which to add the detail information.



Select Additional Carrier in Header

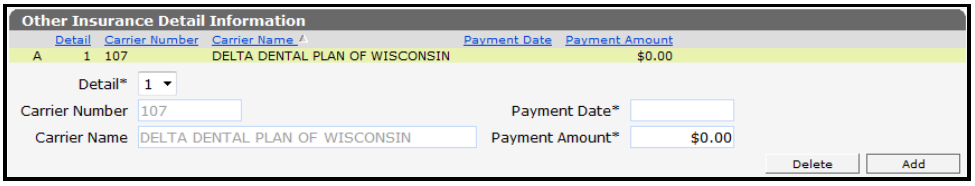
When returning to the Other Insurance Detail Information panel, the previous carrier's information will be removed and the fields will be grayed out.



Blank Other Insurance Detail Information Panel

7. Click **Add**.

   The page will refresh, a yellow row will be added to the top of the panel with the carrier's name and number. The fields will also become active to allow for further information to be entered.

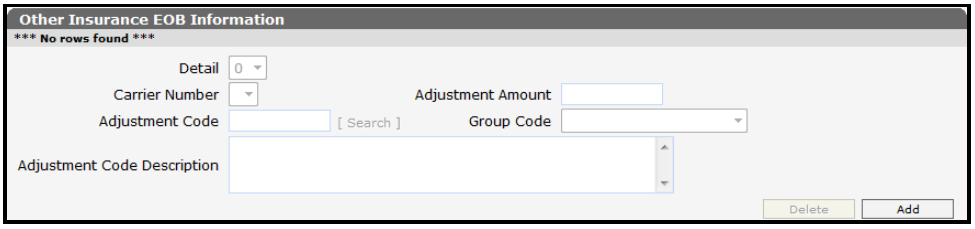


Additional Carrier Added

8. When finished adding carriers, the information for the last carrier entered will be added to the top row when going to another panel or clicking the Submit button.

3.4 Other Insurance EOB Information Panel

The Other Insurance EOB Information panel is used to enter the adjustment codes that explain why a carrier did not pay the billed amount.



Other Insurance EOB Information Panel

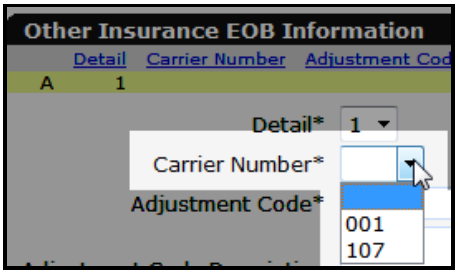
To enter an OI EOB code:

1. Click **Add**.

   A yellow row will be added to the top of the panel and the fields will become active to allow further information to be entered.

2. Select the Detail Number from the drop-down menu, if applicable. Leave at "0" if the OI paid at the header. Detail "0" indicates that the other insurance paid the claim at the header.

3. Use the drop-down menu in the Carrier Number field to select the Carrier Number from the carriers already entered on the claim.



Select Carrier Number

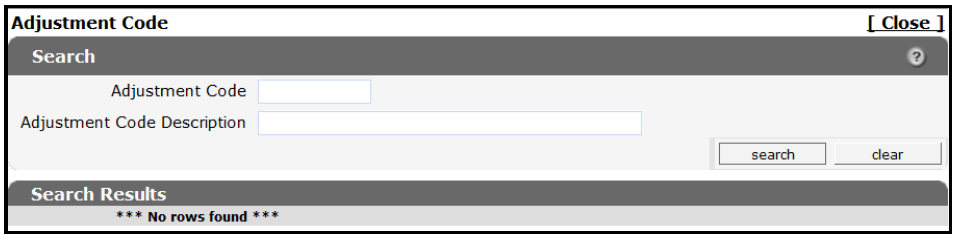
4. In the Adjustment Code field, enter the EOB adjustment code from the carrier's EOB. The EOB description will be entered automatically.

   If an adjustment code is not available, search for one.

   a. To search for an adjustment code, click **Search** to the right of the Adjustment Code field.

Adjustment Code Search Link

The Adjustment Code search panel will be displayed.

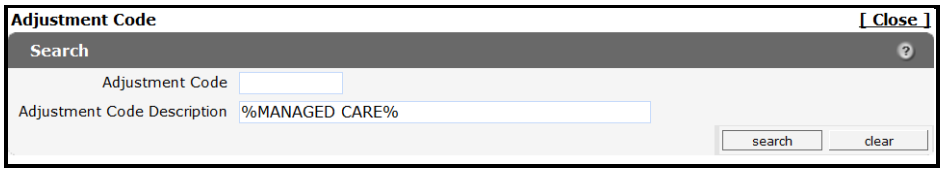


Adjustment Code Search Panel

b. Enter the adjustment code description.

Exact Description

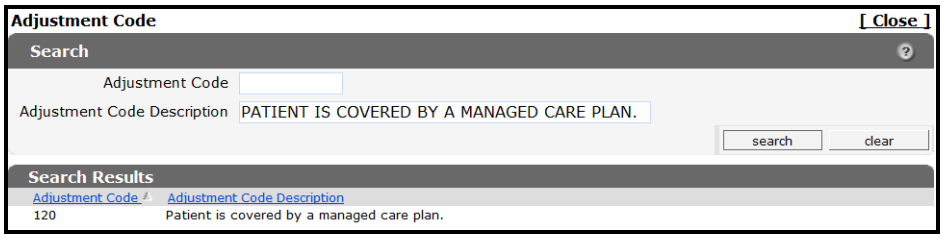
If the exact description is unknown, use the "%" sign as a wildcard to search for any word or group of words in the description.



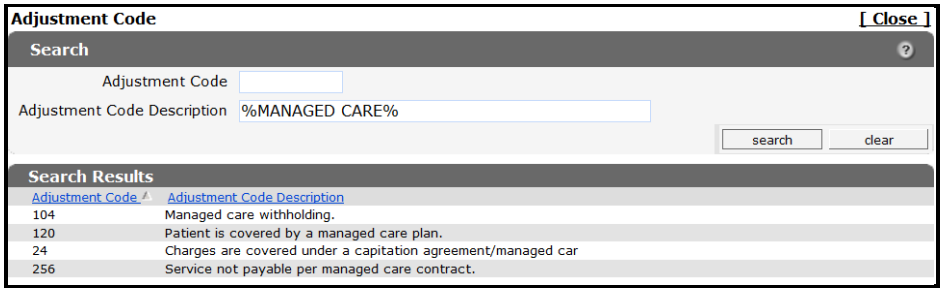
Wild Card Search

c. Click **Search**.

The codes matching the query will be displayed in the Search Results section of the panel.



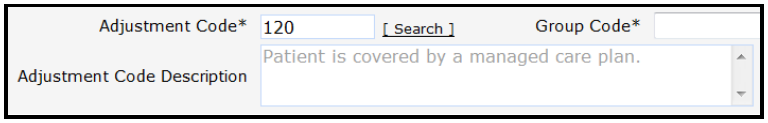
Search Results for Exact Description



Wildcard Search Results

d. Click the applicable code.

The Adjustment Code search panel will close, and the selected adjustment code and description will populate the fields on the Other Insurance EOB Information Panel.



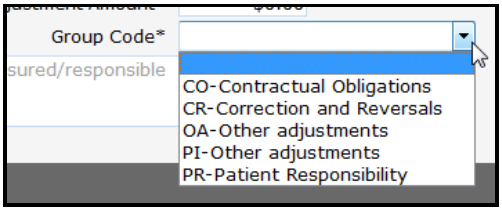
Adjustment Code and Description Added to the Panel

The following list includes some common American National Standards Institute (ANSI) codes that are used by ForwardHealth to process claims. Refer to *www.wpc-edi.com/reference/* online for the most current and complete listing of all valid ANSI codes.

Code	Description
1	Deductible Amount.
2	Coinsurance Amount.
3	Co-payment Amount.
23	The impact of prior payer(s) adjudication including payments and/or adjustments.
24	Charges are covered under a capitation agreement/managed care plan.
35	Lifetime benefit maximum has been reached.
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
66	Blood Deductible.
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or National Council for Prescription Drug Programs Reject Reason Code.)
119	Benefit maximum for this time period or occurrence has been reached.
122	Psychiatric reduction.
149	Lifetime benefit maximum has been reached for this service/benefit category.

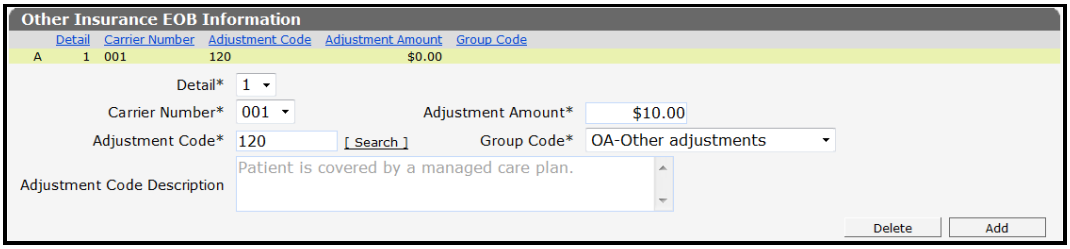
5. Enter the Adjustment Amount.

6. Select the Group Code from the drop-down menu.



Select Group Code

7. Click **Add** to add additional adjustment codes.



EOB Added

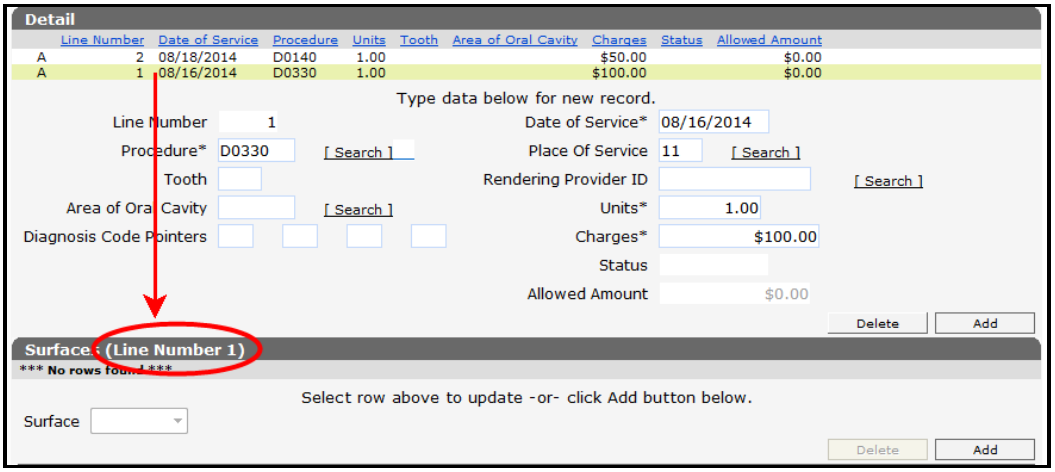
When finished adding EOBs, the last EOB entered will be added to the top row when proceeding to another panel or clicking the Submit button.

3.5 Surfaces Panel

On the Surfaces panel, users can indicate the tooth surface of the particular tooth on which services were performed.

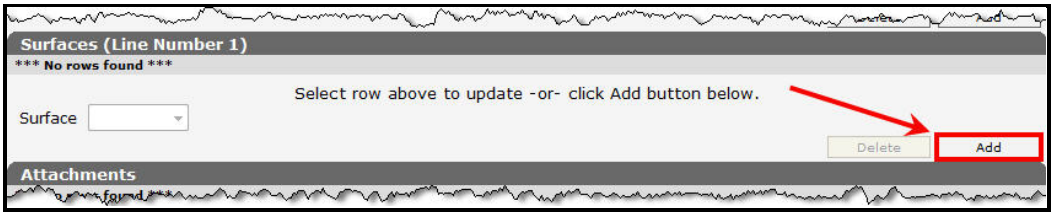
1. On the Detail panel, click the detail line for which you wish to indicate the tooth's surface.

   The detail line number will appear as the line number at the top of Surfaces panel. The selected surface will be associated with this detail line.



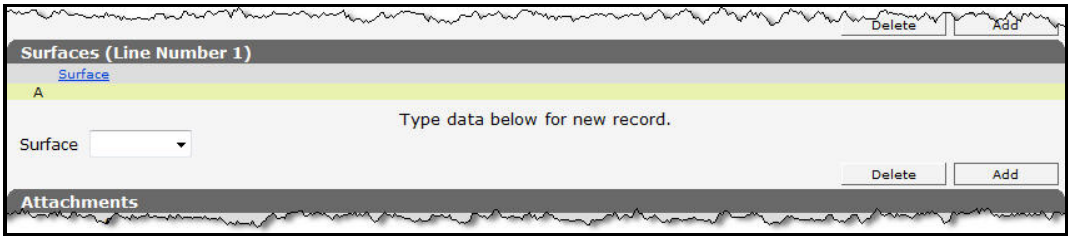
Select the Detail to Apply the Tooth Surface

2. Click **Add** on the Surfaces panel.



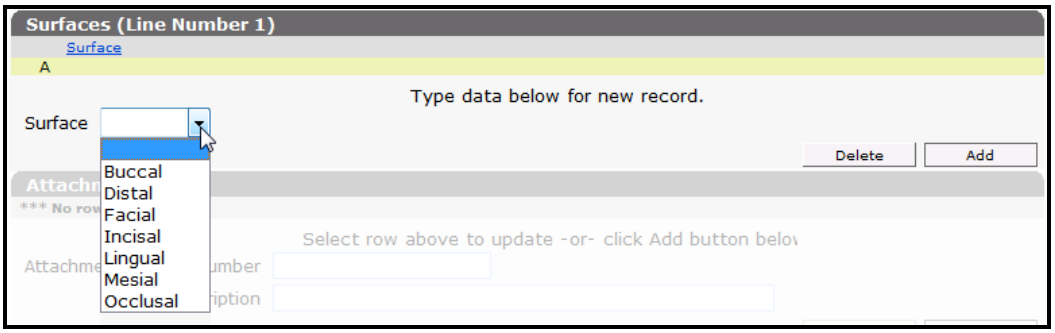
Surfaces Panel

A row will be added to the Surface panel, and the Surface field will activate.



Surfaces Panel with Added Row

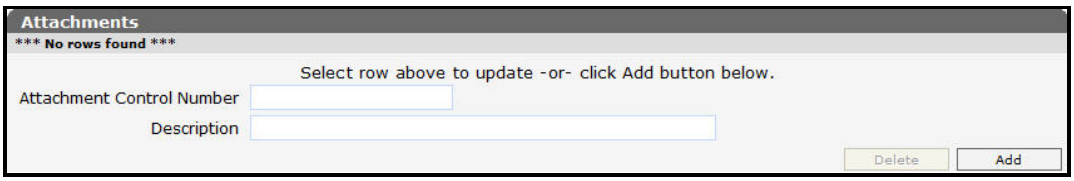
3. Click the Surface arrow to view the menu options.



Surface Drop-down Menu

4. Select the applicable surface.
5. Click **Add** for each additional surface to be added to a detail line (tooth) and select the appropriate surface from the Surface menu.
6. To add a surface to another detail, click the applicable detail line in the Detail panel and add the applicable surfaces.

3.6 Attachments Panel



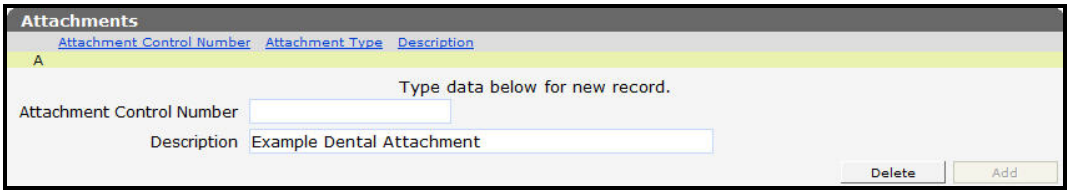
Attachments Panel

1. Click **Add** if any attachments need to be included with the claim.

   A row will be added to the Attachments panel, and the Description field will activate.

The Attachment Control Number field is read-only. ForwardHealth will assign a number after the claim is submitted.

2. Enter a description of the attachment being submitted.

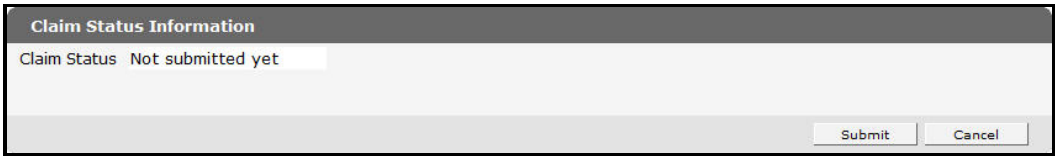


Attachments Panel with Added Row

Note: If it's indicated that an attachment will be included with the claim, the claim will suspend for 30 days pending the receipt of the indicated attachment. Users may upload attachments electronically through the Portal or submit the attachment by mail or fax using the *Claim Form Attachment Cover Page* available on the ForwardHealth Forms page of the Portal.

3.7 Submit the Claim

The Claim Status Information panel at the bottom of the Institutional Claim form will indicate that the claim has not yet been submitted.



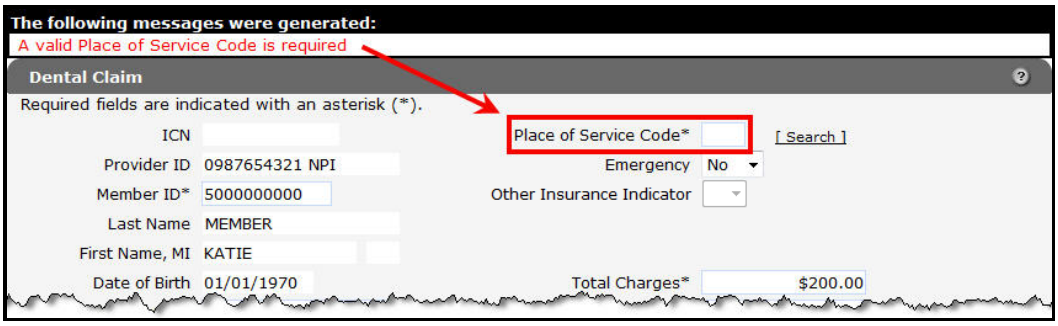
Claim Status Information Panel

1. Ensure that information has been entered in all the required fields on the Dental Claim form.

Note: Since there is no Save feature for the Dental Claim form, if the claim is not submitted successfully and assigned an ICN, all information will be lost.

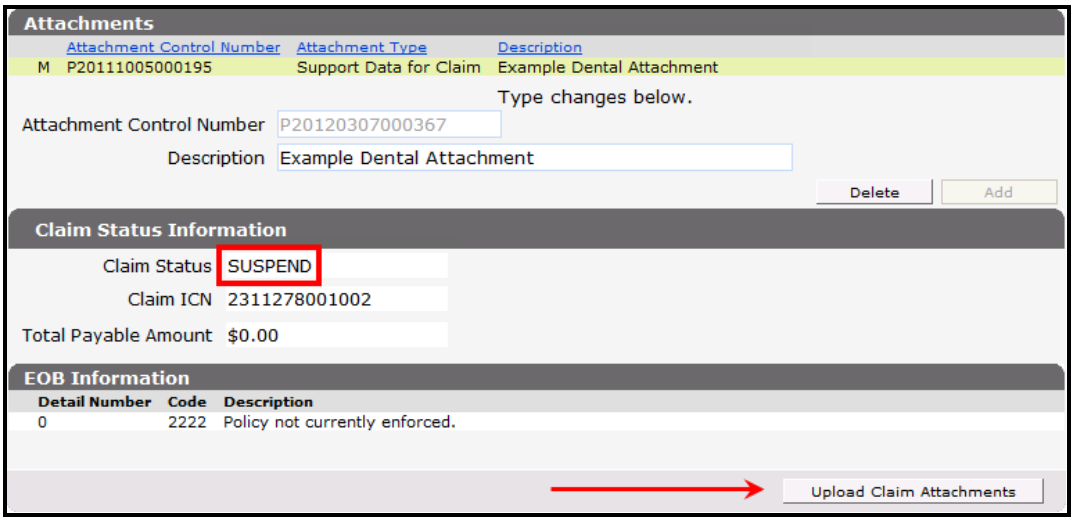
2. Click **Submit**.

If there is a problem and the claim does not process, an ICN will not be assigned, and an error message that indicates what needs to be corrected will be displayed at the top of the page.



Error Message

If an attachment was indicated to be submitted with the claim, the claim will suspend, an attachment control number will be added to the Attachments panel, and the Upload Claim Attachments button will be displayed at the bottom of the page.



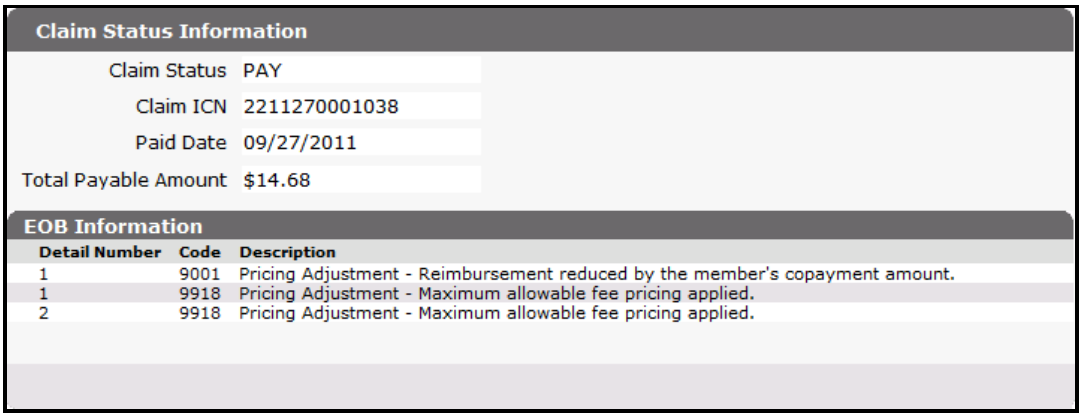
Submitted Claim with Attachments

If not ready to upload a file, exit from this page or go to another area of the Portal.

If ready to upload an attachment, click **Upload Claim Attachments**.

The Upload Claim Attachment File panel will be displayed. For information about uploading attachments, refer to the ForwardHealth Portal Uploading Claim Attachments Instruction Sheet, which is located on the *Portal User Guides* page of the ForwardHealth Portal.

If the claim is successfully submitted without an attachment, the Claim Status Information panel will display the ForwardHealth-assigned ICN and the claim's status. In addition, the EOB Information panel will be displayed indicating how the claim was processed by ForwardHealth.



Claim Status Information and EOB Information Panels

If the claim is denied or adjusted, an EOB code or codes will be displayed indicating the reason for the adjustment.