WI ForwardHealth Billing Screenshot Tutorial

NAVIGATING TO THE PROFESSIONAL CLAIM

→ Access the ForwardHealth Portal at http://www.forwardhealth.wi.gov/

wisconsin.gov home state agencies	subject directory department of health services	
ForwardHealt Wisconsin serving	Repo	Welcome » October 25, 2012 4-10 ph Login
roviders		Members
Register for E-mail Subscription Provider~specific Resources Become a Provider Online Handbooks	Welcome to the ForwardHealth Portal The ForwardHealth Portal serves as the interface to ForwardHealth interChange, the new	Member Information Find a Provider Member Contacts
Fee Schedules Trainings Wisconsin Administrative Code	Medicaid Management Information System for the state of Wisconsin. Through this portal, providers, managed care organizations, partners, and trading partners can electronically and securely submit, manage, and maintain health records for members under their care. This Portal also provides users with access to the current health care information available.	Partners
ForwardHealth Enrollment Data Health Care Enrollment Provider Recertification		Find a Provider Related Programs and Services
Certification Tracking Search		Trading Partners
anaged Care Related Programs and Services 	Providers Managed Care Partners Trading Partners Members Organization	Trading Partner Profile PES Companion Guides

\rightarrow Click the "Claims" tab:

S whiconsin.gov horne state opencies	ubject directory deportment of health services	
ForwardHealth	interChange Provider	Welcome + October 25, 2012 4:20 PM Logout
Home Search Providers Euroliment	Prior Authorization Remittance Advices Trade Files HealthCheck Bax Fee Home Acc	count Contact Information Online Handbooks
You are logged in with NP1: 9999999999, Taxon	omy Number: 000000000X, Zip Code: 53032 - 1587, Financial Payer: Medicaid	Search
Claims		Uner Galdes
Claims Submission Options Providers may submit claims to ForwardHealth e reduces billing and processing errors, and allows	lectronically or on paper. Providers are encouraged to submit claims electronically as it improves e s for the timely processing of payments.	Fortal User Guides efficiency,
Providers may begin the claim processing functi	on by clicking on the following options.	

ightarrow Scroll down and click "Submit Professional Claim" —

What would you like to do?	
<u>Claim search</u>	
<u>Claims Submission Report</u>	
Submit Dental Claim	
<u>Submit Institutional Claim</u>	
<u>Submit Compound/Noncompound Claim</u>	
Submit Professional Claim	
Upload Claim Attachments	
WWWP Reporting Form Search	
Submit WWWP Breast Cancer Diagnostic and Follow Up Report	
Submit WWWP Cervical Cancer Diagnostic and Follow Up Report	
Submit WWWP Breast and Cervical Cancer Screening Activity Report	

ENTERING A PROFESSIONAL CLAIM

Fields denoted with an asterisk (*) are required; however, a few unmarked fields are also necessary to ensure the claim is approved.

HEADER SECTION: documents member and provider information

Iome Search Providers lite Map Certification Use		Prior Authorization	Remittance Advices	Trade Files H	ealthCheck P	lax Fee Home	Account	Contact Information	Online Handbooks
ou are logged in with NPI: 99	9999999, Taxonor	ny Number: 000000000	X, Zip Code: 53032 -	1587, Financial P	ayer: Medicaid				Sear
Claims > Professional						_			
iext Search By: ICN								search	dear New Se
Professional Claim									
tequired fields are indicated w	ith an asterisk (*).								
ICN		Rendering Physician		[Search]					
Provider ID 1760591533	I NPI	Referring Provider							
Member ID*		Medicare Disclaimer	no disclaimer	•					
Last Name	Oth	er Insurance Indicator	•						
First Name, MI									
Date of Birth		Total Charge*	\$0.00						
atient Account #	Ot	her Insurance Amount	\$0.00						
Medical Record Number		Total Amount Paid	\$0.0	10					
agnosis Condition Medi	care Anesthesia								
Detail									
Line Number From Date of St	envice To Date of Service	ice Procedure.Code Mod.	1 Mod2 Mod3 Mod4	Status Units Chan	28				

- 2. "Member ID": the patient's WI Medicaid ID.
- \rightarrow "Last name," "First Name, MI," and "Date of Birth": auto-populated once the "Member ID" is entered.
- 3. For dual eligible patients with Medicaid and Medicare Part D coverage, you can enter the number 8 in the
- "Medicare Disclaimer" field, given the specific part D plan does not pay for CMR/As provided by your pharmacy. -

n,

4. Enter "Total Charge": the sum of <u>all</u> charges for services provided to the patient in one encounter.

DIAGNOSIS SECTION: documents diagnosis

4. Click the "Diagnosis" link to open the diagnosis code field (as shown below).---

		•		0		•	,
Medical F	Recor	d	Total Amo	unt Paid	\$0.00		
iagnosis	Con	dition Medicare	<u>Anesthesia</u>				
Diagnosi	5						
Sequence	1	Diagnosis 1	[Search]				
Sequence	2	Diagnosis 2	[Search]				
Sequence	3	Diagnosis 3	[Search]				
Sequence	4	Diagnosis 4	[Search]				
Sequence	5	Diagnosis 5	[Search]				
Sequence	6	Diagnosis 6	[Search]				
Sequence	7	Diagnosis 7	[Search]				
Sequence	8	Diagnosis 8	[Search]				
Sequence	9	Diagnosis 9	[Search]				
Sequence	10	Diagnosis 10	[Search]				
Sequence	11	Diagnosis 11	[Search]				
Sequence	12	Diagnosis 12	[Search]				
Detail							

5. Enter or search "Diagnosis" codes (at least one diagnosis code is required).

-do not include periods (e.g. diagnosis code of 250.00, should be entered as "25000").

Detail Line Num A	nber From Date	of Service To Date of Service		tus Units Charge 0 \$0.00		
	Line Number	1	Type data be Rendering Physicia	ow for new record.	[Search]	
	e of Service*		Referring Physicia			
	e of Service*		Emergen			
Proce	edure Code*	[Search]	Family Plannir			
Diagnosis Co	Modifiers ode Pointers	[Search]	[Search] [Search] [Sear	21		
oraginosis Co	Units"	0	Stati	s		
	Charge*	\$0.00	Allowed Amou	nt \$0.00		
Place of Se	ervice Code*	[Search]	CoPay Amou	nt \$0.00		
	Notes		Professional Service Descriptio	on	× v	
NDCs for J	<u>Code</u>					Delete Add
Medicare	e Information					
N	Line Num 4edicare Date F		Medicare Deductible Medicare Coinsurance	\$0.00 + \$0.00 +		
	dicare Paid Amo		.00 Psychiatric Reduction	\$0.00 +		
Medicare Nor	n Covered Cha	rge \$0	.00 Medicare Copayment	\$0.00 +		
			Demaining Datiant ()-bits a	t0 00		
Entor "F	rom De	to of Socies	" and "To Date of Service"	\$0.00 =	ato can be entered in b	oth fields
						Jui neius.
. Enter "P	rocedu	re Code" (Cu	rrent Procedural Terminol	ogy Code or	CPT Code):	
•	Note: v	ou will need	to create additional "Deta	il" lines in or	der to include multiple o	codes (see below).
	9605		erapy management service(s) provide			
			provided; initial 15 minutes, new pa			
99	9606	Medication the	erapy management service(s) provide	d by a pharmacist	individual, face-to-face with patie	ent, with assessment and
			provided; initial 15 minutes, establis			
99	9607		erapy management service(s) provide		individual, face-to-face with patie	ent, with assessment and
			provided; each additional 15 minute			
. Enter "N	Nodifier	″(REQUIRED): this code designates an	individual M	TM service [.]	
	if multi	ple MTM ser	vices were provided in a s			ltiple modifier codes
	if multi	ple MTM ser	vices were provided in a s			ltiple modifier codes.
			·	ingle encoun	ter, you may include mu	
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	ΙΑ	The initial asse Follow-up asse	essment of a member who is at high ri essment of a member who is experien tial assessment by the pharmacy. The	sk of experiencing	ter, you may include mu medical complications due to his lications due to his or her drug re	or her drug regimen gimen and has already
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DETAIL SECTION: documents each individual service provided in a single encounter.

WI ForwardHealth Billing Screenshot Tutorial Rev 2/21/21