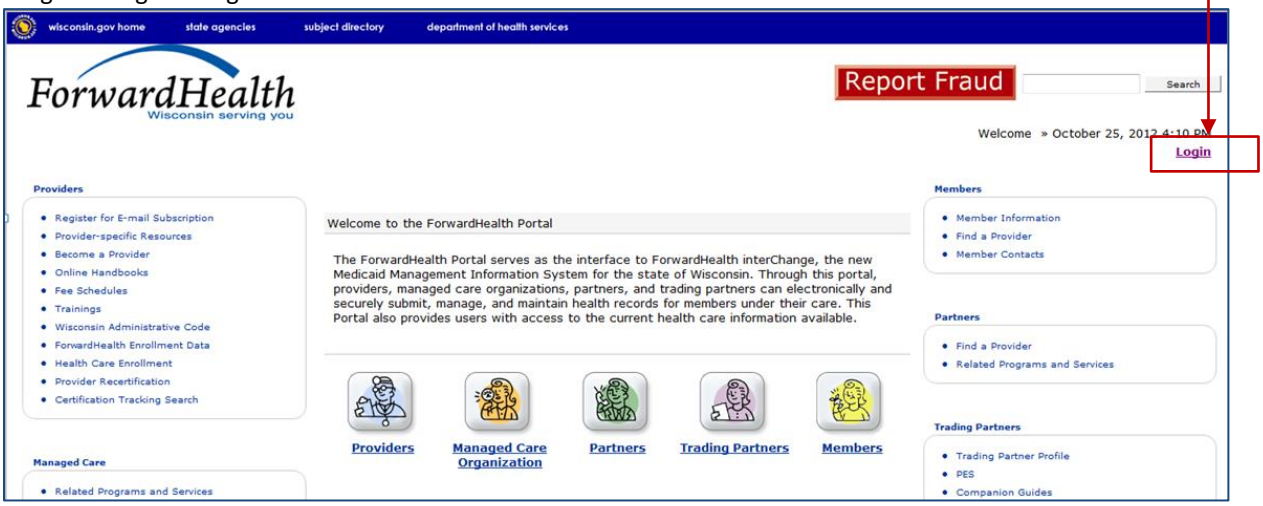
WI ForwardHealth Billing Screenshot Tutorial

NAVIGATING TO THE PROFESSIONAL CLAIM

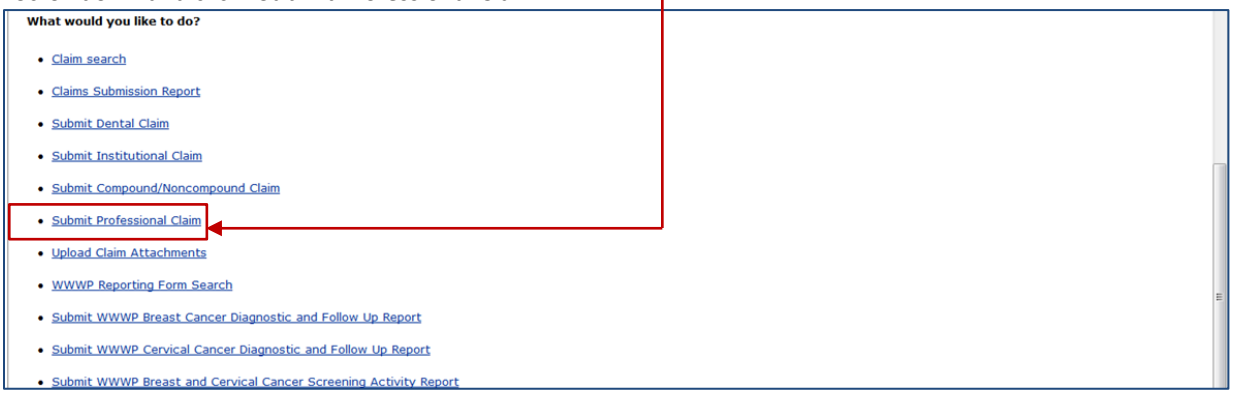
→ Access the ForwardHealth Portal at http://www.forwardhealth.wi.gov/

→ Login to begin billing claims



→ Click the "Claims" tab:

→ Scroll down and click "Submit Professional Claim"

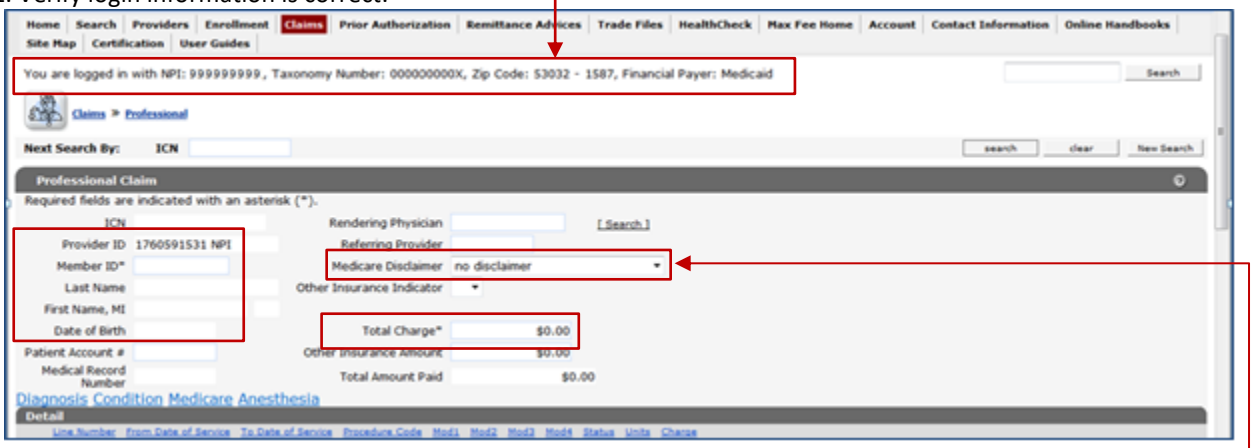


ENTERING A PROFESSIONAL CLAIM

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

1. Verify login information is correct.



→ "Provider ID": auto-populated with the pharmacy NPI associated with Portal login.

2. "Member ID": the patient's WI Medicaid ID.

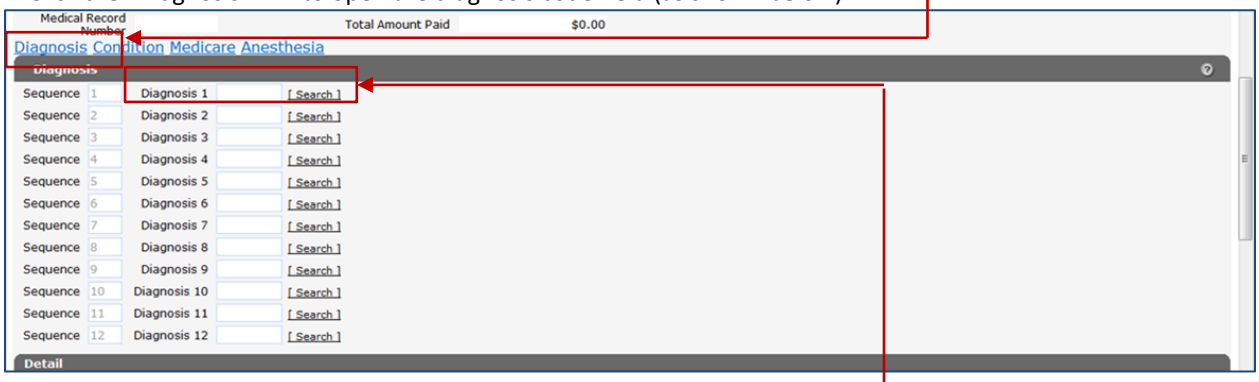
→"Last name," "First Name, MI," and "Date of Birth": auto-populated once the "Member ID" is entered.

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.

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

DIAGNOSIS SECTION: documents diagnosis

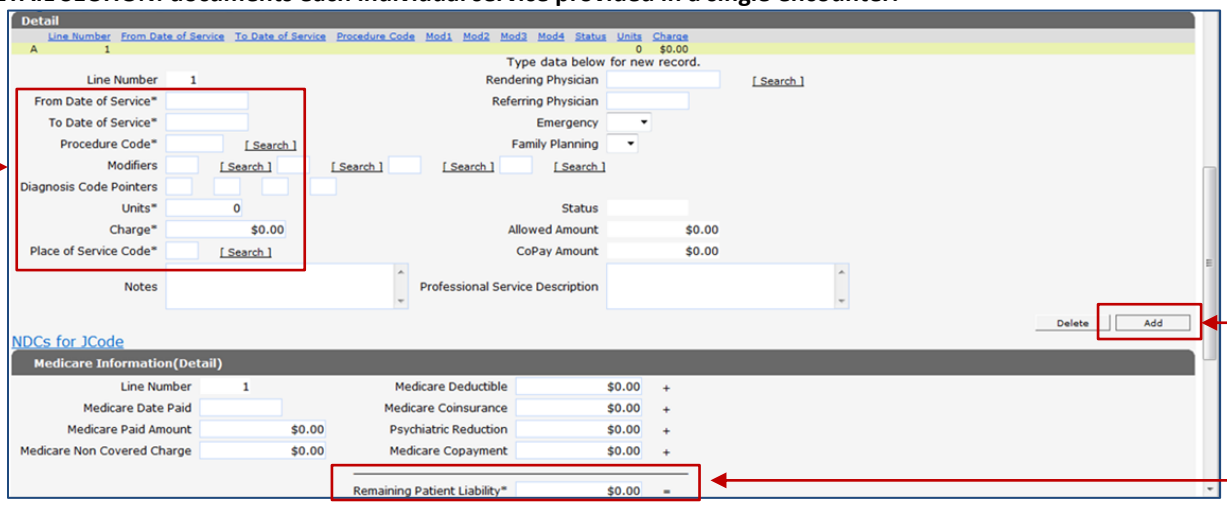
4. Click the "Diagnosis" link to open the diagnosis code field (as shown below).



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 SECTION: documents each individual service provided in a single encounter.



6. Enter "From Date of Service" and "To Date of Service": the same date can be entered in both fields.
7. Enter "Procedure Code" (Current Procedural Terminology Code or CPT Code):
   - Note: you will need to create additional "Detail" lines in order to include multiple codes (see below).

99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; **initial 15 minutes, new patient**
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; **initial 15 minutes, established patient**
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; **each additional 15 minutes**

8. Enter "Modifier"(REQUIRED): this code designates an individual MTM service:
   - If multiple MTM services were provided in a single encounter, you may include multiple modifier codes.

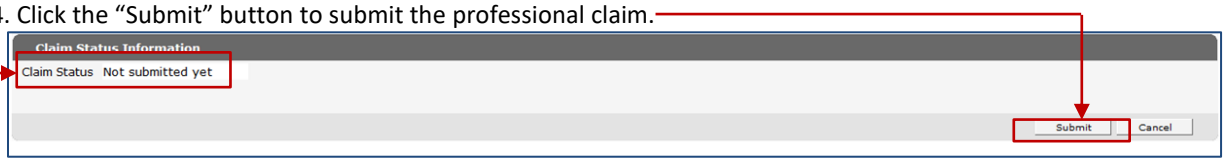
UA	The initial assessment of a member who is at high risk of experiencing medical complications due to his or her drug regimen
UB	Follow-up assessment of a member who is experiencing medical complications due to his or her drug regimen and has already received an initial assessment by the pharmacy. The follow-up assessment will not be reimbursed unless the initial assessment has been reimbursed

9. Enter "Diagnosis Code Pointers" (REQUIRED): the line number of the diagnosis code in Diagnosis Section.
10. Enter "Units": 1 unit = 15 minutes (round up to the nearest whole unit).
    - If the initial line item uses a "Procedure Code" of 99605 or 99606, only one unit is necessary.
    - If needed, addition units should be included on a separate line item with a "Procedure Code" of 99607.
11. Enter "Charge": this is the sum of your pharmacy's usual and customary charge associated with the modifier codes in this particular line item (i.e. the total line item charge for total units).
    - Be sure not to double charge when including a 99607 code on additional line items.
12. Enter "Place of Service Code."
13. If necessary, add additional line items by clicking the "Add" button. Repeat Steps 7-14 for the new line item.

→ Verify that the "Total Charge" in the "Header Section" matches the sum of line item charges.

→ Verify that the "Remaining Patient Liability" remains at the default, "$0.00."

14. Click the "Submit" button to submit the professional claim.



15. Verify claim status (populates after claim submission). If "Not submitted yet" changes to "PAY" the claim was successful. If "Not submitted yet" changes to "DENY" the claim has been denied.