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Reminder Corner

Per ForwardHealth Guidelines, when submitting claims with Q3014 – Telehealth Originating Facility Fee, the subsequent CPT codes (i.e., E&M, Mental Health Visit) should be submitted with the matching Place of Service. The POS code should represent where the member is located during the service, i.e., 11, 19, 53 for both procedures.

Please see our web site on information related to Telehealth billing and correct claim submission as well as COVID 19 coverage and benefits — <https://www.icarehealthplan.org/Education/Resources.htm>

Home Health Updates

Audits – Pilot

iCare has engaged with EXL Services to pilot post-pay audits on Home Health services:

- » EXL algorithms detect and select claims for review. Records are requested thereafter and routed to a skilled auditor upon receipt. Auditors review all submitted pages to make a fair and unbiased review.
- » If it is determined that the services were billed incorrectly, EXL will notify the provider. The determination letter will explain the findings and the rationale related to the audit outcome.
- » Upon receipt of the determination letter, providers will have 30 days to respond. Providers who agree with the determination should sign the agreement form and return it to EXL. Providers who do not agree with the audit determination may request reconsideration.

— next page —

KX Modifier FINAL Claim

iCare will be launching a system upgrade in the near future. With this upgrade, the system will be enabled to apply a penalty if the RAP claim is submitted beyond 5 calendar days after the period of care begins.

To avoid this penalty, it is suggested providers use the KX Modifier on the FINAL claim. The KX modifier is a request for exception and should be added to the HIPPS code reported on revenue code 0023 line as iCare has chosen not to apply the penalty.

Notice of Admission (NOA)

- » Per MLN Matters #: MM12256, CMS will require Home Health providers to submit a one-time NOA, instead of a RAP claim.
- » For all patients receiving HH services in 2021 whose services will continue in 2022, you should submit an NOA with a one-time, artificial “admission” date corresponding to the “From” date of the first period of continuing care in 2022.
- » CMS only requires 1 NOA for any series of HH POCs beginning with admission to home care and ending with discharge. Once you report a discharge to Medicare, you must send a new NOA before you submit any additional claims
- » As the Managed Care Organization for Medicare, iCare will follow CMS guidelines
- » Please see <https://www.cms.gov/files/document/mm12256.pdf> for additional details

ESRD Facilities: Bill Correctly for Cinacalcet Oral Drug

Beginning January 1, 2021, the cinacalcet oral drug is eligible for consideration as an ESRD outlier service:

- » Report the number of tablets or pills, not the number of units (for example, milligrams)
- » Report revenue code 250 with the national drug code
- » Don't use revenue code 0636 with HCPCS code J0604

More Information:

- » [MLN Matters Article MM12011 \(PDF\)](#), page 7
- » [ESRD PPS Outlier Services](#) webpage
- » [Medicare Benefit Policy Manual, Chapter 11 \(PDF\)](#), §20.3.C
- » [Medicare Claims Processing Manual, Chapter 8 \(PDF\)](#), §60.2.1.2

— next page —

Skilled Nursing Home Acuity-Based Billing

ForwardHealth is adjusting the billing and reimbursement guidelines for nursing home per diem claims. ForwardHealth will no longer use a quarterly based retroactive acuity system and will instead use Health Insurance Prospective Payment System (HIPPS) codes to pay individual claims on an acuity-specific basis.

- » Effective 1/1/2022 providers must submit claims using the HIPPS codes in Box 44 (HCPCS/RATE/HIPPS) of the UB-04 claim form
- » For non-developmentally disabled (DD) in-house residents, claims must be submitted with the revenue code 0022 and the appropriate HIPPS code for the patient's acuity
- » For complete details see ForwardHealth Update No. 2021-22:
<https://www.forwardhealth.wi.gov/kw/pdf/2021-22.pdf>



Provider Portal – Password Reset

Please note, if an incorrect password is entered on the Portal, your account will be locked. Be sure to use care when entering your password.

If you need your password reset, send an email to provideroutreach@icarehealthplan.org and include your User ID. Your password will be reset within 24 hours.

Electronic Visit Verification (EVV)

It's Not Too Late to Implement

Please see the DHS publication on steps to set up EVV and EVV Customer Care Services contact information — <https://www.dhs.wisconsin.gov/publications/p03078.pdf>

EVV – Refresher Training

The Department of Health Services (DHS) is offering refresher trainings for EVV administrators. These online sessions are for administrative staff who are already using the state-provided EVV system from Sandata.

The refresher trainings begin October 28, 2021, and target a new topic each session through November 12, 2021. The sessions will be recorded and posted to the EVV webpage in the weeks that follow.

For a list of refresher topics and dates, please visit <https://www.dhs.wisconsin.gov/ew/refresher-training.htm>. There is no need to pre-register. ■