



REMINDER CORNER: Claim Denial vs. Unclean Claim Returned

A Claim Denial is a claim which was processed and denied. Providers will receive an Explanation of Payment (EOP) with the denial reason. A corrected claim, Review/Reopen and/or an Appeal may be submitted. Please see our web site for time limits and guidelines on when a claim can be Review/ Reopen vs. Appeal under Claim Review/Adjustment Process: <https://www.icarehealthplan.org/Claims/Claims-Processing.htm>

Note: Any Medicaid claims related to a Family Care Partnership member may not utilize the review/reopening request. These requests will need to be submitted as a corrected claim or a formal appeal.

An Unclean Claim is returned as a letter indicating what is incomplete and cannot be input into the system due to incorrect or missing information. These claims are not processed and can be resubmitted within the 120 day timely filing limit. Please see our web site for our Clean Claim Requirements: <https://www.icarehealthplan.org/Claims/Claims-Processing.htm>

Update on Urinary Drug Screen Prior Authorization Requirements

Standard Benefit

As a standard benefit, all iCare members will receive 6 urine drug screens per year:

- » No clinicals or order needed, simply fill out the PA form on the iCare web site at <https://www.icarehealthplan.org/Prior-Auth-Forms>
- » PA must be submitted annually to renew this benefit
- » iCare will accept retro authorization requests for up to 14 days after the first UDS was administered



» PA for presumptive (over the benefit level of 6) and definitive tests (regardless of indication for treatment) may be submitted for 1-year intervals

For more information, including Indications for Treatment, Overages, Definitions and References, review the full Urine Drug Screen Provider Education.

COVID-19 Vaccine Coverage

Note: Per CMS guidelines, the vaccine and antibody testing will be reimbursed by Original Medicare. Claims submitted to *iCare* will be denied as: Service is covered by Original Medicare FFS.

CMS Allowed Vaccines:

- » 91300
- » 91301
- » 0001A/0002A
- » 0011A/0012A
- » 0021A/0022A
- » 0031A

ForwardHealth/*iCare* Allowed Vaccines:

Effective December 11, 2020 ForwardHealth will cover Pfizer COVID Vaccine:

- » 91300
- » 0001A
- » 0002A

Effective December 18, 2020 ForwardHealth will cover Moderna COVID Vaccine:

- » 91301
- » 0011A
- » 0012A

For additional information on COVID-19 Claims and Coverage please see our web site, under Claims Education: <https://www.icarehealthplan.org/Education/Resources.htm>

Coverage of Religious Nonmedical Health Care Institution Benefits (RNHCI)

As the Managed Care Organization for CMS/Medicare Benefits, *iCare* does cover care in a RNHCI for eligible enrollees. Please see <https://www.medicare.gov/coverage/religious-non-medical-health-care-institution-items-services> for further details.



2021 Model of Care (MOC)

Please review *iCare's* 2021 MOC. It is a provider training requirement, per the State of Wisconsin Department of Health Service, to review this on an annual basis. The MOC can be found on our web site under Education > Resources: <https://www.icarehealthplan.org/Providers/ProviderEducation.aspx>

Electronic Funds Transfer (EFT)

iCare is excited to announce we have partnered with InstaMed to offer EFT. Please watch for information on how to sign up to be sent via mail and email. Also, check our web site for updates.