



IMPORTANT REMINDER Telehealth Modifier

A system update has been implemented to deny Medicaid claims that are submitted with Place of Service (POS) 02 and 95 Modifier:

- » Denial Reason – TeleHealth billing policies require the correct procedure code/modifiers be billed with POS 02.

GT Modifier should be used with POS 02 when an allowable provider is performing and allowable telehealth service.

95 Modifier should ONLY be used with the provider's usual POS when telehealth service is temporarily allowable due to the Shelter in Place order.

Please see ForwardHealth for further details on this topic: https://www.forwardhealth.wi.gov/WIPortal/content/html/news/telehealth_billing.html.spage

Please note: If billing for a dual eligible iCare member, please use the GT modifier for both coverages to allow the claim to crossover to Medicaid.

LIVE-IN CARE GIVERS – EVV

iCare is in the process of updating the Prior Authorization form to document the required verification of Live-In Care Givers. Please be sure to watch for updates and visit our website regularly for further information.

<https://www.icarehealthplan.org/Prior-Authorization.htm>

EVV SOFT LAUNCH – PCA'S AND SUPPORTIVE HOME CARE

If you have not done so already, please be certain to obtain training, software and begin submitting EVV data to DHS. Soft Launch is intended to assist in identifying issues or errors and get acclimated to the process without denial of claims. Once hard launch is implemented by DHS (date yet to be determined), if there is no EVV record a claim will be denied.

Please see DHS website <https://www.dhs.wisconsin.gov/evv/index.htm> and *ForwardHealth Update 2020.31* <https://www.forwardhealth.wi.gov/kw/pdf/2020-31.pdf> for complete details.

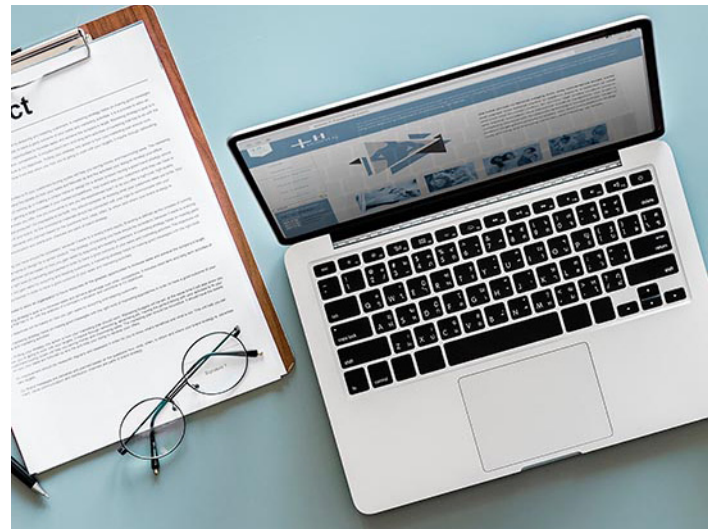
CORRECTED CLAIMS REMINDER

UB04 – Use the appropriate Bill Type in Box 4 to indicate an Adjustment Claim or Replacement. Include the original claim number in Box 64.

HCFA – Use Resubmission Code 07 in Box 22 along with the original claim number.

PERSONAL CARE AGENCIES

We strongly encourage PCA's to submit prior authorization requests for at least 6 months or even up to 1 year for personal care services.



MEDICAID – RENDERING PROVIDER FOR THERAPY (PT/OT/ST)

Per ForwardHealth Guidelines, when billing therapy, the claim must be submitted on a HCFA claim form with the Therapist as the Rendering Provider in Box 31 and their NPI in Box 24Jb.

This does not apply to Rehabilitation Facilities.

HOME HEALTH – NO PAY RAP

Beginning January 1, 2021, there will be no initial payment associated with the RAP claim. All reimbursements will be done on the Final Home Health claim.

Please see <https://www.cms.gov/files/document/mm11855.pdf> for full guidelines

ELECTRONIC REMITTANCE ADVICE (ERA) / 835 TRANSACTIONS

Please see our website to complete an online form to sign up for ERA's or email your Tax ID Number, NPI and Clearinghouse information to provideroutreach@icarehealthplan.org

<https://www.icarehealthplan.org/Claims/Claims-Processing.htm>