Visit our website | icarehealthplan.org

There is a wealth of information and tools available to providers on our website, including:

» iCare’s Provider Portal
  » Check Claim Status
  » Download Explanation of Payments (EOP)
  » Check Eligibility
  » Review Prior Authorizations
    » If you experience any issues with iCare’s Provider Portal or need assistance with resetting passwords, please email ProviderRelationsSpecialist@icarehealthplan.org. Customer service is unable to assist with the Provider Portal.

» InstaMed
  » Sign up for Electronic Funds Transfer (EFT) at icarehealthplan.org/Claims/Claims-Processing.htm
  » Access to confirm payments
  » Access to EOPs

» Network Provider Search
  » Find providers in the iCare network at icarehealthplan.org/Find-a-Provider.htm
**Status Check - Use EDI Transactions**

**270/271 Eligibility Status Check**

Use the **Eligibility and Benefit Inquiry (270)** transaction to inquire about the health care eligibility and benefits associated with a subscriber or dependent.

The **Eligibility and Benefit Response (271)** transaction is used to respond to a request inquiry about the health care eligibility and benefits associated with a subscriber or dependent.

You can obtain detailed benefit information including member ID number, date of coverage, copayment, year-to-date deductible amount, and commercial coordination of benefit (COB) information when applicable.

Physicians and other health care professionals can perform eligibility (270/271) transactions in batch or real-time mode, based on your connectivity method.

**276/277 Claim Status Check**

Use the **Claim Status Inquiry (276)** transaction to inquire about the status of a claim after it has been sent to a payer, whether submitted on paper or electronically.

The **Claim Status Response (277)** transaction is used to respond to a request inquiry about the status of a claim after it has been sent to a payer, whether submitted on paper or electronically.

Once we return an acknowledgment that a claim has been accepted, it should be available for query as a claim status search. Physicians and other health care professionals can perform claim status (276/277) transactions in batch or real-time mode, based on your connectivity method.

**2024 Annual Model of Care (MOC) Review**

Please review iCare’s 2024 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 website at icarehealthplan.org/Providers/ProviderEducation.aspx.

**New P.O. Box - Zip Code Correction**

Effective immediately, iCare has a new mailing address for Claims, Review/Reopening Requests and Corrected Claims. Please see our website for updates: icarehealthplan.org/Claims/Claims-Processing.htm.

- iCare Medicare and Medicaid Plans
- iCare Health Plan
  P.O. Box 280
  Glen Burnie, MD 21060-0280

- iCare Family Care Partnership Long Term Care Services
  iCare Health Plan
  P.O. Box 670
  Glen Burnie, MD 21060-0670

**The TX P.O. Box will remain active as needed and all mail will be forwarded to the MD address**
ATTENTION: Long Term Care Residential Providers
Submission of residential claims is now available on iCare’s Provider Portal. Please see our website for information and access:
icarehealthplan.org/Provider/Provider_Portal.htm
If you have questions or need assistance, please email:
ProviderRelationsSpecialist@icarehealthplan.org

ATTENTION: Personal Care Workers - Outpatient Claim Submission
Submission of outpatient claims is now available on iCare’s Provider Portal. Please see our website for information and access:
icarehealthplan.org/Provider/Provider_Portal.htm
If you have questions or need assistance, please email:
ProviderRelationsSpecialist@icarehealthplan.org

Discarded Drugs and Biological Medicare Program
Drug codes identified by CMS will need to be billed with the applicable JW or JZ modifier. Claims submitted without the modifier will be denied.
Please see Discarded Drugs and Biologicals – JW Modifier and JZ Modifier Policy (cms.gov) for more information.
The FAQs indicate the correct use of JW or JZ.
   » JW is to report the amount of drug that is discarded and eligible for payment under the discarded drug policy.
   » JZ is reported to attest that no amount of drugs were discarded.
Medicare Program Discarded Drugs and Biologicals – JW Modifier and JZ Modifier Policy Frequently Asked Questions (cms.gov)

Clinical Criteria
For services and procedures that CMS or MACs have not established national coverage determinations (NCD) or local coverage determinations (LCD), MA organizations may create internal coverage criteria based on current evidence in widely used treatment guidelines or clinical literature made publicly available to CMS, enrollees, and providers.
iCare has developed a number of coverage criteria policies, effective 1/1/2024. These policies are available on our website at icarehealthplan.org/Members/Member-Documents.htm, searchable by number and policy name. These policies have been reviewed, discussed, and approved by physicians on iCare’s Utilization Management Committee. As always, members and providers may request a copy of the criteria used to decide by calling the Prior Authorization Department at 414-299-5539 or 855-839-1032.

Prior Authorization List (PAL) Changes
iCare will be making several revisions to our Prior Authorization List for 2024 to ensure that every code/service on our PAL has a corresponding national coverage determination (NCD), local coverage determination (LCD), or iCare-developed coverage criteria policy. As a result, we are removing roughly 500 codes from our PAL, and adding:

   DME: E0766
   Supplies: A2022, A2023, A2024, A2025
   Orthotics/Prosthetics: L5991

Our website PAL will be updated in mid-February. As a reminder, iCare does not require prior authorization for basic Medicare benefits during the first 90 days of a new member’s enrollment for active courses of treatment that started prior to enrollment with iCare.