



INDEPENDENT CARE HEALTH PLAN

iCare is a wholly-owned subsidiary of Humana

iCare Guide for Home Health
CLAIMS PROCESSING OVERVIEW

Disclaimer:

- This information is provided as a courtesy from *iCare* to assist you with claims submission and billing. This does not replace Forward Health and CMS Guidelines. *iCare* relies upon Forward Health and CMS for payment rules and regulations for claim submission.

Home Health Services – Medical Management

- All PA requests for home health and hospice services must include a signed physician order and plan of care as well as the initial in home evaluation for review.
- All PA requests for home health and hospice services must be submitted to iCare within 14 calendar days from the start of care. iCare will not retro authorize any services submitted after the 14th day.
- Ongoing services must be requested and will continue to require an updated signed physician's order/plan of care. For ongoing services, all PA requests are required to be submitted within 14 days after the expiration date of the previous authorization.
- All late PA requests for home health and hospice services will be reviewed for medical necessity starting from the date the request was received by iCare.
- Forms can be obtained at <https://www.icarehealthplan.org/Prior-Authorization.htm>

Medicaid Services

- *i*Care provides medically necessary Medicaid covered benefits through an approved provider when arranged through a Care Coordinator or Case Manager, with the exception of chiropractic services which are covered by the State of Wisconsin Medicaid Fee for Service Program.
- Home Health Services include: Skilled Nursing and Personal Care Worker (PCW) services, Therapy (Physical, Occupational, Speech, Cardiac and Pulmonary)
- Disposable Medical Supplies are included in the Home Care reimbursement rate

Medicaid Home Health Care Service Electronic Visit Verification (EVV)

- Wisconsin Department of Health Services (DHS) requires use of an electronic visit verification (EVV) system for Medicaid-covered home health care services (HHCS). The service codes can be found in the DHS website <https://www.dhs.wisconsin.gov/evv/index.htm>
- Nurse Supervisory Visit Service Code 99509 will require EVV
 - Due to the nature of these services, DHS is requiring all workers, including live-in workers, to capture EVV information for all required HHCS codes and for personal care service nurse supervisory code 99509.

Medicare FCP Services

- Services covered by the *iCare* Medicare FCP plan include Home Health Care
- Home Health Services are paid 100%
- The Beneficiary can be covered for an unlimited number of non-overlapping episodes. The duration of a single full-length episode is 60 days. Episodes may be shorter the 60 days.

Clean Claim Guidelines – UB04

 iCare Requirements for Clean Claim (UB-04)		
Box	Description	Comments
1	Provider Name and Address	
4	Bill Type	
5	Federal Tax ID	
6	Statement Covers Period	From and Through Dates of Claim
8b	Patient Name	
9a-e	Patient Address	
10	Date of Birth	
11	Patient Sex	
12	Admission Date	Required Inpatient, Home Health and SNF
14	Admission Type	Inpatient claims only
15	Admission Source	
17	Discharge Status	Not required for rural health or federally qualified clinics.
18-28	Condition Codes	
29	Accident State	
42	Revenue Codes	If Revenue code of 0022, 0023, 0024 is listed in box 42 and there is no entry box on 44, reject claim for RUGS code missing
44	HCPCS/Rate	Required based on Type of Bill
45	Service Date	
46	Service Units	
47	Total/Line Item Charges	Negative Amount: Claim will reject for "No Dollar Amount". Total Charges must equal the sum of the line item charges or claim will reject "Total charge does not match line charge totals". Total charges with claim with Revenue Codes 0022, 0023, 0024 may be zero.
49	Unlabeled	
56	NPI	Atypical providers excluded i.e., Personal Care Agency, Adult Day Care, Chore Srvc.
57a-57c	Other Provider ID	
58a	Insured's Name	
59a	Relationship to Uninsured	
60a	Insured Identification Number	
67	Primary Diagnosis Code	Box 67A-67Q other diagnosis code - Inpatient Required. The hospital enters the full ICD codes for up to eight additional conditions if they co-existed at the time of admission or developed subsequently, and which had an effect upon the treatment or the length of stay. It may not duplicate the principal diagnosis listed in FL 67 as an additional or secondary diagnosis. Outpatient Required. The hospital enters the full ICD codes in FLs 67A-67Q for up to eight other diagnoses that co-existed in addition to the diagnosis reported in FL 67.
69	Admitting Diagnosis Code	Inpatient claims only
81a-d	Taxonomy Code	For Electronic Submissions: Loop Number 2000A_BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL, Segment PRV, element PRV02 =PXC, PRV03=value populated

Updated 7/1/2026

Claims Filing Limits

- Timely filing limits for all providers is 120 days from the date of service, unless otherwise agreed upon and included in the Provider's service agreement with *iCare*.
- Providers are to submit all claims for services rendered where *iCare* Medicare FCP is primary or *iCare* Medicaid is primary according to the terms of the contract. Timely filing limits apply to initial claim submissions, resubmissions and corrected claims.

Claims Submission

- Medicare/Medicaid Covered Services
Independent Care Health Plan
P.O. Box 280
Glen Burnie, MD 21060-0280
- Long-Term Care Services
Independent Care Health Plan
P.O. Box 670
Glen Burnie, MD 21060-0670
- *iCare* is partner with the claims clearinghouse, SSI Claimsnet, to allow electronic claims submission.
- To register with SSI Claimsnet for electronic claims submission via the Internet, click [here](#). Select *iCare* in the payer drop down box on the registration form to avoid paying any set-up or submission fees for your *iCare* claims through SSI Claimsnet

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)

Electronic Funds Transfer (EFT) Enrollment*i*Care has joined the InstaMed Network to deliver your payments as free electronic remittance advice (ERA) and electronic funds transfer (EFT).

[Sign up now](#) to receive *i*Care payments as direct deposits!

ERA/EFT is a convenient, paperless and secure way to receive claims payments. Funds are deposited directly into your designated bank account and include the TRN Reassociation Trace Number in accordance with CAQH CORE Phase III Operating Rules for HIPAA standard transactions. Additional benefits include:

- Accelerated access to funds with direct deposit into your existing bank account
- Reduced administrative costs by eliminating paper checks and remittances
- No disruption to your current workflow — ERAs can also be routed to your existing clearinghouse

You have two simple options to register for free ERA/EFT from InstaMed:

- Online: visit www.instamed.com/eraeft
- Phone: call us at [\(866\) 945-7990](tel:(866)945-7990) to speak with a live agent

iCare follows CMS and ForwardHealth Claim Guidelines:

ForwardHealth Website Link:

<https://www.forwardhealth.wi.gov/WIPortal/>

CMS Website Link: <https://www.cms.gov>

ForwardHealth/Home Health Handbook:

<https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx>

Centers for Medicare and Medicaid Information:

<https://www.cms.gov/center/provider-Type/home-Health-Agency-HHA-Center.html>

iCare Provider Portal Access

- Your time is valuable. iCare's Provider Portal allows you to view prior authorizations, service requests, verify eligibility and view claim information for the iCare members you serve.
- **Getting Started**
- Registration can be completed with information already at your disposal using your TIN (Tax ID Number), NPI and Provider ID Number. Use the Facility/Group name as listed on your Explanation of Payment. iCare can also generate a one-time PIN, you can request a one-time PIN via the request button below. If you do not receive your PIN, please contact iCare at ProviderRelationsSpecialist@iCareHealthPlan.org for additional assistance.
- If an organization chooses to assign roles for the employees, the Office Manager will need to create a user account for the users within your organization. Office Managers can set up additional users individually and invite them to register or you can create user accounts in bulk via spreadsheet upload.
- The [iCare Portal User Guide](#) provides step by step instructions for registration and outlines functionalities. If you have any questions, please contact ProviderOutreach@iCareHealthPlan.org
- Use care when entering your password in the Provider Portal. If the incorrect password is attempted 3 times, your account will be locked. If you are not able to reset your own password or retrieve your forgotten password, email ProviderOutreach@iCareHealthPlan.org. Include your Username and your password will be reset within 24 hours.

iCare Contact Information

Customer Service-Milwaukee Office

(Monday-Friday 8:00-5:00)

Member Local: 414-223-4847

Out Of Area: 1-800-777-4376

Provider Local: 414-231-1029

Out of Area: 1/877-333-6820

Email:

providerservices@icarehealthplan.org

iCare Dane County Office

1-800-777-4376

Inpatient Admissions Notification

414-225-4760

FAX: 414-231-1075

Interdisciplinary Team

414-231-4847

Member Rights Specialist

414-231-1076

Fax: 414-231-1026

Pharmacy

1-800-910-4743

1-877-333-6820

Provider Contracting

414-225-4741

FAX: 414-272-5618