*i*Care Guide for Durable Medical Equipment (DME) and Disposable Medical Supplies (DMS)
CLAIMS PROCESSING OVERVIEW

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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.

DME & DMS – Medical Management

- Prior Authorization is required for select durable medical equipment and supplies

- For detailed procedure code specific information which require prior authorization, please reference the **Prior Authorization Procedure Specific Listing**. https://www.icarehealthplan.org/Providers/Authorization.aspx

- Note: this list is updated on a quarterly basis. Please check the date on the form to ensure you are referencing the most up to date version.

DME & DMS – Medical Management Cont.

- Prior Authorization request form: https://www.icarehealthplan.org/Forms/ProviderForms.aspx

- Please note that supporting clinical documentation is required for all prior authorization requests in order to determine medical necessity. Incomplete prior authorization requests may delay processing. *i*Care will not retro authorize services rendered prior to the determination of a prior authorization

Medicaid Coverage

- Medically necessary durable medical equipment a doctor prescribes for use in home. Only the doctor can prescribe medical equipment for a member.
- DME criteria:
  - Durable (long-lasting)
  - Used for a medical reason
  - Not usually useful to someone who isn't sick or injured
  - Used in your home

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Medicaid Coverage

Medicaid coverage includes, but is not limited to:

- Back-up or Secondary Durable Medical Equipment
- Codes
- Compression Garments
- Covered Services and Requirements
- Diabetic Supplies
- HealthCheck "Other Services"
- Home Health Equipment
- Implants
- Mobility Devices and Accessories
- Noncovered Services
- Nursing Home Members and Durable Medical Equipment
- Oxygen and Respiratory Equipment
- Prosthetic Procedures
- Repair of Durable Medical Equipment

Clean Claim Guidelines

iCare Requirements for Clean Claim (CMS 1500)

Box	Description	Comments
1a	Insured's ID Number	
2	Patient Name	
3	Birth Date and Sex	Date of birth must be valid date and not future date
5	Patient Address	
12	Patient's or Authorized Person's Signature and Date Signed	Acceptable alternatives: Unable to sign, signature on file, SOF, Computer generated, signature marked with "X", Authorization of File, Medicare/Medicaid Reclamation Claims, Transportation, Lodging
21	Diagnosis or Nature of Illness	
24a	Dates of Service	Claim must include one detail line, must be a valid date, From date cannot include a future date, cannot have a date span into the future, cannot span a calendar year
24b	Place of Service	Must be 2 characters
24d	Procedures, Services or Supplies	Must be at least 5 characters
24f	Charges	A negative amount will be neglected
24g	Days or Units	
24i/j	Taxonomy code and prefix	Must be present here or in Box 33b. Not required for SMV, personal care attendant, Blood bank or Community Care Organization. Prefix of PXC is required for all 5010 electronic submission, for paper submission either ZZ or blank is accepted.
24J (b)	NPI	Must be 10 numerical characters. Not required for SMV claims billed with POS 41,42,99
25	Federal Tax ID Number	Must be 9 numerical characters
28	Total Charge	Total charges must equal the sum of the line charges
31	Signature of Physician or Supplier Physician	Not required for SMV claims billed with POS 41,42,99
33	Physician/Provider's Name, Billing Address, Zip Code	
33a	Billing Physician/Provider NPI	Must be 10 numerical characters. Not required for SMV claims billed with POS 41, 42,99. The Medicaid provider must be certified as a billing provider.
33b	Taxonomy code and prefix	Must be present here or in Box 24i/24j. Not required for SMV, personal care attendant, Blood bank or Community Care Organization. Prefix of PXC is required for all 5010 electronic submission, for paper submission either ZZ or blank is accepted. For electronic submission: Loop Number

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 *i*Care.

- Providers are to submit all claims for services rendered where *i*Care Medicare is primary or *i*Care Medicaid is primary according to the terms of the contract. Timely filing limits apply to initial claim submissions, resubmissions and corrected claims.

Claims Submission

- <u>Medicare/Medicaid Covered Services</u>
  Independent Care Health Plan
  P.O. Box 280
  Glen Burnie, MD 21060-0280
- <u>Long-Term Care Services</u>
  Independent Care Health Plan
  P.O. Box 670
  Glen Burnie, MD 21060-0670
- *i*Care 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 <u>here</u>. Select *i*Care in the payer drop down box on the registration form to avoid paying any set-up or submission fees for your *i*Care 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 to speak with a live agent

For More Information:

ForwardHealth Website Link: https://www.forwardhealth.wi.gov/WIPortal/

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

ForwardHealth DME Handbook:

https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=17&s=9&c=50

Centers for Medicare and Medicaid Information:

https://www.medicare.gov/coverage/durable-medical-equipment-dme-coverage

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*i*Care Provider Portal Access

- Your time is valuable. *i*Care's Provider Portal allows you to view prior authorizations, service requests, verify eligibility and view claim information for the *i*Care members you serve.

- **Getting Started**

- Registration can be completed with information already at your disposal using your TIN (Tax ID Number), NPI and most recent check number. Use the Facility/Group name as listed on your Explanation of Payment. *i*Care can also generate a one-time PIN, you can request a one-time PIN via the request button below. **If you have checks with more than 20 claims processed your will need to request a PIN to register.**

- If you do not receive your PIN, please contact *i*Care at ProviderRelationsSpecialist@*i*CareHealthPlan.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 ***i*Care Portal User Guide** provides step by step instructions for registration and outlines functionalities. If you have any questions, please contact ProviderOutreach@*i*CareHealthPlan.org or ProviderRelationsSpecialist@*i*CareHealthPlan.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@*i*CareHealthPlan.org or ProviderRelationsSpecialist@*i*CareHealthPlan.org. Include your Username and your password will be reset within 24 hours.

*i*Care 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

***i*Care 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