

Issue 4 | 2023 | iCare is a wholly-owned subsidiary of Humana.

## **New P.O. Box**

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](https://icarehealthplan.org/Claims/Claims-Processing)

### **iCare Medicare and Medicaid Plans**

iCare Health Plan  
P.O. Box 280  
Glen Burnie, MD 21061-0280

### **iCare Family Care Partnership Long Term Care Services**

iCare Health Plan  
P.O. Box 670  
Glen Burnie, MD 21061-0670

\*\* The TX P.O. Box will remain active as needed and all mail will be forwarded to the MD address.

## **M8 Disclaimer: Medicare Non-Covered or Exhausted Benefit**

To ensure prompt payment and correct claim processing, it is important to use the M8 disclaimer when Medicare benefits are not covered or exhausted. iCare's claim system will always process under the primary enrollment without the disclaimer.

*Examples of when to use the M8 Disclaimer in Box 80 of the UB04 form*

- Personal Care Services – T1019 is not a covered Medicare benefit
- Skilled Nursing Facilities – Medicare 100-day benefits have been exhausted



## Medicare Inpatient Claim Release

iCare had been holding claims as of October in anticipation of the CMS release of inpatient pricing for 2024. However, when MicroDyn completed the updates, the pricing was not included. We will be releasing claims at the current data available. Once the January release is received, we will adjust all affected claims to resolve any payment discrepancies.

MicroDyn notification on the slight discrepancy:

- The PRICERActive.Net Reimbursement DLLs and Encoder-Plus/Pricer contains the IPPS provider file data that was released by CMS on October 6, 2023.
- The CMS Web Pricer was just updated for FY24 discharge processing and there are additional provider file records for 520096 now shown there. So, it is clear that CMS has newer provider data on the Web Pricer than what is in the file they released on October 6. This accounts for the difference.
- There has not been any new public data release from CMS since October 6, so that newer data will be available on the next public provider data release which will occur in January. As always, we will pick up the latest CMS provider-specific data in January and release an updated versions of Encoder-Plus/Pricer and the PRICERActive.Net Reimbursement DLLs.

## ForwardHealth Updates

ForwardHealth published several updates in December, be sure to review the following topics as it pertains to your office.

- New Provider Appeals Portal for BadgerCare Plus/Medicaid SSI HMO or Children's Specialty Managed Care PIHP: <https://www.forwardhealth.wi.gov/kw/pdf/2023-42.pdf>
- Preadmission Screen and Resident Review Level I Screening Submission and Reimbursement Available Through the ForwardHealth: <https://www.forwardhealth.wi.gov/kw/pdf/2023-37.pdf>
- Beyfortus Covered Through the Vaccines for Children Program: <https://www.forwardhealth.wi.gov/kw/pdf/2023-43.pdf>
- Clarifications to the Explanation of Medical Benefits Form Instructions: <https://www.forwardhealth.wi.gov/kw/pdf/2023-39.pdf>
- DHS Announcement Regarding Child Care Coordination Benefit: <https://www.forwardhealth.wi.gov/kw/pdf/2023-38.pdf>

## Home Health Care Services EVV Soft Launch

<https://www.forwardhealth.wi.gov/kw/pdf/2023-40.pdf>

For dates of service (DOS) on and after January 1, 2024, the Wisconsin Department of Health Services (DHS) will require use of an electronic visit verification (EVV) system for Medicaid-covered home health care services (HHCS). The affected service codes can be found in the Home Health Care Services section of this ForwardHealth Update.

## Nurse Supervisory Visit Services Code 99509 Will Require Use of an Electronic Visit Verification System

<https://www.forwardhealth.wi.gov/kw/pdf/2023-41.pdf>

For dates of service on and after January 1, 2024, workers providing services under personal care service code 99509 (Home visit for assistance with activities of daily living and personal care [per visit]) will be required to capture visit information using an electronic visit verification (EVV) system. This policy applies to BadgerCare Plus and Medicaid fee for service, BadgerCare Plus and Medicaid SSI HMOs, Family Care, and Family Care Partnership.

## Prior Authorization Changes for 2024

iCare is making a number of changes for 2024 to align with Centers for Medicare & Medicaid Services (CMS) Final Rule to streamline prior authorization requirements for Medicare Advantage (MA) plans.

### Continuity of Care:

To prevent disruption of care, 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. iCare may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment. For providers and suppliers that require an authorization number, we have added a checkmark to our outpatient prior auth form to indicate the request is for an active course of treatment previously approved by another insurance carrier/Medicare HMO.

### 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, which will be posted to our website at <https://www.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 make a determination 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

Further details and availability of our PAL will be coming soon. 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.



## Sign In

To keep you safe from internet threats, please sign in to your company's security service.

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**User Name**

Need help? Contact your IT support.