WPS HEALTH INSURANCE

Family Care Claim Submission Tips

Tips for Timely Processing

Tips to ensure smooth and timely processing of your claim submissions:

- Include all required data elements on the claim form
- File claims electronically whenever possible
- Compare claim and service authorization information to make sure they match

Claim Billing Reminders

The information billed on the claim should match the information provided on the Service Authorization

Member Eligibility	• The member must be eligible for Family Care during the time the service was provided
Service Code	• Bill the appropriate 3-4 digit Revenue Code or 5-digit alphanumeric HCPCS/CPT
Units	• The number of billed units should not exceed the number of authorized units • If the billed units exceed the authorized units, only the authorized units will be paid
Other Insurance	• EOB/EOMB - The Medicare EOMB or Primary Insurance EOB information should be attached to the paper claim form • Disclaimer Codes - When the primary carrier disallows or denies payment, Medicare or other health insurance disclaimer codes should be billed on your electronic or paper claim

COB Disclaimer Codes

Medicare Codes	
M5	Provider is not Medicare Certified
M7	Medicare disallowed or denied payment
M8	Non-Covered Medicare service

Other Insurance Codes	
OP-D	Denied by commercial health insurance or commercial HMO
OP-Y	Non-covered commercial health or HMO service

Important Data Elements

Submitting a claim with all the key data elements/information will ensure your claims are processed quickly and accurately

Data Element	Key Information
Authorization Number	• WPS strongly encourages providers to submit the Authorization Number shown on the Service Authorization
Member Information	• First and Last Name • Date of Birth • ID Number
Provider Information	• Billing and Servicing Address • Tax-ID Number (TIN, EIN, SSN)
Date of Service	• The dates of service should be within the Service Authorization date span
Service Code – HCPCS/CPT/Revenue Codes	• Electronic filing - One unique code should be used per claim (exceptions: CLI and MCFC transportation) • Excel Spreadsheet – One unique code should be submitted per line on the excel spreadsheet • Paper claims – multiple codes can be used and the Authorization Number must be submitted on the same line as the corresponding service code
Modifiers	• Should be billed exactly as shown on the Service Authorization
Charge Amount	• The amount charged for the service
Number of Units/Days of service provided	• Must be reported as a whole number • Service Codes billed as a time unit (15 minutes- = 1 unit), use the unit number, instead of the time • The number of Residential days billed in the date span must equal the number of day units billed, e.g.; 2/1/17-2/28/17 = 28 day units

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Important Data Elements cont.

Data Element	Key Information
Place of Treatment	• Place of Treatment codes 21, 23, 41, and 42 are **not** accepted • Non-medical providers use Place of Treatment code 99
Type of Bill	• Type of bill 0111 is **not** accepted • **Nursing Home** providers should use Type of Bill 0212 • **AFH/CBRF/RCAC** providers must submit Type of Bill 0862, 0863, or 0864 using the following revenue codes: 0120 0180 0240 0130 0189 0241 0150 0220 0242 0159 0221 0243 0167 0229 0670 ➢ 0862 – First claim submitted (new resident) ➢ 0863 – Continuing claim (ongoing stay) ➢ 0864 – Last claim (last claim submitted for a resident)

Claim Form Information

Claim Form	Key Information
CMS 1500	• Authorization Number should be entered in Box 23 • Multiple authorizations and service codes may be billed if the Authorization Numbers are clearly indicated next to the corresponding service codes/modifiers
UB04	• Authorization Number should be entered in Box 63 • Physical therapy Medicare Claims ○ The original UB04 submitted to Medicare may be used, however an Authorization Number for each service should be clearly indicated next to the corresponding service code

Claim Submission Options

- **Claim Submission Options**
  - You may submit claims for authorized services using any of the following options
- **Electronic Filing**
  - Only one unique service code per claim (exceptions: CLI and MCFC transportation)
- **Excel Spreadsheet**
  - Must have access and knowledge of Microsoft Excel or OpenOffice.org
  - Designed for submission of less than 500 claims/lines per week
- **Paper Claims**
  - CMS 1500
  - UB04
  - WPS/Family Care Non-standard Claim Form

Electronic Filing

Providers who are interested in filing claims electronically can choose from four different billing options

Option 1	Obtain PC-Ace Pro32 Claim Entry Software
• The software is provided by WPS at no charge to the provider • The claim entry software provides a stand-alone solution that creates a patient database • The software allows claims entry and claim submission to WPS	

Option 2	Choose a software program from a vendor
• The vendor software should already be approved for WPS electronic claims submission	

Option 3	Choose a clearinghouse or billing service
• The clearinghouse or billing service should be approved by WPS to submit claims electronically	

Option 4	Develop your own EDI program
• The program should be developed using the ANSI X12 837 Implementation Guidelines	

Provider Payments and Questions

- Payments are released from WPS promptly after final processing of the claim
- If you have questions about a payment please call:
  WPS/Family Care Contact Center
  800-223-6016