DEPARTMENT OF HEALTH SERVICES **STATE OF WISCONSIN**
Division of Medicaid Services
F-13046A (02/2025)

FORWARDHEALTH
ADJUSTMENT / RECONSIDERATION REQUEST INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

ForwardHealth members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. Per Wis. Admin. Code § DHS 104.02(4), this information should include information concerning enrollment status, accurate name, address, and member ID number.

Under Wis. Stat. § 49.45(4), personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested on the form may result in denial of PA or payment for the service.

The Adjustment/Reconsideration Request, F-13046, is used by ForwardHealth to request an adjustment of an allowed claim (a paid or partially paid claim). Providers may request an adjustment when claim data needs to be changed or corrected. After the changes are made to the original claim, the adjusted claim is processed.

Providers cannot adjust a totally denied claim. A claim that was totally denied must be resubmitted after the necessary corrections have been made.

Questions about adjustments and other procedures or policies may be directed to Provider Services at 800-947-9627.

The Adjustment/Reconsideration Request form is reviewed by ForwardHealth based on the information provided. Providers may photocopy the Adjustment/Reconsideration Request form for their own use. Providers should be as specific as possible when describing how the original claim is to be changed. Providers may also attach a copy of the corrected claim.

The provider is required to maintain a copy of this form for their records.

The provider should mail the Adjustment/Reconsideration Request to the appropriate mailing address:

BadgerCare Plus
Claims and Adjustments
313 Blettner Blvd
Madison WI 53784

Children's Long-Term Support (CLTS) Program
Claims and Adjustments
313 Blettner Blvd
Madison WI 53784

Wisconsin Chronic Disease Program
PO Box 6410
Madison WI 53716-0410

Wisconsin Well Woman Program
PO Box 6645
Madison WI 53716-0645

ForwardHealth
HDAP Claims and Adjustments
PO Box 8758
Madison WI 53708

INSTRUCTIONS

Type or print clearly. Enter the following information from the provider's Remittance Advice (RA) or the 835 Health Care Claim Payment/Advice (835) transaction. For multiple page adjustments, indicate page 1 of X, page 2 of X, etc., to assist in processing.

SECTION I – BILLING PROVIDER AND MEMBER INFORMATION

Check the appropriate box to indicate the applicable program to which the adjustment request is being submitted.

Element 1: Name – Billing Provider

Enter the billing provider's name.

Element 2: Medicaid-Assigned Provider ID

Enter the provider ID of the billing provider.

Element 3: Name – Member

Enter the complete name of the member for whom payment was received.

Element 4: Member ID Number

Enter the member ID.

SECTION II – CLAIM INFORMATION (Non-Pharmacy)

Element 5: Remittance Advice (RA) or X12 835 Health Care Claim Payment / Advice (835) Report Date, Check Issue Date, or Payment Date

Enter the date of the RA or the payment date or check issue date from the 835.

Element 6: Internal Control Number / Payer Claim Control Number

Enter the internal control number (ICN) from the RA or the payer claim control number from the 835 of the paid or allowed claim. (When adjusting a previously adjusted claim, use the ICN assigned to the most recently processed claim or adjustment.)

Add a new service line(s).

Check if submitting an adjustment to add a service line(s) to a paid or allowed claim. Enter the complete information the provider is requesting to be added to the claim in Elements 7–15.

Correct detail on previously paid/allowed claim.

Check if correcting details on a previously paid or allowed claim.

Element 7: Dates of Service

Enter to and from dates of service (DOS) in MM/DD/YY or MM/DD/CCYY format. If the service was provided on only one DOS, enter the date in the From field and either leave the To field blank or re-enter the From date. If grouping services, the place of service (POS) code, procedure code, charges, and rendering provider for each line must be identical for that service line. Grouping is allowed only for services on consecutive dates. The number of days must correspond to the number of units in Element 24G of the 1500 Health Insurance Claim Form.

Element 8: Place of Service

Enter the appropriate two-digit POS code for each service.

Element 9: Procedure / National Drug Code / Revenue Code

Enter the single most appropriate procedure code. ForwardHealth will deny claims received without an appropriate procedure code, National Drug Code (NDC), or revenue code. When adjusting a detail that includes an NDC and a “J” code, providers are required to attach a paper claim form to the adjustment request and follow the claim form instructions for submitting the NDC.

Element 10: Modifiers 1–4

Enter the appropriate modifier(s).

Element 11: Billed Amount
Enter the total billed amount for each line item. Providers must indicate their usual and customary charge. The usual and customary charge is the provider's charge for providing the same service to persons not entitled to ForwardHealth benefits.

Element 12: Unit Quantity
Enter the number of units. Only include a decimal when billing fractions (for example, 1.50).

Element 13: Family Planning Indicator
Enter a "Y" for each family planning procedure when applicable. This element does not apply to CLTS providers.

Element 14: Emergency Indicator
Enter a "Y" for each procedure performed as an emergency. If the procedure is not an emergency, leave this element blank. Dental providers should continue to enter an “E” to indicate each procedure performed as an emergency. This element does not apply to CLTS providers.

Element 15: Rendering Provider Number
Health care providers may enter their National Provider Identifier and taxonomy code. Non-healthcare providers may enter their Provider ID.

SECTION II – CLAIM INFORMATION (Pharmacy)

Element 5: Remittance Advice (RA) or X12 835 Health Care Claim Payment / Advice (835) Report Date, Check Issue Date, or Payment Date
Enter the date of the RA or the payment date or check issue date from the 835.

Element 6: Internal Control Number / Payer Claim Control Number
Enter the ICN from the RA or the payer claim control number from the 835 of the paid or allowed claim. (When adjusting a previously adjusted claim, use the ICN assigned to the most recently processed claim or adjustment.)

Add a new service line(s).
Check if submitting an adjustment to add a service line(s) to a paid or allowed claim. Enter the complete information the provider is requesting to be added to the claim in Elements 7 through 15.

Correct detail on previously paid/allowed claim.
Check if correcting details on a previously paid or allowed claim.

Element 7: Dates of Service
Enter the date filled in MM/DD/YY or MM/DD/CCYY format for each NDC in the From field.

Element 8: Place of Service
Enter the appropriate two-digit National Council for Prescription Drug Programs patient location code for each NDC billed.

Element 9: Procedure / National Drug Code / Revenue Code
Enter the NDC. Claims received without an appropriate NDC will be denied.

Element 10: Modifiers 1–4
Not applicable for pharmacy claims.

Element 11: Billed Amount
Enter the total billed amount for each line item. Providers must indicate their usual and customary charge. The usual and customary charge is the provider's charge for providing the same service to persons not entitled to ForwardHealth benefits.

Element 12: Unit Quantity
Enter the metric decimal quantity in the specified unit of measure according to the ForwardHealth drug file. Quantities billed should be rounded to two decimal places (that is, nearest hundredth).

Element 13: Family Planning Indicator
Not applicable for pharmacy claims.

Element 14: Emergency Indicator
Not applicable for pharmacy claims.

Element 15: Rendering Provider Number
Not applicable for pharmacy claims.

SECTION III – ADJUSTMENT INFORMATION
Note: Additional information necessary for adjustment/reconsideration of an NDC should be included in Element 16 under "Other/comments."

Element 16: Reason for Adjustment
Check one of the boxes on the form indicating the provider's reason for submitting the adjustment:

- **Consultant review requested.** Indicate if there are extenuating circumstances or complicated or new procedures, and attach a history and physical operative or anesthesia report.
- **Recoup entire payment.** This would include claims billed in error or completely paid by another insurance carrier.
- **Other insurance.** Enter the amount paid by the other insurance carrier for pharmacy or dental claims. For all other claims, attach a completed Explanation of Medical Benefits form, F-01234, for each new payer.
- **Copayment deducted in error.** Indicate if the member was a nursing home resident on the DOS, the correct number of covered service days, or if an emergency service was provided.
- **Primary payer reconsideration.** Attach the original RA and current Explanation of Medical Benefits form, F-01234, for each new payer.
- **Correct service line.** Provide specific information in the comments section, or attach a corrected claim.
- **Correct or update prior authorization number.** Provide correct PA number in the comments section, and attach a corrected claim.
- **Other / comments.** Add any clarifying information not included above.*

Element 17: Signature – Billing Provider**
The billing provider is required to complete and sign this form.

Element 18: Date Signed**
Enter the date the form was signed in either MM/DD/YY or MM/DD/CCYY format.

Element 19: Claim Form Attached
Indicate if a corrected claim form is attached. Although this is optional, ForwardHealth encourages providers to attach a corrected claim form when adding additional service lines or correcting information from a previously adjusted claim.

* This section of the Adjustment/Reconsideration Request form should be used for any pharmacy-specific fields (for example, prescription number) pertaining to the NDC being adjusted or added to a previously processed claim. If either the Submission Clarification Code or the Unit Dose value is being adjusted on a drug claim, both values must be indicated in the comment area, even if one is not being adjusted.

** If the date or signature is missing on the Adjustment/Reconsideration Request form, the adjustment request will be denied.