

FORWARDHEALTH EXPLANATION OF MEDICARE BENEFITS FOR DIABETIC SUPPLY CLAIMS COMPLETION INSTRUCTIONS

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

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., 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 by the form may result in denial of PA or payment for the service.

INSTRUCTIONS

The Explanation of Medicare Benefits for Diabetic Supply Claims form, F-00898, is to be completed by a provider and attached to a paper 1500 Health Insurance Claim Form. The Explanation of Medicare Benefits for Diabetic Supply Claims form is voluntary, and providers may develop their own form when submitting Explanation of Medicare Benefits information as long as it supplies all the necessary information for claims processing.

Completed forms should be submitted as attachments on paper. Providers are required to send paper attachments to the following address:

ForwardHealth
Ste 20
313 Blettner Blvd
Madison WI 53784

SECTION I — BILLING PROVIDER INFORMATION

Name — Billing Provider

Enter the billing provider's name.

Address — Billing Provider

Enter the address (street, city, state, and ZIP+4 code) of the billing provider.

SECTION II — EXPLANATION OF MEDICARE BENEFITS INFORMATION

Element 1 — Date Paid

Enter the Medicare remittance paid date in MM/DD/CCYY format.

Element 2 — National Provider Identifier — Rendering Provider

Enter the rendering provider's National Provider Identifier (NPI). This rendering provider's NPI must match the rendering provider's NPI indicated on the claim.

Element 3 — Date of Service

Enter the requested first date of service for the drug in MM/DD/CCYY format.

Element 4 — Number of Service

Enter the number of services such as units or days.

Element 5 — National Drug Code or Procedure Code

Enter the appropriate 11-digit National Drug Code for each drug or Healthcare Common Procedure Coding System procedure code that is indicated on the claim.

Element 6 — Modifier

Enter the modifier(s) that corresponds with each procedure code, if applicable.

Element 7 — Billed Amount

Enter the detail billed amount. At least one detail billed amount on the Explanation of Medicare Benefits (EOMB) must match at least one detail amount on the claim.

Element 8 — Allowed Amount

Enter the Medicare allowed amount.

Element 9 — Deductible

Enter the Medicare deductible amount, if applicable.

Element 10 — Coinsurance

Enter the Medicare coinsurance amount, if applicable.

Element 11 — Group/Reason Code Amount

Enter the sum of the noncovered amounts, if applicable.

Element 12 — Medicare Paid Amount

Enter the Medicare paid amount.

Element 13 — Name — Member

Enter the member's last name, first name, and middle initial.

Element 14 — Health Insurance Claim Number

Enter the Health Insurance Claim number.

Element 15 — Payment Responsibility — Member

Enter the member's payment responsibility amount.

Element 16 — Claim Total

Enter the total billed amount on the Medicare claims. If the total billed amount on the EOMB does not match the total billed amount on the Medicare claim, then at least one detail billed amount on the EOMB must match at least one detail billed amount on the fee-for-service claim.

Element 17 — Adjustment to Totals

Enter the Medicare adjusted amount(s).

Element 18 — Interest

Enter the Medicare interest amount, if applicable.

Element 19 — Late Filing Charge

Enter the Medicare late filing charge, if applicable.

Element 20 — Net Total

Enter the net total payment such as the provider paid amount or the amount after coinsurance and deductible.

Element 21

Indicate whether or not the claim is for Coordination of Benefits with Medicare Part B.