February 1, 2015

ACTION REQUIRED

Dear healthcare provider:

During a recent audit of 2013-2014 claims, Cenpatico identified claims, which were paid as the primary payer in error. As you know, Medicaid is always the payer of last resort.

The State of Wisconsin has rejected the encounters generated by these claims during our encounter data submission process. To allow us to resubmit these claims to the State, we ask that you do one of the following:

- Resubmit with the primary insurance carrier's EOB
- Submit an appeal with the "OI-Y" indicator identifying member non-compliance with their primary insurance. Please refer to the Coordination of Benefits section of the ForwardHealth online handbooks with any questions about this process.
- Complete the discrepancy form found at: https://www.forwardhealth.wi.gov/kw/html/OtherCoverageDiscrepancyReport.html. Please notify us within 30 days so we know not to recoup your claims.

For your convenience, we have attached a document providing details of the relevant claims to allow you the opportunity to bill the appropriate carrier. Please note:

If, within 30 days of receipt of this letter, you do not respond to this request or notify us that a discrepancy has been filed, it will indicate your agreement with the recoupment of these claims.

Cenpatico is committed to delivering exceptional service to our providers and members. We are proud of our turnaround time and accuracy of claims processing. We remain committed to enhancing our processes to ensure that we can give you the best service possible.

Thank you for your prompt attention to this matter. Please contact us at kjohns@cenpatico.com or 414-899-9478 or ryork@cenpatico.com or 414-323-9270 with any questions or concerns.

Sincerely,

Donna Kay
Director of Network Development and Contracting

General Instructions for Paper Claims

I.   CMS 1500 Professional Claim Form

Field 17b	NPI of referring provider
Field 24i	Qualifier = ZZ
Field 24ja (shaded):	Rendering provider primary taxonomy code on file with the State.* Legacy ID if an atypical provider
Field 24jb (unshaded):	NPI of rendering provider
Field 25	Tax identification number
Field 32:	Entire address, including the **Zip+4** of the service facility location
Field 33:	Entire address**,** including **Zip+4** of the billing provider's service location.
Field 33a:	NPI of billing provider
Field 33b:	Qualifier = ZZ, plus taxonomy code of the billing provider* (atypical use qualifier G2)

Note: Fields 17a and 17b are situational and only required when service(s) or supply(s) on claim was referred or ordered by another provider.

UB-04 Institutional Claim Form

Form Locator Field 1	The billing provider service location name, address and **Zip+4**
Form Locator Field 5:	Tax identification number of billing provider
Form Locator Field 56:	NPI number of billing provider
Form Locator Field 76	NPI of attending physician
Form Locator Field 76:	Qualifier = ZZ, plus taxonomy code of attending physician*
Form Locator Field 77:	NPI of operating physician
Form Locator Field 78 & 79:	The rendering or referring provider NPI
Form Locator Field 78 & 79:	Qualifier = DN for referring Qualifier = 82 for rendering
Form Locator Field 81CCa	Qualifier = B3, plus taxonomy of billing provider*

Note: Field 77 is situational and only required when a surgical procedure is performed.

General Instructions for Electronic Claims

II.   837 Professional

The NPI number should be submitted in the ANSI X12, 005010X222, 837P in loops:

2010AA	Billing provider
2010AB	Pay-to-provider
2310A	Referring provider
2310B	Rendering provider
2310C	Service facility location
2310D	Supervising provider
2420C	Service facility location
2420D	Supervising provider
2420F	Referring provider
2420A	Rendering provider
2420B	Purchased service provider
2420E	Ordering provider

If any of the above loops are used, the following segments are required in each loop:

- NM108/09,NM108 (qualifier) XX, NM109=provider NPI number
- REF segment with REF01=EI, REF02=tax ID
- PRV02=PXC (qualifier) and PRV03=provider taxonomy code*.

The billing provider's 9-digit ZIP code is required in the 2010AA loop.

Usage of the PRV segment (taxonomy code) does not apply to loops 2310C, 2310D, 2310E, 2420B, 2420C, 2420D, and 2420E

III.   **837 Institutional**

The NPI number should be submitted in the ANSI X12, 005010X223, 837I in loops:

2010AA	Billing provider
2010AB	Pay-to-provider
2310A	Attending physician
2310B	Operating physician
2310C	Other operating provider
2310F	Referring provider
2310E	Service facility name
2420D	Referring provider
2420A	Operating physician
2420B	Other operating physician

If any of the above loops are used, the following segments are required in each loop:

- NM108/09,NM108 (qualifier) XX, NM109=provider NPI number
- REF segment with REF01=EI, REF02=tax ID
- PRV02=PXC (qualifier) and PRV03=provider taxonomy code*.

The billing provider's 9-digit ZIP code is required in the 2010AA loop.

Usage of the PRV segment (taxonomy code) does not apply to loops 2310C, 2310D, 2310E, 2420B, 2420C, 2420D, and 2420E

Important Information for Atypical Providers

If you are an atypical provider, please keep you in mind **you may continue to report your Medicaid ID in 24ja**.

Cenpatico is committed to delivering exceptional service to our providers and members. We are proud of our turnaround time and accuracy of claims processing. We remain committed to enhancing our processes to ensure that we can give you the best service possible.