

Claims Billing Tips

WI Medicaid

Please review the below tips for common claim denial reasons. This will aid in reducing denials and ensuring prompt payment of claims.

Service is Not Contracted:

- If a Medicaid claim is submitted without the required modifiers, the claim will deny as not contracted.
- If you are a contracted provider and receive this denial, verify that you have submitted the required modifier(s) and submit a corrected claim as needed.
- Please refer to the Additional Resources (links on right) for further information

Billing NPI/Taxonomy Denials:

- Taxonomy code billed must match the NPI billed, and the one on file for that NPI with ForwardHealth. This goes for the Billing Provider NPI as well as the Rendering NPI.
- Please refer to the Additional Resources (links on right) for further information.

Telehealth Billing:

UnitedHealthcare Community Plan will reimburse telehealth services which use standard procedure codes for outpatient treatment, such as CPT/HCPCS codes and Place of Service 02, or state Medicaid telehealth billing requirements if different than using 02, for either a video-enabled virtual visit or a telephonic session, to indicate the visit was conducted remotely. Contracted providers should bill using the appropriate CPT code as indicated on their fee schedule.

Additional Resources:

Provider Express:

- [Billing Care Provider Taxonomy Necessary on Claims](#)
- [Wisconsin Government Program Information](#)
- [Claims Problem Resolution](#)

ForwardHealth Reminders:

- [Topic #217: Keeping Information Current](#)
- [Topic #3969: Categories of Enrollment](#)
- [Telehealth Resources for Providers](#)
- [Billing Clarifications for Telehealth Services](#)

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