

Claim 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:

- Applies to both billing and rendering NPIs submitted on claim. Information submitted must match the current provider enrollment with ForwardHealth including NPI, Taxonomy code & address information.
- Please refer to the Additional Resources (links on right) for further information.

Telehealth Billing:

Medicaid state-specific rules and other state requirements may apply. For Medicaid and other state-specific requirements, please refer to your state-specific website.

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](#)

Questions? Please contact the Provider Services Line.

The Provider Services Line for behavioral health providers is **1-877-614-0484**. You can request state specific options for additional Network Management contacts.