



LAKELAND CARE

Local. Compassionate. Dependable.

Claims Submission

Provider shall submit all clean claims as described in this service contract within sixty (60) days of when the service was provided, or no later than 60 days from the date of an Electronic Remittance Advice (ERA) for goods and services submitted to other funding sources. Claims are submitted through the Wisconsin Physician Services (WPS) secure site or through the mail to:

Lakeland Care Inc.
C/O WPS Insurance Corporation
PO Box 8631
Madison, WI 53708-8631.

Providers are required to apply for a National Provider Identifier (NPI) for all services that are considered medical services under Family Care Guidelines and must notify the LCI of the NPI number before claims will be paid.

The following sections are applicable to services billable to Medicaid, Medicare or other insurances:

1. Detailed Explanation Of Benefits (EOB) for Medicare and other insurances (or disclaimer code if applicable)
2. Medical Assistance (HCPCS) codes or National Standard Code
3. Diagnosis Code for member
4. Amount paid by third party payer
5. Net balance due

Elements of Clean Claim

Electronic claims submission is available through WPS and meets HIPAA Electronic Transactions (EDI) requirements.

1. Member information: First and Last name, Date of Birth and Member Number
2. **Authorization Number**
3. Provider Information: Billing or Pay to Provider Name and Address, Servicing or Place of Business Name and Address and Billing Provider Tax ID. When applicable, Billing Provider NPI and Rendering Provider Name and NPI.
4. Claim detail information: Date of Service, Service Code, Modifiers, Total Charges and Number of units.

If a Provider is unable to file claims electronically, the Provider must submit their claims on the LCI claim submission form, adhering to the same elements of a clean claim. Only one (1) member can be entered per form.