

# Family Care/CLTS/WPS General Claim Submission Requirements

## General claim submission requirements:

The following information entered on a claim **should always match the information on the authorization form received from your Family Care Managed Care Organization (MCO) or County Waiver Agency (CWA):**

1. **Member/Participant information:** ID number, First and Last Name, date of birth
2. **Provider information:** Billing/Pay-to and Servicing/Business Name and Address
3. **Service codes:** 3-4 digit Revenue Code or 5-digit alphanumeric HCPCS/CPT
4. **Modifiers:** If listed on the authorization form, these must be entered on the claim
5. **Dates of Service:** Bill dates of service when services have been provided within the authorized date span (claims billed with future dates will be returned un-entered)

**NOTE:** When to use a date span versus one day of service:

Services were performed on consecutive dates: Bill a date span (8/1-8/7)

Services were performed on two or more different dates: Bill one date per claim line (8/1, 8/3, & 8/7)

6. **Total units:** Bill total number of units serviced or performed based on the authorized units  
**NOTE:** Partial units or decimals should not be entered into this field
7. **Total charge:** Total charge should equal the unit rate times the number of units billed on the claim  
**EXAMPLE:** Unit rate = \$9.00 x 5 units = \$45.00 Total Charge

**NOTE:** If the information on the authorization is incorrect, please contact your MCO or CWA prior to submitting a claim

## EDI (Electronic Data Interchange) claim submission requirements:

1. One unique service code per claim  
**EXCEPTIONS:** Community Link, Inc. (formerly ContinuUs and Western Wisconsin Cares) and My Choice Family Care transportation with additional mileage codes (S0209 must be billed with base code)
2. Bill services on the appropriate Professional or Institutional format  
**EXAMPLE:** Family Care **Personal Care services** must be billed on the Institutional format  
CLTS **Personal Care services** must be billed on the Professional format
3. Review all error reports promptly  
Contact EDI at 800-782-2680 option 1 with any questions
4. Claims paid by Medicare or Other Insurance primary payers must be submitted on paper through the mail at this time
5. Proper loop/segment of Disclaimer Codes, contact EDI at 800-782-2680 option 1

Visit the EDI website to review the Quick Start guidelines for Family Care/CLTS claim submission:

<https://www.wpsic.com/edi/tools.shtml>

## Excel Spreadsheet claim submission requirements:

1. All files must be named appropriately using the Billing Provider Name and date of submission. If multiple files are uploaded on one day, use 1, 2, 3, etc. after the Billing Provider Name
2. **Valid .xls or .xlsx file formats** are accepted (other file formats such as .ods, .doc, .pdf, .csv, etc. **will not** be processed)
3. Each line on the spreadsheet is a separate claim  
**NOTE:** The following **cannot** be billed using the spreadsheet submission process:  
Community Link, Inc. (formerly ContinuUs and Western Wisconsin Cares) and My Choice Family Care transportation with additional mileage codes
4. Claim data must be entered into the appropriate fields in the correct format  
**EXAMPLE:** 3-4 digit Revenue Codes must be entered in the Revenue Code field only  
5-digit HCPCS/CPT codes must be entered in the HCPCS/CPT field only  
Date of Birth and Date of Service should be entered as MMDDYYYY without any special characters (/ or -)
5. Disclaimer codes are only accepted in the disclaimer code field and will not be processed if listed in any other field
6. Always check the Move-It logs to verify that the **file uploaded**.
7. Validate that the correct email address is listed under the notification section in the account options in Move-It. If there is an error on a spreadsheet, email notification will be sent to the email on file letting the provider know there is a package/message in Move-It

**Review the Spreadsheet Submission Instructions for proper formatting. Email [FCWPS@wpsic.com](mailto:FCWPS@wpsic.com) with questions regarding the spreadsheet instructions or uploading a file.**

## Paper (CMS 1500, UB04, and Family Care or CLTS claim forms) claim submission requirements:

1. One unique service code per claim  
**EXCEPTIONS:** Medicare or Other Insurance primary  
Community Link, Inc. (formerly ContinuUs and Western Wisconsin Cares) and My Choice Family Care transportation with additional mileage codes
2. For Family Care, the authorization number must be listed next to the specific service code if applicable
3. Bill on the appropriate format (CMS 1500 or UB04)
4. Claim data must be entered into the appropriate fields.  
**EXAMPLE:** Authorization number, Revenue Codes, HCPCS/CPT codes, Rendering Provider NPI, etc.

**Review the Family Care or CLTS Non Standard paper claim form tip sheets to verify information is entered correctly.**

**Claim Status Questions? Call the WPS/Family Care (800-223-6016) or WPS/CLTS Contact Center (877-298-1258)**