

INCLUSA CLAIM FORM



MEMBER INFORMATION												
1. Member Identification #:			123456789				4. Member Date of Birth:			01/01/1900		
2. Member Last Name:			Member				5. Member First Name:			Name		
3. Primary Diagnosis Code (Optional):							6. Patient Account (invoice) #:					
PROVIDER SERVICING ADDRESS <i>(SERVICING PROVIDER'S BUSINESS ADDRESS)</i>						PROVIDER BILLING ADDRESS <i>(PHYSICIAN'S OR SUPPLIER'S BILLING ADDRESS)</i>						
7. Provider TAX/EIN/SSN:			999999999				11. Provider Billing NPI #:					
8. Business Name:			Provider A				12. Billing Provider Name:			Provider A		
9. Business Address:			Address A				13. Billing Address:			Address A		
10. City/State/Zip Code:			City, State and Zip A				14. City/State/Zip Code:			City, State and Zip A		
15. Date of Service (MM/DD/YY) <i>(Date Span or Individual Days)</i>		16. Type of Bill	Service Code		19. Modifiers				20. Authorization Number	21. Rendering Provider NPI #	22. Units Billed	23. (\$) Total Charge
From Date	To Date		17. Revenue Code	18. HCPCS/CPT	1	2	3	4				
10/01/2024	10/01/2024	0863	0240	T2031	U1	U5	U7	U4	10000999999		1	100.00
10/01/2024	10/01/2024	0863	0120						10000111111		1	25.00
26. Disclaimer Code:		I certify that all services indicated above have been provided. (Claims for services must reflect actual services provided.)										24. (\$) Total Charges:
		25. Authorized Signature: <u>Provider A</u>				Print Name: <u>Provider A</u>				Date: <u>10/2/2024</u>		125.00

Claim Reminders:

- *One member per claim form
- *One authorization number per claim line
- *Use same service code that is listed on the Inclusa Service Authorization form

Claim Status Questions:

WPS Family Care Contact Center:
800-223-6016

Please Mail this Claim Form to:

Family Care
c/o WPS Health Insurance
P.O. Box 211595
Eagan, MN 55121
or

FAX: 608-327-6332 (Do NOT include coversheet)

This sample claim demonstrates billing for Care and Supervision and Room and Board for one date of service.

Room and Board Claims are billed with a Revenue code that is listed on your authorization.

Care and Supervision Claims are billed with the Revenue Code, HCPC/Procedure code, & modifiers (up to 4) that are listed on your authorization. Please note that Modifiers are subject to change.

In this example, this is a 1-2 Bed owner occupied Adult Family Home for a member who is in Tier 1 and receives 24/7 1 on 1 care.

Type of bill code is required for Residential Claims. 0862 (first billing), 0863 (continuation of billing), or 0864 (final billing)

Use one claim form per member.

Total Charges in box 26 must equal the sum of the total charges listed on each claim line in box 23.

Residential authorization numbers change at least annually AND with member Tier/Modifier changes, rate changes, & member absences.

Claims for Residential Respite or Residential Mileage cannot be included on the same Claim form as Care and Supervision and room and board claims.