

Wisconsin Medicaid update and BadgerCare

October 2001 • No. 2001-36

PHC 1827

Wisconsin Medicaid and BadgerCare Information for Providers

To:

Dentists Billing
CPT Oral
Surgery Codes

HealthCheck
Providers

HMOs and Other
Managed Care
Programs

Clarification on billing more than six details on the paper HCFA 1500 claim form

This *Wisconsin Medicaid and BadgerCare Update* provides information on billing more than six details on the paper HCFA 1500 claim form.

5. Staple additional pages behind the first page of the claim.
6. Mail your claim to the following address:

Wisconsin Medicaid
Oral Surgeon/HealthCheck Dept.
Suite 22
6406 Bridge Road
Madison, WI 53784-0022

Oral surgeons and HealthCheck providers billing electronically as well as oral surgeons who use the American Dental Association claim form are not affected by this change.

Instructions for billing more than six details on a paper HCFA 1500 claim

Oral surgeons and HealthCheck nursing agencies who bill for dental procedures using the paper HCFA 1500 claim form to bill more than six details (up to 25 details) for the *same* date of service (DOS) should follow the instructions listed in this *Wisconsin Medicaid and BadgerCare Update* in addition to following the instructions in the Dental Handbook. A detail is a line item (Elements 24A through 24K on the HCFA 1500 claim form) that includes information about the services provided.

Following these instructions will allow for efficient claims processing of multiple-page claims:

1. Use HCFA 1500 claim forms as additional pages.
2. Complete all information on each page, including provider number, recipient's name, identification number, etc.
3. Write or print "continued" in Element 28 on every page except the last.
4. Enter the total charge for all pages in Element 28 of the last page only.

Services provided to Medicaid HMO enrollees

The billing change for Medicaid fee-for-service dentists does not apply to Medicaid HMOs. If the recipient is a Medicaid HMO enrollee and the facility where the service is being provided is not affiliated with the recipient's HMO, the facility must contact the enrollee's managed care organization for billing requirements prior to the DOS. Facilities affiliated with the recipient's HMO should follow pre-established procedures. Wisconsin Medicaid HMOs are required to provide at least the same benefits for enrollees as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.