

Wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Inpatient Hospital
Providers
Outpatient
Hospital
Providers
HMOs and Other
Managed Care
Programs

Revenue code changes for inpatient and outpatient hospital claims

Hospitals are required to enter revenue codes for accommodation and ancillary services in Item 42 of the UB-92 claim form. The Attachment of this *Wisconsin Medicaid and BadgerCare Update* lists the revised revenue codes effective for dates of service on and after February 1, 2003. This list replaces the similar list in the Inpatient/Outpatient Hospital Services Handbook dated September 1999. Refer to the Wisconsin UB-92 Manual for complete descriptions of revenue codes. To purchase the Wisconsin UB-92 Manual, call the Wisconsin Hospital Association at (800) 362-7121 (608) 274-1820 or write to them at:

Wisconsin Hospital Association
5721 Odana Rd
Madison WI 53719-1289

Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits 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/.

ATTACHMENT

Revenue codes for inpatient and outpatient hospital claims

Effective February 1, 2003

The following is a complete list of Medicaid-allowable revenue codes for inpatient and outpatient hospital claims.

Policy	Specific revenue codes
Revenue codes that require a service-specific third digit from the UB-92 Billing Manual	11X, 12X, 13X, 15X, 16X, 17X, 20X, 21X, 25X, 36X, 51X, 71X, 90X, 91X, 92X, 94X, 96X
Revenue codes that require a Current Procedural Terminology laboratory procedure code for outpatient services	30X, 31X, 923, 925
Revenue codes for dental services	512 (Use when providing dental services as part of an outpatient visit.)
Revenue codes for vision care services	519 (Use when providing vision care services as part of an outpatient visit.)
Outpatient observation room	719 (Use when recipient is under observation after recovering from ambulatory surgery.)
Revenue codes exempt from recipient copayment	820-859, 901, 918 Note: Revenue code 253 is exempt from recipient copayment on crossover claims. Revenue code 450 is exempt from copayment for outpatient services.
Noncovered revenue codes	140-149, 180-189, 220-221, 229, 294, 374, 547-548, 550, 609, 624, 637, 660-669, 670-679, 780-789, 880, 990-999
Noncovered revenue codes for psychiatric hospitals	520, 529, 940, 949
Noncovered revenue codes for general hospitals billing psychiatric or substance abuse services	520, 529, 940, 949
Nonbillable revenue codes	Nonbillable for bill type 11X: 100-101, 115, 135, 155, 240, 249, 253, 259, 279, 291-293, 299, 479, 530-531, 539, 540-546, 549, 551-552, 559, 570-572, 579, 580-582, 589, 590, 599, 600-604, 650-657, 659, 912-913, 960-964, 969, 971-979, 981-989 Nonbillable for bill type 13X: 180-239, 240, 249, 259, 279, 299, 540-546, 549, 550-552, 559, 570-572, 579, 580-582, 589, 590, 599, 600-604, 650-657, 659, 912-913, 990-999.
Billable, noncovered revenue code	180
Restricted revenue codes	110-114, 116-117, 119
Revenue code for medication checks	510