Effective dates for claims submission changes as a result of HIPAA for portable X-ray provider services

This Wisconsin Medicaid and BadgerCare Update provides specific effective dates for the changes that will be implemented by Wisconsin Medicaid as a result of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) for portable X-ray provider services.

This Update gives implementation dates for all portable X-ray providers, whether they exchange information with Wisconsin Medicaid on paper or electronically. Failure to follow the effective dates that are provided in this Update may result in claim denials.

Providers should note the way the various changes will be implemented. Changes as a result of HIPAA for portable X-ray provider services will be implemented based on date of receipt by Wisconsin Medicaid. For changes on paper or electronically. Failure to follow the effective dates that are provided in this Update may result in claim denials.

Attention: Advice for providers

Wisconsin Medicaid recognizes that this is a difficult time for providers with the nationwide implementation of HIPAA in October 2003. Providers are cautioned to pay close attention to the deadlines and requirements outlined in this Update, which are necessary to assure a smooth transition to the HIPAA standards. Providers should allow additional time to adjust to the new billing requirements and systems changes. Providers may experience a temporary delay in the payment of claims due to increased billing errors and system changes near the federal compliance date of October 16, 2003, as Wisconsin Medicaid, other payers, and providers implement the HIPAA requirements and billing standards.
implemented based on the date of receipt, the important question to ask is: "When will this claim be received by Wisconsin Medicaid?" Providers should allow enough time for mail delivery when meeting the deadlines identified in this publication.

Effective dates for national codes that will replace Wisconsin Medicaid local codes and revised claim instructions are addressed separately in this Update.

**Nonmedical codes**

Codes fit into two categories, medical codes and nonmedical codes. Medical codes describe specific health care conditions and services while nonmedical codes describe general administrative situations.

Nonmedical codes are implemented based on **date of receipt**, as required by federal HIPAA regulations.

Changes to nonmedical codes, as indicated in **Update 2003-36**, will be implemented based on the **date of receipt**. For nonmedical codes received on paper claims, the changes will be effective on and after October 1, 2003. For nonmedical codes received on electronic claims, the changes will be effective on and after October 13, 2003. National nonmedical codes used by Wisconsin Medicaid include:

- Allowable nationally recognized two-digit place of service (POS) codes (refer to Attachment 1 of Update 2003-36).
- Type of service (TOS) codes will no longer be required on Medicaid claims because they are not national codes.
- National modifiers (“TC” and “26”) that replace TOS codes (refer to Attachment 2 of Update 2003-36).

**Note:** Modifiers, like procedure codes and diagnosis codes, are medical codes; however, for Wisconsin Medicaid’s implementation of HIPAA, providers must use these modifiers as nonmedical codes.

Pre-HIPAA nonmedical codes include TOS codes and one-digit Wisconsin Medicaid POS codes.

**Claims submission**

Different implementation dates will be used for electronic and paper claims. A calendar of HIPAA implementation dates for electronic and paper claims is included in Attachment 1 of this Update.

**Electronic claims submission**

For electronic claims received by Wisconsin Medicaid on and after October 13, 2003, providers must use:

- The 837 Health Care Claim: Professional transaction, commonly known as the 837P (refer to the Medicaid Web site at www.dhfs.state.wi.us/medicaid/ for the 837P companion document).
- National nonmedical codes.

**Paper claims submission**

For paper claims received by Wisconsin Medicaid on and after October 1, 2003, providers must use:

- HIPAA CMS 1500 claim instructions (refer to Attachment 3 of Update 2003-36).
- National nonmedical codes.

Refer to Attachment 2 of this Update for claims submission examples for portable X-ray provider services.
Electronic claim adjustments
For electronic claim adjustments received on and after October 13, 2003, providers must use:
• The electronic 837P adjustment (refer to the Medicaid Web site at www.dhfs.state.wi.us/medicaid/ for the 837P companion document).
• National nonmedical codes.

Paper claim adjustments
For paper claim adjustments received on and after October 1, 2003, providers must use:
• The Adjustment/Reconsideration Request form and completion instructions; the use of this form is voluntary. Providers may develop their own form as long as it includes all the information on this form and is formatted exactly like this form. (Refer to the June 2003 Update [2003-31], titled “Changes to the Wisconsin Medicaid Adjustment Request form and instructions,” for more information about paper claim adjustments.)
• National nonmedical codes.

Refer to Attachment 3 of this Update for examples of claim adjustment requests.

Electronic transactions
A calendar that reflects the various implementation dates for electronic transactions is provided in Attachment 1 of this Update.

Electronic transactions received by Wisconsin Medicaid
The following are the implementation dates for electronic transactions received by Wisconsin Medicaid:
• The deadline for pre-HIPAA claims received on magnetic cartridge is 3:00 p.m. on October 8, 2003.
• The deadline for claims received using the free Medicaid software that is supported by Proservices (known as EZ-LINK, Pace, and dental software) is 1:00 p.m. on October 10, 2003.
• Wisconsin Medicaid will begin accepting the 837P on October 13, 2003.
• Wisconsin Medicaid will begin accepting claims using Provider Electronic Solutions (PES) software on October 13, 2003.

Electronic transactions received and sent by Wisconsin Medicaid
Wisconsin Medicaid will begin accepting and sending the 270/271 Health Care Eligibility Inquiry transaction on October 13, 2003.

Electronic transactions sent by Wisconsin Medicaid
Wisconsin Medicaid will begin sending the TA1 Interchange Acknowledgment and the 997 Functional Acknowledgment on October 13, 2003.

Electronic transactions available from Wisconsin Medicaid
The 835 Health Care Claim Payment/Advice will be available from Wisconsin Medicaid on and after October 20, 2003.

Obtaining information
For questions about this Update, providers may call Provider Services at (800) 947-9627 or (608) 221-9883.
Information regarding Medicaid HMOs

This Update contains Medicaid fee-for-service information and applies to providers of services to recipients who have fee-for-service Medicaid. Since HIPAA impacts all health care payers, it is important to know that HIPAA changes, including changes from local procedure codes to national procedure codes, will also have an impact on Medicaid HMOs. For questions related to Medicaid HMOs or managed care HIPAA-related changes, contact the appropriate managed care organization.
**ATTACHMENT 1**

Calendar of HIPAA implementation for claims submission for portable X-ray provider services

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 (September)</td>
<td>29</td>
<td>30 <strong>Paper claims:</strong> Last day Wisconsin Medicaid will accept paper claims using the pre-HIPAA* claim instructions.</td>
<td>1 (October) <strong>Paper claims:</strong> Wisconsin Medicaid will begin accepting paper claims using the HIPAA claim instructions.</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8 <strong>Electronic claims:</strong> Last day Wisconsin Medicaid will accept pre-HIPAA claims on magnetic cartridge.</td>
<td>9</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>12 Electronic claims: Wisconsin Medicaid will not accept electronic claims.</td>
<td>13 <strong>Electronic claims:</strong> Providers may begin submitting claims using Provider Electronic Solutions (PES) software. Wisconsin Medicaid will begin accepting the 837 Health Care Claim: Professional transaction. Wisconsin Medicaid will begin accepting and sending the 270/271 Health Care Eligibility Inquiry transaction. Wisconsin Medicaid will begin sending the TA1 Interchange Acknowledgment and the 997 Functional Acknowledgment transactions.</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>20 <strong>Remittance and status:</strong> The 835 Health Care Claim Payment/Advice will be available from Wisconsin Medicaid.</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
</tr>
</tbody>
</table>

*HIPAA = Health Insurance Portability and Accountability Act of 1996.
ATTACHMENT 2
Claims submission examples for portable X-ray provider services

Examples of claims submission before and after the implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) are illustrated below.

<table>
<thead>
<tr>
<th>Date of service</th>
<th>Date of receipt</th>
<th>Paper claim instructions</th>
<th>Electronic claims submission</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1/03</td>
<td>9/30/03</td>
<td>Pre-HIPAA claim instructions</td>
<td>Any pre-HIPAA claims submission software, including Proservices software (known as EZ-LINK, Pace, and dental software)</td>
<td>Pre-HIPAA nonmedical codes</td>
</tr>
<tr>
<td>9/30/03</td>
<td>10/14/03</td>
<td>HIPAA claim instructions</td>
<td>837 Health Care Claim: Professional transaction, commonly known as the 837P (including claims submitted using Provider Electronic Solutions [PES] software)</td>
<td>National nonmedical codes</td>
</tr>
<tr>
<td>10/14/03</td>
<td>11/1/03</td>
<td>HIPAA claim instructions</td>
<td>837P (including claims submitted using PES software)</td>
<td>National nonmedical codes</td>
</tr>
</tbody>
</table>

For the following examples, the portable X-ray provider service received was a radiologic examination of the spine, technical component, performed in the home.

<table>
<thead>
<tr>
<th>Date of service</th>
<th>Date of receipt</th>
<th>Paper claim instructions</th>
<th>Electronic claims submission</th>
<th>Place of service code</th>
<th>Type of service code</th>
<th>Procedure code</th>
<th>Modifier(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1/03</td>
<td>9/30/03</td>
<td>Pre-HIPAA claim instructions</td>
<td>Any pre-HIPAA claims submission software, including Proservices software (known as EZ-LINK, Pace, and dental software)</td>
<td>4</td>
<td>U</td>
<td>72010</td>
<td>None</td>
</tr>
<tr>
<td>9/30/03</td>
<td>10/14/03</td>
<td>HIPAA claim instructions</td>
<td>837P (including claims submitted using PES software)</td>
<td>12</td>
<td>None</td>
<td>72010</td>
<td>TC</td>
</tr>
<tr>
<td>10/14/03</td>
<td>11/1/03</td>
<td>HIPAA claim instructions</td>
<td>837P (including claims submitted using PES software)</td>
<td>12</td>
<td>None</td>
<td>72010</td>
<td>TC</td>
</tr>
</tbody>
</table>
Claim adjustment examples for portable X-ray provider services

Examples of claims adjustments before and after the implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) are illustrated below.

<table>
<thead>
<tr>
<th>For example, if both of the following are true:</th>
<th>Then use the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original date of service</td>
<td>Date adjustment received</td>
</tr>
<tr>
<td>9/1/03</td>
<td>9/30/03</td>
</tr>
<tr>
<td>9/30/03</td>
<td>10/14/03</td>
</tr>
<tr>
<td>10/14/03</td>
<td>11/1/03</td>
</tr>
</tbody>
</table>

*Refer to the June 2003 Wisconsin Medicaid and BadgerCare Update (2003-31), titled "Changes to the Wisconsin Medicaid Adjustment Request form and instructions," for more information about paper claim adjustments.