

Wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Billing Services
and Providers
HMOs and Other
Managed Care
Programs

HIPAA contingency plan: options for billing services and providers who will not be ready to submit HIPAA-compliant electronic claims

The information in this *Wisconsin Medicaid and BadgerCare Update* also applies to providers participating in the Health Insurance Risk Sharing Plan (HIRSP).

Wisconsin Medicaid will begin accepting federal Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant electronic claims on October 13, 2003. Alternate claims submission options are available to billing services and providers who will not be ready to submit HIPAA-compliant electronic claims to Wisconsin Medicaid by the federal deadline.

Wisconsin Medicaid will begin accepting federal Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant electronic claims on October 13, 2003.

Wisconsin Medicaid recognizes that some billing services and providers may not be ready to submit HIPAA-compliant electronic claims by the federal deadline because system changes are not complete or because testing with Wisconsin Medicaid is not complete. As a result, Wisconsin Medicaid has developed two options for billing services and providers to submit electronic claims to Wisconsin Medicaid during this transition period.

Regardless of the option providers may choose to submit claims, providers must use national medical codes on all claims, paper or electronic, submitted for dates of service on and after October 1, 2003.

Option 1: Provider Electronic Solutions software

Wisconsin Medicaid is offering free HIPAA-compliant Provider Electronic Solutions (PES) claims submission software. Refer to the September 2003 *Wisconsin Medicaid and BadgerCare Update* (2003-145), titled "Free HIPAA-compliant claims submission software is available," for more information. To request PES software or to obtain information about PES training sessions, providers should go to the Medicaid Web site at www.dhfs.state.wi.us/medicaid/. Because PES software is HIPAA-compliant, this option can be used as a permanent solution for submitting HIPAA-compliant electronic claims to Wisconsin Medicaid.

Option 2: pre-HIPAA electronic claim formats

With some exceptions, Wisconsin Medicaid will continue to accept electronic claims using formats allowed prior to HIPAA. The pre-HIPAA claim formats that Wisconsin Medicaid will continue to accept are:

- The HCFA 1500 (80 Byte) Record Layout. (This format is used by a wide range of providers, including dentists.)
- The UB-92 (80 Byte) Record Layout.
- The UB-92 (192 Byte) Record Layout.

Billing services and providers who use one of these pre-HIPAA claim formats can continue to use *that* format when submitting claims to Wisconsin Medicaid. Billing services and providers who select this option are expected to continue working towards HIPAA compliance. A future *Update* will notify providers when Wisconsin Medicaid will no longer accept these pre-HIPAA claim formats.

Note: Claims for retail pharmacies dispensing drugs and biologics cannot be submitted using pre-HIPAA claim formats. Refer to the August 2003 *Update* (2003-84), titled “Changes to claims and prior authorization for retail pharmacies dispensing drugs and biologics as a result of HIPAA,” for more information.

Exceptions to option 2

Wisconsin Medicaid will be unable to accept pre-HIPAA formats for the following:

- *Claims submitted using the free EZ-LINK, Pace, and dental software.* Proservices will not accept or transmit claims using the free software after October 10, 2003.
- *Medicare crossover claims for outpatient hospital services. The pre-HIPAA format for outpatient Medicare crossover claims does not include some data elements that are necessary for processing these claims on and after October 13, 2003.*

Billing instructions for using pre-HIPAA electronic claim formats on and after October 13, 2003

Providers will be required to follow a modified set of billing instructions when using pre-HIPAA electronic claim formats (i.e., HCFA 1500, UB-92) on and after October 13, 2003. Refer to Attachment 1 of this *Update* for the modified instructions for the HCFA 1500 (80

Byte) Record Layout, Attachment 2 for the UB-92 (80 Byte) Record Layout, and Attachment 3 for the UB-92 (192 Byte) Record Layout. Providers must follow instructions for new national medical codes referred to in Attachment 4.

No alternatives for paper claims submission

There are *no* alternatives for billing services and providers who submit paper claims. Billing services and providers will be required to follow the paper claim instructions that were revised as a result of HIPAA when submitting paper claims on and after October 1, 2003. Providers should refer to their service-specific June, July, and August 2003 *Updates* for revised instructions.

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.

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 1

Modified instructions for claims submitted using the HCFA 1500 (80 Byte) Record Layout on and after October 13, 2003

For claims submitted to Wisconsin Medicaid using the HCFA 1500 (80 Byte) Record Layout on and after October 13, 2003, billing services and providers will be required to follow the current record layout with the following modifications and clarifications.

CLAIMS SUBMISSION

When submitting claims using the HCFA 1500 (80 Byte) Record Layout, continue to use the dial-up connection and data exchange methods allowed prior to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Round-reel [9-track] tapes; 3480, 3490, and 3490E cartridge tapes; CD-ROM; 3780 protocol; Micro-ECS; and Reformatter).

MEDICAL CODES

Providers should continue to indicate medical codes (e.g., procedure codes, modifiers) appropriate to the date of service (DOS). Refer to Attachment 4 of this *Wisconsin Medicaid and BadgerCare Update* for medical codes that change as a result of HIPAA.

TAPE & 3780 PROTOCOL HEADER (DT)

Field 2 — Vendor-Nbr

Continue to indicate the appropriate pre-HIPAA vendor number.

CLAIM HEADER RECORD 1

Field 9 — OI

Indicate “OI-Y” in place of “OI-H.”

Special instructions for dental providers

“OI-Y” is no longer valid for dental providers. Refer to Attachment 6 of the July 2003 *Update* (2003-50), titled “Changes to local codes, paper claims, and prior authorization for dental services as a result of HIPAA,” for more information.

CLAIM HEADER RECORD 2

Fields 6-10 — DIAG-1 — DIAG-5

Do not indicate “M-11” for mother/baby claims. Refer to the June 2003 *Update* (2003-29), titled “Wisconsin Medicaid will no longer reimburse claims submitted for newborns under the mother's identification number,” for more information.

CLAIM DETAIL RECORD 3

Field 8 — POS

Enter the appropriate one-digit Wisconsin Medicaid local place of service code.

Fields 10-11 — M1-M2

Claims that require more than two modifiers cannot be submitted using the HCFA 1500 (80 Byte) Record Layout. If a claim requires more than two modifiers, submit the claim using the 837 Health Care Claim: Professional transaction or the paper CMS 1500. If a claim for nurses in independent practice services requires more than two modifiers, submit the claim using the 837 Health Care Claim: Institutional transaction or the paper UB-92.

Regardless of the DOS, providers will be required to indicate modifiers that replace type of service (TOS) codes when applicable. These modifiers (i.e., “26,” “80,” “AA,” “RR,” and “TC”) are applicable for:

- Durable medical equipment. (Refer to Attachment 2 of the July 2003 *Update* [2003-52], titled “Changes to local codes, paper claims, and prior authorization for durable medical equipment as a result of HIPAA.”)
- Family planning services. (Refer to Attachment 2 of the July 2003 *Update* [2003-53], titled “Changes to local codes and paper claims for family planning services as a result of HIPAA.”)
- Independent laboratory services. (Refer to Attachment 1 of the June 2003 *Update* [2003-41], titled “Changes to local codes and paper claims for independent laboratory services as a result of HIPAA.”)
- Nurse midwife services. (Refer to Attachment 3 of the July 2003 *Update* [2003-57], titled “Changes to local codes and paper claims for nurse midwife services as a result of HIPAA.”)
- Physician services. (Refer to Attachment 3 of the July 2003 *Update* [2003-61], titled “Changes to local codes, paper claims, and prior authorization for physician services as a result of HIPAA.”)
- Portable X-ray provider services. (Refer to Attachment 2 of the June 2003 *Update* [2003-36], titled “Changes to local codes and paper claims for portable X-ray provider services as a result of HIPAA.”)

Modifiers that replace TOS codes should be indicated in addition to the Wisconsin Medicaid local TOS code (CLAIM DETAIL RECORD 3/Field 16).

Field 16 — TOS

Despite changes as a result of HIPAA, continue to follow the HCFA 1500 (80 Byte) Record Layout specifications.

Field 19 — SURF

“G” (defined as gingival) is no longer valid. Indicate surface value using the appropriate American Dental Association-defined surface codes.

Max details

Despite changes as a result of HIPAA, continue to follow the HCFA 1500 (80 Byte) Record Layout specifications.

ATTACHMENT 2

Modified instructions for claims submitted using the UB-92 (80 Byte) Record Layout on and after October 13, 2003

For claims submitted to Wisconsin Medicaid using the UB-92 (80 Byte) Record Layout on and after October 13, 2003, billing services and providers will be required to follow the current record layout with the following modifications and clarifications.

CLAIMS SUBMISSION

When submitting claims using the UB-92 (80 Byte) Record Layout, continue to use the dial-up connection and data exchange methods allowed prior to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Round-reel [9-track] tapes; 3480, 3490, and 3490E cartridge tapes; CD-ROM; 3780 protocol; Micro-ECS; and Reformatter).

MEDICAL CODES

Providers should continue to use medical codes (e.g., procedure codes, modifiers) appropriate to the date of service (DOS). Refer to Attachment 4 of this *Wisconsin Medicaid and BadgerCare Update* for medical codes that change as a result of HIPAA.

CLAIM HEADER RECORD 1

Field 3 — TOB

Despite changes as a result of HIPAA, continue to follow the UB-92 (80 Byte) Record Layout specifications.

CLAIM HEADER RECORD 2

Field 12 — OI

Indicate “OI-Y” in place of “OI-H.”

CLAIM HEADER RECORD 3

Fields 3-12 — VALUE-1/AMOUNT-1 — VALUE-5/AMOUNT-5

Do not indicate value code “22” or the associated amount for spenddown. Wisconsin Medicaid will automatically reduce the provider’s reimbursement by the amount of the recipient’s spenddown amount.

Continue to indicate value code “84” and the associated amount for patient liability.

CLAIM HEADER RECORD 4

Fields 3-12 — OCC-1/OCC-DATE-1 — OCC-5/OCC-DATE-5

Do not indicate occurrence codes “50” and “51” for mother/baby claims. Refer to the June 2003 *Update* (2003-29), titled “Wisconsin Medicaid will no longer reimburse claims submitted for newborns under the mother's identification number,” for more information.

Fields 13-17 — CND-1 — CND-5

Indicate the applicable condition codes appropriate to the DOS.

CLAIM DETAIL RECORD 7

Field 4 — FDOS

Special instructions for hospital providers

List a single date of service for each detail in MMDDYY format.

Field 6 — HCPCS

Indicate the appropriate Healthcare Common Procedure Coding System or *Current Procedural Terminology* code for home health, outpatient hospital, and personal care providers.

Fields 7-8 — M1 and M2

Claims that require more than two modifiers cannot be submitted using the UB-92 (80 Byte) Record Layout. If a claim requires more than two modifiers, submit the claim using the 837 Health Care Claim: Institutional transaction or the paper UB-92.

Fields 9 — LOC/ANC/REV

Indicate the appropriate code for all providers.

Despite changes as a result of HIPAA, continue to follow the UB-92 (80 Byte) Record Layout specifications by indicating the appropriate three-digit revenue code.

Special instructions for hospital providers

Do *not* indicate procedure codes W9111-W9115; instead, indicate revenue code 81X regardless of the DOS.

Special instructions for nursing home providers

For DOS before October 1, 2003, indicate the appropriate two-digit local level of care code and follow the format of the UB-92 (80 Byte) Record Layout specifications. For DOS on and after October 1, 2003, drop the first zero when indicating the appropriate revenue code.

MAX DETAILS

Despite changes as a result of HIPAA, continue to follow the UB-92 (80 Byte) Record Layout specifications.

ATTACHMENT 3

Modified instructions for claims submitted using the UB-92 (192 Byte) Record Layout on and after October 13, 2003

For claims submitted to Wisconsin Medicaid using the UB-92 (192 Byte) Record Layout on and after October 13, 2003, billing services and providers will be required to follow the current record layout with the following modifications and clarifications.

CLAIMS SUBMISSION

When submitting claims using the UB-92 (192 Byte) Record Layout, continue to use the dial-up connection and data exchange methods allowed prior to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Round-reel [9-track] tapes; 3480, 3490, and 3490E cartridge tapes; CD-ROM; 3780 protocol; Micro-ECS; and Reformatter).

MEDICAL CODES

Providers should continue to use medical codes (e.g., procedure codes, modifiers) appropriate to the date of service (DOS). Refer to Attachment 4 of this *Wisconsin Medicaid and BadgerCare Update* for medical codes that change as a result of HIPAA.

KEY TO RECORDS

Bill Type

Despite changes as a result of HIPAA, continue to follow the UB-92 (192 Byte) Record Layout specifications.

Record Limit

Despite changes as a result of HIPAA, continue to follow the UB-92 (192 Byte) Record Layout specifications.

Record Type: 01

Field 19 — Vendor Number

Continue to indicate the appropriate pre-HIPAA vendor number.

Record Type: 10

Field 2 — Type of Batch

Despite changes as a result of HIPAA, continue to follow the UB-92 (192 Byte) Record Layout specifications.

Record Type: 20

Field 24 — Estimated Amount Due

Do not use this field to indicate patient liability in the UB-92 (192 Byte) Record Layout. (Refer to Record Type: 41, Fields 16-39.)

Record Type: 22

Field 13 — Other Insurance Indicator and Medicare Status Code

Indicate “OI-Y” in place of “OI-H.”

Record Type: 30

Field 26 — Estimated Amount Due

Do not use this field to indicate patient liability in the UB-92 (192 Byte) Record Layout. (Refer to Record Type: 41, Fields 16-39.)

Record Type: 40

Fields 8-27 — Occurrence Code 1/Occurrence Date 1 — Occurrence Code 10/Occurrence Date 10

Do not indicate occurrence codes “50” and “51” for mother/baby claims. Refer to the June 2003 *Update* (2003-29), titled “Wisconsin Medicaid will no longer reimburse claims submitted for newborns under the mother's identification number,” for more information.

Record Type: 41

Fields 4-13 — Condition Code 1 — Condition Code 10

Indicate the applicable condition codes appropriate to the DOS.

Fields 16-39 — Value Code 1/Value Amount 1 — Value Code 12/Value Amount 12

Do not indicate value code “22” or the associated amount for spenddown. Wisconsin Medicaid will automatically reduce the provider’s reimbursement by the amount of the recipient’s spenddown amount.

Continue to indicate value code “84” and the associated amount for patient liability.

Record Type: 50

Field 4 — Accommodation Revenue Code 1

Despite changes as a result of HIPAA, continue to follow the UB-92 (192 Byte) Record Layout specifications by indicating the appropriate three-digit revenue code.

Record Type: 55

Field 4 — Accommodation/Ancillary 1

Despite changes as a result of HIPAA, continue to follow the UB-92 (192 Byte) Record Layout specifications by indicating the appropriate three-digit revenue code.

Special instructions for nursing home providers

For DOS before October 1, 2003, indicate the appropriate two-digit local level of care code and follow the format of the UB-92 (192 Byte) Record Layout specifications. For DOS on and after October 1, 2003, drop the first zero when indicating the appropriate revenue code and follow the format of the UB-92 (192 Byte) Record Layout specifications.

Record Type: 60

Field 4 — Ancillary Revenue Code 1

Despite changes as a result of HIPAA, continue to follow the UB-92 (192 Byte) Record Layout specifications by indicating the appropriate three-digit revenue code.

Special instructions for hospital providers

Do *not* indicate procedure codes W9111-W9115; instead, indicate revenue code 81X regardless of the DOS and follow the format of the UB-92 (192 Byte) Record Layout specifications.

Record Type: 61

Field 4 — Revenue Center Code 1

Indicate the appropriate code for home health, personal care, and outpatient hospital providers.

Despite changes as a result of HIPAA, continue to follow the UB-92 (192 Byte) Record Layout specifications by indicating the appropriate three-digit revenue code.

Field 5 — HCPCS Procedure Code

Indicate the appropriate Healthcare Common Procedure Coding System or *Current Procedural Terminology* code for home health, outpatient hospital, and personal care providers.

Fields 6-7 — Modifier 1 and Modifier 2

Claims that require more than two modifiers cannot be submitted using the UB-92 (192 Byte) Record Layout. If a claim requires more than two modifiers, submit the claim using the 837 Health Care Claim: Institutional transaction or the paper UB-92.

Field 9 — Date of Service

Special instructions for hospital providers

List a single date of service for each detail in MMDDYY format.

Field 13 — Date of Service (For Record Layout Version 6.0 only)

Special instructions for hospital providers

List a single date of service for each detail in CCYYMMDD format.

ATTACHMENT 4

New national medical codes (for use on pre-HIPAA electronic claim formats)

Even though Wisconsin Medicaid will continue to accept electronic claims using the formats allowed prior to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) on and after October 13, 2003, as explained in this *Wisconsin Medicaid and BadgerCare Update*, providers will be required to use national medical codes when appropriate to the date of service. Refer to the following chart for medical codes that change as a result of HIPAA. Information regarding medical codes for Health Insurance Risk Sharing Plan (HIRSP) providers will be posted on the HIRSP Web site at www.dhfs.state.wi.us/hirsp/.

Services	New national medical codes include:	Effective for dates of service on and after
Adult mental health day treatment services	The procedure code and modifier that replaces Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-71]).	10/1/03
Ambulance services	<ul style="list-style-type: none"> • Procedure codes that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-44]). • Modifiers (refer to Attachment 3 of <i>Update</i> 2003-44). 	10/1/03
Case management services	<ul style="list-style-type: none"> • The procedure code that replaces Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-46]). • Modifiers (refer to Attachment 1 of <i>Update</i> 2003-46). • Diagnosis codes that replace local target population codes (refer to Attachment 3 of <i>Update</i> 2003-46). 	10/1/03
Certified registered nurse anesthetist and anesthesiologist assistant services	<ul style="list-style-type: none"> • <i>Current Procedural Terminology</i> anesthesia codes 00100-01999 (refer to the June 2003 <i>Update</i> [2003-37]). • Modifiers (refer to Attachment 1 of <i>Update</i> 2003-37). 	10/1/03
Child/adolescent day treatment, a HealthCheck "Other Service"	The procedure code and modifier that replaces Wisconsin Medicaid local procedure code (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-70]).	10/1/03
Child care coordination services	Procedure codes and modifiers that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the June 2003 <i>Update</i> [2003-40]).	10/1/03
Chiropractic services	Procedure codes that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-47]).	10/1/03
Clozapine management services	The procedure code and modifier that replaces Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-48]).	10/1/03
Community support program services	Procedure codes and modifiers that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-49]).	10/1/03

Services	New national medical codes include:	Effective for dates of service on and after
Crisis intervention services	<ul style="list-style-type: none"> • Procedure codes and modifiers that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the August 2003 <i>Update</i> [2003-82]). • <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> (ICD-9-CM) condition codes that replace Wisconsin Medicaid local presenting problem codes (refer to Attachment 3 of <i>Update</i> 2003-82). 	10/1/03
Dental services	<ul style="list-style-type: none"> • Procedure codes that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-50]). • Codes for areas of the oral cavity that replace Wisconsin Medicaid local modifiers (refer to Attachment 2 of <i>Update</i> 2003-50). 	10/1/03
Disposable medical supplies	Procedure codes and modifiers that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-51]).	10/1/03
Durable medical equipment	<ul style="list-style-type: none"> • Procedure codes and modifiers that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-52]). • Modifiers that replace Wisconsin Medicaid local modifiers (refer to Attachments 3 and 4 of <i>Update</i> 2003-52). 	10/1/03
End stage renal disease services	(None)	10/1/03
Enteral nutrition products	Procedure codes that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the August 2003 <i>Update</i> [2003-99]).	10/1/03
Family planning services	<ul style="list-style-type: none"> • Procedure codes that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-53]). • Modifiers that replace Wisconsin Medicaid local modifiers (refer to Attachment 3 of <i>Update</i> 2003-53). 	10/1/03
Free-standing ambulatory surgery center services	Dental procedure codes (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-54]).	10/1/03
HealthCheck and HealthCheck outreach and case management services	<p><i>(NOT including environmental lead inspection and education services)</i></p> Procedure codes and modifiers that replace Wisconsin Medicaid local procedure codes (refer to Attachments 1 and 2 of the July 2003 <i>Update</i> [2003-55]).	10/1/03
	<p><i>(Environmental lead inspection and education services)</i></p> <ul style="list-style-type: none"> • Procedure codes T1002 and T1029 (refer to Attachment 1 of <i>Update</i> 2003-55). • Modifiers "EP" and "TS" (refer to Attachment 1 of <i>Update</i> 2003-55). 	10/11/03
Hearing instruments and hearing services	<ul style="list-style-type: none"> • Procedure codes (refer to the Attachment of the January 2003 <i>Update</i> [2003-06]). • Modifiers (refer to the Attachment of <i>Update</i> 2003-06). 	3/1/03
Home health services, including private duty nursing and respiratory care services	Procedure codes and modifiers that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the August 2003 <i>Update</i> [2003-83]).	10/1/03

Services	New national medical codes include:	Effective for dates of service on and after
Hospice services	(None)	10/1/03
Hospital services	(None)	10/1/03
Independent laboratory services	(None)	10/1/03
Intensive in-home treatment, a HealthCheck "Other Service"	Procedure codes and modifiers that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-74]).	10/1/03
Nurse midwife services	<ul style="list-style-type: none"> • Procedure codes and modifiers that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-57]). • Modifiers that replace Wisconsin Medicaid local modifiers (refer to Attachment 4 of <i>Update</i> 2003-57). 	10/1/03
Nursing home services	<ul style="list-style-type: none"> • Revenue codes that replace currently used local level of care codes (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-58]). • Condition codes (refer to Attachment 1 of <i>Update</i> 2003-58). 	10/1/03
Oral surgery services	(None)	10/1/03
Outpatient mental health and substance abuse services	Procedure codes and modifiers that replace Wisconsin Medicaid local procedure codes (refer to Attachments 1 and 2 of the July 2003 <i>Update</i> [2003-60]).	10/1/03
Outpatient mental health and substance abuse services in the home or community	Procedure codes and modifiers that replace Wisconsin Medicaid local procedure codes (refer to Attachments 1 and 2 of the August 2003 <i>Update</i> [2003-100]).	10/1/03
Personal care services	Procedure codes and modifiers that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-69]).	10/1/03
Physical therapy, occupational therapy, and speech and language pathology services	<ul style="list-style-type: none"> • Procedure codes (refer to the September 2003 <i>Update</i> [2003-143] for physical therapy and occupational therapy services and the August 2003 <i>Update</i> [2003-140] for speech and language pathology services). • Modifiers (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-72]). 	10/1/03
Physician services	<ul style="list-style-type: none"> • Procedure codes that replace Wisconsin Medicaid local procedure codes (refer to Attachments 1 and 2 of the July 2003 <i>Update</i> [2003-61]). • National modifiers that replace Wisconsin Medicaid local modifiers (refer to Attachment 4 of <i>Update</i> 2003-61). • National modifiers that replace Wisconsin Medicaid local diagnosis codes (refer to Attachment 4 of <i>Update</i> 2003-61). 	10/1/03
Podiatry services	Procedure codes and modifiers that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-62]).	10/1/03

Services	New national medical codes include:	Effective for dates of service on and after
Portable X-ray provider services	(None)	10/1/03
Prenatal care coordination services	Procedure codes and modifiers that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the June 2003 <i>Update</i> [2003-35]).	10/1/03
Private duty nursing and respiratory care services of nurses in independent practice	Procedure codes and modifiers that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the August 2003 <i>Update</i> [2003-81]).	10/11/03
School-Based Services	<ul style="list-style-type: none"> • Procedure codes and modifiers that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the June 2003 <i>Update</i> [2003-39]). • The diagnosis code that replaces the Wisconsin Medicaid local diagnosis code (refer to Attachment 2 of <i>Update</i> 2003-39). 	10/1/03
Specialized medical vehicle services	<ul style="list-style-type: none"> • Procedure codes that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-63]). • Modifiers (refer to Attachment 2 of <i>Update</i> 2003-63). • The ICD-9-CM diagnosis code V63.0 (refer to <i>Update</i> 2003-63). 	10/11/03
Substance abuse day treatment services	Procedure codes and modifiers that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the July 2003 <i>Update</i> [2003-78]).	10/1/03
Tuberculosis-related services	Procedure codes that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the June 2003 <i>Update</i> [2003-34]).	10/1/03
Vision services	Procedure codes and modifiers that replace Wisconsin Medicaid local procedure codes (refer to Attachment 1 of the August 2003 <i>Update</i> [2003-85]).	10/1/03