

To:  
Nurse  
Practitioners  
Nurses in  
Independent  
Practice  
HMOs and Other  
Managed Care  
Programs

## Registered Nurses Required to Use Modifier “U1” for Coordinating Services of Ventilator-Dependent Recipients

Registered nurses providing reimbursable coordination services for ventilator-dependent recipients are reminded that modifier “U1” must be indicated on prior authorization requests and claims submitted to Wisconsin Medicaid for coordination services.

When submitting prior authorization (PA) requests to Wisconsin Medicaid for procedure code 99504 (Home visit for mechanical ventilation care), registered nurses (RNs) providing reimbursable coordination services for ventilator-dependent recipients are required to indicate modifier “U1” (defined as “RN case coordinator”). On claims for reimbursable coordination of services for ventilator-dependent recipients, both the “U1” modifier and a start-of-shift modifier must be indicated.

Registered nurses using procedure code 99504 for direct care services are required to indicate modifier “TD” (defined as “RN”) and a start-of-shift modifier on claims and PA requests. Modifier “U1” should not be used when direct care is being provided.

Claims reimbursed with an inappropriate modifier are subject to recoupment.

### Coordination for Ventilator-Dependent Recipients

Wisconsin Medicaid reimburses up to five hours for coordination services per month per recipient who is ventilator dependent for life-support. Coordination services are included in the daily and weekly hour limits for each nurse under HFS 107.113(5)(d), Wis. Admin. Code. Services provided beyond this limit are not reimbursed by Wisconsin Medicaid.

Reimbursable coordination services include assisting the recipient or legal representative in coordinating all home care services and other services provided by other health and social service providers. They also include acquiring additional nurses and scheduling nurses to provide authorized care for the ventilator-dependent recipient.

### Information Regarding Medicaid HMOs

This *Wisconsin Medicaid and BadgerCare 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 [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

PHC 1250