

To:
 Inpatient Hospital
 Providers
 Nursing Homes
 HMOs and Other
 Managed Care
 Programs

Patient Status Code Changes for Inpatient Hospitals and Nursing Homes

Effective immediately, Wisconsin Medicaid now accepts patient status codes 43, 61, 62, 63, 64, and 65 on claims submitted by nursing home and inpatient hospital providers. Also, Wisconsin Medicaid no longer accepts patient status codes redefined as “reserved for national assignment” by the National Uniform Billing Committee.

Wisconsin Medicaid Accepts Additional Patient Status Codes

Effective immediately, Wisconsin Medicaid now accepts the following patient status codes on claims submitted by nursing home and inpatient hospital providers in most instances.

Patient Status Code	Description
43	Discharged/transferred to a federal health care facility.
61	Discharged/transferred to hospital-based Medicare approved swing bed.
62	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital.
63	Discharged/transferred to a Medicare long term care hospital (LTCH).
64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare.
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.

All patient status codes listed in the previous table are valid for Medicare crossover claims submitted by nursing home providers; however, patient status codes 62 and 63 are *not* valid for Medicaid-only claims submitted by nursing home providers.

Refer to the National UB-92 Uniform Billing Manual for a complete list of all nationally defined patient status codes.

Note: A Medicare crossover claim is a Medicare-allowed claim for a dual eligible or Qualified Medicare Beneficiary-Only recipient sent to Wisconsin Medicaid for payment of coinsurance, copayment, and deductible.

All Patient Status Codes Valid for Inpatient Hospital Claims

For inpatient hospitals, all of the patient status codes listed in the table of this *Wisconsin Medicaid and BadgerCare Update* are valid for both Medicare crossover claims and claims submitted only to Wisconsin Medicaid.

Wisconsin Medicaid No Longer Accepts Patient Status Codes Reserved for National Assignment

Wisconsin Medicaid no longer accepts the following patient status codes that were redefined as “reserved for national assignment” by the National Uniform Billing Committee: 10-19, 21-29, 31-39, 44-49, 52-60, and 66-99.

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 dhfs.wisconsin.gov/medicaid/.

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