To:

Inpatient Hospital Providers

Outpatient Hospital Providers

HMOs and Other Managed Care Programs

New UB-04 (CMS 1450) Claim Instructions for Hospital Services

Wisconsin Medicaid will begin accepting the new UB-04 (CMS 1450) claim form for UB claims received on and after March 1, 2007. Wisconsin Medicaid will continue to accept the UB-92.

Wisconsin Medicaid will begin accepting the new UB-04 (CMS 1450) claim form for UB claims received on and after March 1, 2007. Wisconsin Medicaid will continue to accept the UB-92; however, the National Uniform Billing Committee will supply only the new UB-04 claim form as of May 23, 2007.

New UB-04 Claim Form Completion Instructions

Providers should use the instructions in Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* when submitting UB-04 claim forms to Wisconsin Medicaid. Use these claim form completion instructions, not the form locator descriptions on the claim form, to avoid claim denial or inaccurate claim payment. Attachments 2 and 3 include sample UB-04 claim forms.

Providers who are using the UB-92 claim form should continue to use their most recently published UB-92 claim form instructions.

Important Changes with the UB-04

Providers should note the following changes to the claim form completion instructions for the UB-04:

- Covered days, indicated on the UB-92 in Form Locator 7, are now indicated on the UB-04 in Form Locators 39-41 a-d using value code "80." The number of covered days is indicated in the corresponding amount field.

- Noncovered days, indicated on the UB-92 in Form Locator 8, are now indicated on the UB-04 in Form Locators 39-41 a-d using value code "81." The number of noncovered days is indicated in the corresponding amount field.

- Value codes for Medicare Part A or Part B exhausted have been redefined for the UB-04 claim form. On the UB-04, inpatient hospital providers should use both value code "AB" and occurrence code "C3" to indicate when:
  - ✓ Medicare Part A benefits were exhausted mid-stay.
  - ✓ Medicare Part B benefits were exhausted mid-stay.
  - ✓ Medicare Part A and Part B benefits were exhausted mid-stay.

In addition, UB-04 claims for which Medicare Part A or Part B benefits were exhausted must now be submitted through

special handling. To submit one of these claims, send the completed claim form to the following address:

> Wisconsin Medicaid
> Special Handling — Medicare Exhausted
> Ste 50
> 6406 Bridge Rd
> Madison WI 53784-0050

Providers should continue to use value codes "81" and "83" for *UB-92* claims where Medicare Part A or Part B benefits have been exhausted mid-stay. Special handling is not required for these claims.

- Signature and date, indicated on the UB-92 in Form Locator 85, is not on the UB-04. Each provider is solely responsible for the truthfulness, accuracy, timeliness, and completeness of claims relating to reimbursement for services submitted to Medicaid.

- The sum of all the charges on a claim is now indicated on Detail Line 23 in the field following the word "*TOTALS*." Providers no longer indicate a claim's total charge with revenue code "0001" in Form Locator 42 and the sum in Form Locator 47.

- For Form Locator 76 on the UB-04, the biller is required to indicate a provider identification qualifier (refer to Attachment 1) before indicating the provider's identification number. The qualifier identifies the type of identification number being indicated (e.g., a Medicaid provider number, a license number).

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.

ATTACHMENT 1
UB-04 (CMS 1450) Claim Form Instructions for Hospital Services
(Effective for UB-04 Claims Received Beginning March 1, 2007)

Use the following claim form completion instructions, *not* the form locator descriptions printed on the claim form, to avoid claim denial or inaccurate claim payment. Complete all required form locators, as appropriate. Do not include attachments unless instructed to do so.

These instructions are for the completion of the UB-04 claim form for Wisconsin Medicaid. For complete billing instructions, refer to the National UB-04 Uniform Billing Manual prepared by the National Unified Billing Committee (NUBC). The National UB-04 Uniform Billing Manual contains important coding information not available in these instructions. Providers may purchase the National UB-04 Uniform Billing Manual by writing or calling:

> American Hospital Association
> National Uniform Billing Committee
> 29th Fl
> 1 N Franklin
> Chicago IL 60606
> (312) 422-3390

For more information, go to the NUBC web site at *www.nubc.org/.*

Wisconsin Medicaid recipients receive a Medicaid identification card when initially determined eligible for Wisconsin Medicaid. Always verify a recipient's eligibility before providing nonemergency services by using the Eligibility Verification System (EVS) to determine if there are any limitations on covered services and to obtain the correct spelling of the recipient's name. Refer to the Recipient Eligibility section of the All-Provider Handbook or the Medicaid Web site at *dhfs.wisconsin.gov/medicaid/* for more information about the EVS.

Note: Each provider is solely responsible for the truthfulness, accuracy, timeliness and completeness of claims relating to reimbursement for services submitted to Medicaid.

Form Locator 1 — Provider Name, Address, and Telephone Number

Enter the name of the hospital submitting the claim and the complete mailing address. The minimum requirement is the hospital's name, city, state and ZIP code. The name in Form Locator 1 should correspond with the provider number in Form Locator 57.

Form Locator 2 — Pay-to Name, Address, and ID (not required)

Form Locator 3a — Pat. Cntl. # (not required)

Form Locator 3b — Med. Rec. # (required for inpatient claims)

Enter the number assigned to the patient's medical/health record by the provider. This number will be included in Medicaid remittance information.

Form Locator 4 — Type of Bill

Enter the three-digit type of bill code. The type of bill codes for hospital services include the following:
- 111 = Hospital, inpatient, admit through discharge claim.
- 131 = Hospital, outpatient, admit through discharge claim.
- 851 = Special facility, critical access hospital (inpatient and outpatient hospitals), admit through discharge claim.

Form Locator 5 — Fed. Tax No. (not required)

Form Locator 6 — Statement Covers Period (From - Through)

Enter both dates in MM/DD/YY format (e.g., November 1, 2006, would be 11/01/06). Include the date of discharge or death.

Form Locator 7 — Unlabeled Field (not required)

Form Locator 8a-b — Patient Name

Enter the recipient's last name and first name, separated by a space or comma, in Form Locator 8b. Use the EVS to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Form Locator 9a-b — Patient Address (not required)

Form Locator 10 — Birthdate

Enter the recipient's birth date in MMDDCCYY format (e.g., September 25, 1975 would be 09251975).

Form Locator 11 — Sex (not required)

Form Locator 12 — Admission Date (required for inpatient claims)

Enter the admission date in the MMDDYY format (e.g., November 1, 2006, would be 110106).

Form Locator 13 — Admission Hr (not required)

Form Locator 14 — Admission Type (required for inpatient claims)

Enter the appropriate admission type for inpatient hospital services.

Form Locator 15 — Admission Src

Enter the code indicating the source of this admission. Refer to the UB-04 Billing Manual for more information.

Form Locator 16 — DHr (not required)

Form Locator 17 — Stat (required for inpatient claims)

Enter the code indicating patient status as of the "Statement Covers Period" through date from Form Locator 6. Refer to the UB-04 Billing Manual for more information.

Form Locators 18-28 — Condition Codes (required, if applicable)

Enter a code identifying to identify conditions relating to this claim that may affect payer processing. Refer to the UB-04 Billing Manual for more information.

Form Locator 29 — Accident State (not required)

Form Locator 30 — Unlabeled Field (not required)

Form Locators 31-34 — Occurrence Code and Date (required, if applicable)

Enter the applicable occurrence code and date. To indicate that Medicare Part A or Part B benefits were exhausted mid-stay, enter occurrence code "C3" and the date that Medicare benefits were exhausted in MMDDYY format. Refer to the UB-04 Billing Manual for more occurrence code information.

Form Locator 35-36 — Occurrence Span Code (From - Through) (not required)

Form Locator 37 — Unlabeled Field (not required)

Form Locator 38 — Responsible Party Name and Address (not required)

Form Locators 39-41 a-d — Value Code and Amount (required, if applicable)

Enter the applicable value code and amount. Enter covered days using value code "80" and enter the number of covered days in the corresponding amount field, right-justified to the left of the dollars/cents delimiter. Enter noncovered days using value code "81" and enter the number of noncovered days in the amount field, right-justified to the left of the dollars/cents delimiter.

For inpatient claims:
Do not count the day of discharge for covered days. For noncovered days, enter the total noncovered days by the primary payer. The sum of covered days and noncovered days must equal the number of days in the "From-Through" period in Form Locator 6.

To indicate that Medicare Part A or Part B benefits were exhausted mid-stay, enter value code "AB" and the amount that Medicare allowed. Refer to the UB-04 Billing Manual for more information.

For outpatient claims:
Covered days must represent the actual number of visits (days of service) in the "From-Through" period in Form Locator 6.

Form Locator 42 — Rev. Cd.

Enter the four-digit revenue code as defined by the NUBC that identifies a specific accommodation, ancillary service, or billing calculation. Refer to the UB-04 Billing Manual for more information.

Form Locator 43 — Description (not required)

Form Locator 44 — HCPCS/Rates/HIPPS Code (required, if applicable)

For outpatient laboratory services identified by revenue categories 030X and 031X and revenue codes 0923 and 0925, enter the appropriate corresponding Healthcare Common Procedure Coding System code.

Form Locator 45 — Serv. Date (required for outpatient claims)

Enter the single or first date of service (DOS) in MMDDYY format.

Form Locator 46 — Serv. Units

Enter the number of covered accommodations days, ancillary units of service, or visits, where appropriate. Do not count or include the day of discharge or death for accommodation codes.

Form Locator 47 — Total Charges (by Accommodation/Ancillary Code Category)

Enter the usual and customary charges pertaining to the related revenue code for the current billing period as entered in Form Locator 6.

Form Locator 48 — Non-covered Charges (not required)

Form Locator 49 — Unlabeled Field (not required)

DETAIL LINE 23

PAGE ___ OF ___ (not required)

Wisconsin Medicaid accepts only one-page claim forms.

CREATION DATE (not required)

TOTALS

Enter the sum of all charges for the claim in this field.

Form Locator 50 A-C — Payer Name

Enter all health insurance payers here. Enter "T19" for Wisconsin Medicaid and/or the name of commercial health insurance.

Form Locator 51 A-C — Health Plan ID (not required)

Form Locator 52 A-C — Rel Info (not required)

Form Locator 53 A-C — Asg Ben (not required)

Form Locator 54 A-C — Prior Payments (required, if applicable)

Enter the actual amount paid by commercial health insurance. (If the dollar amount indicated in Form Locator 54 is greater than zero, "OI-P" must be indicated in Form Locator 80.) If the commercial health insurance denied the claim, enter "000." Do **not** enter Medicare-paid amounts in this field.

Form Locator 55 A-C — Est Amount Due (not required)

Form Locator 56 — NPI (not required)

Form Locator 57 — Other Provider ID

Enter the provider's Medicaid provider number. The provider number in Form Locator 57 should correspond with the name in Form Locator 1.

Form Locator 58 A-C — Insured's Name (not required)

Form Locator 59 A-C — P. Rel (not required)

Form Locator 60 A-C — Insured's Unique ID

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters. Use the Medicaid identification card or EVS to obtain the correct identification number.

Form Locator 61 A-C — Group Name (not required)

Form Locator 62 A-C — Insurance Group No. (not required)

Form Locator 63 A-C — Treatment Authorization Codes (required, if applicable)

Enter the seven-digit prior authorization (PA) number from the approved Prior Authorization Request Form (PA/RF), HCF 11018. Services authorized under multiple PA requests must be billed on separate claim forms with their respective PA numbers. Wisconsin Medicaid will only accept one PA number per claim. Do not attach the PA to the claim.

Form Locator 64 A-C — Document Control Number (not required)

Form Locator 65 A-C — Employer Name (not required)

Form Locator 66 — DX Version Qualifier (not required)

Form Locator 67 — Prin. Diag. Cd.

Enter the most specific *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) (up to five digits) code describing the principal diagnosis (e.g., the condition established after study to be chiefly responsible for causing the admission or other health care episode). Do not enter manifestation codes as the principal diagnosis; code the underlying disease first.

For inpatient claims:
The principal diagnosis selected must be the reason for admission. It should relate to one or more conditions or symptoms identified in the admission notes and/or admission work-up. Manifestation codes are not to be recorded as the principal diagnosis; code the underlying disease first. The principal diagnosis code may not include "E" codes. "V" codes may be used as the principal diagnosis.

For outpatient claims:
The principal diagnosis identifies the condition chiefly responsible for the patient's visit or treatment. The principal diagnosis code may not include "E" codes. "V" codes may be used as the principal diagnosis.

Form Locators 67A-Q — Other Diag. Codes

Enter the ICD-9-CM diagnosis codes corresponding to additional conditions that coexist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay. Diagnoses that relate to an earlier episode and that have no bearing on this episode are to be excluded. Providers should prioritize diagnosis codes as relevant to this claim.

Form Locator 68 — Unlabeled Field (not required)

Form Locator 69 — Admit Dx (required for inpatient claims)

Enter the ICD-9-CM diagnosis code provided at the time of admission, as stated by the physician.

Form Locator 70 — Patient Reason Dx (not required)

Form Locator 71 — PPS Code (not required)

Form Locator 72 — ECI (not required)

Form Locator 73 — Unlabeled Field (not required)

Form Locator 74 — Principal Procedure Code and Date (required, if applicable)

Enter the surgical procedure code that identifies the principal procedure performed during the period covered by this claim and the date on which the principal procedure described on the claim was performed.

Note: Most often, the principal procedure will be that procedure which is most closely related to the principal discharge diagnosis.

Form Locator 74a-e — Other Procedure Code and Date (required, if applicable)

If more than six procedures are performed, report those that are most important for the episode using the same guidelines for determining principal procedure (Form Locator 74).

Form Locator 75 — Unlabeled Field (not required)

Form Locator 76 — Attending

To indicate the attending provider, enter a provider identification qualifier in the first field to the right of "Qual" and the identification number itself in the second field to the right of "Qual." In addition, include the last and first name of the attending provider. Providers may use one of the following provider identification qualifiers:
- 0B — State license number.
- 1D — Medicaid provider number.
- 1G — Universal Provider Identification Number (UPIN).

Form Locator 77 — Operating (not required)

Form Locators 78 and 79 — Other ID (not required)

Form Locator 80 — Remarks (enter information when applicable)

Commercial Health Insurance Billing Information

Commercial health insurance coverage must be billed prior to billing Wisconsin Medicaid, unless the service does not require commercial health insurance billing as determined by Wisconsin Medicaid.

When the recipient has dental ("DEN"), Medicare Cost ("MCC"), Medicare + Choice ("MPC") insurance only, or has no commercial health insurance, do not indicate an other insurance (OI) explanation code in Form Locator 80.

When the recipient has Wausau Health Protection Plan ("HPP"), BlueCross & BlueShield ("BLU"), Wisconsin Physicians Service ("WPS"), Medicare Supplement ("SUP"), TriCare ("CHA"), vision only ("VIS"), a health maintenance organization ("HMO"), or some other ("OTH") commercial health insurance, *and* the service requires commercial health insurance billing, then one of the following three other insurance (OI) explanation codes *must* be indicated in Form Locator 80. The description is not required, nor is the policyholder, plan name, group number, etc.

Code	Description
OI-P	PAID in part or in full by commercial health insurance or commercial HMO. In Form Locator 54 of this claim form, indicate the amount paid by commercial health insurance to the provider or to the insured.
OI-D	DENIED by commercial health insurance or commercial HMO following submission of a correct and complete claim, or payment was applied towards the coinsurance and deductible. Do not use this code unless the claim was actually billed to the commercial health insurer.
OI-Y	YES, the recipient has commercial health insurance or commercial HMO coverage, but it was not billed for reasons including, but not limited to: ✓ The recipient denied coverage or will not cooperate. ✓ The provider knows the service in question is not covered by the carrier. ✓ The recipient's commercial health insurance failed to respond to initial and follow-up claims. ✓ Benefits are not assignable or cannot get assignment. ✓ Benefits are exhausted.

Note: The provider may not use OI-D or OI-Y if the recipient is covered by a commercial HMO and the HMO denied payment because an otherwise covered service was not rendered by a designated provider. Services covered by a commercial HMO are not reimbursable by Wisconsin Medicaid except for the copayment and deductible amounts. Providers who receive a capitation payment from the commercial HMO may not submit claims to Wisconsin Medicaid for services that are included in the capitation payment.

Medicare Information

Use Form Locator 80 for Medicare information. Submit claims to Medicare before billing Wisconsin Medicaid.

Do not indicate a Medicare disclaimer code when one or more of the following statements is true:

• Medicare never covers the procedure in any circumstance.
• Wisconsin Medicaid indicates the recipient does not have any Medicare coverage for the service provided. For example, the service is covered by Medicare Part A, but the recipient does not have Medicare Part A.
• Wisconsin Medicaid indicates the provider is not Medicare certified.

Note: Home health agencies, medical equipment vendors, pharmacies, and physician services providers must be Medicare certified to perform Medicare-covered services for dual eligibles.
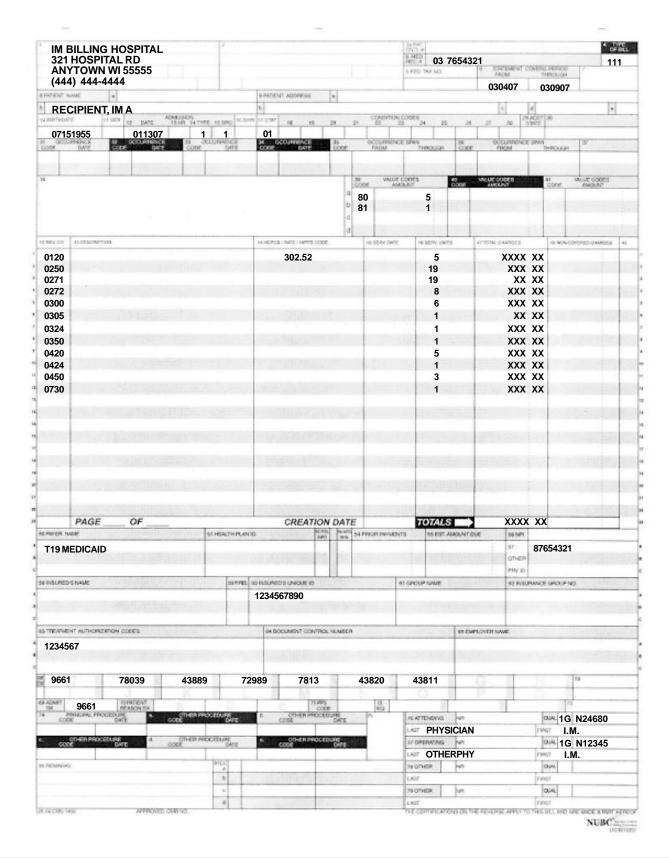
• Medicare has allowed the charges. In this case, attach Medicare remittance information, but do not indicate on the claim form the amount Medicare paid.

If none of the above is true, a Medicare disclaimer code is necessary. The following Medicare disclaimer codes may be used when appropriate.

Code	Description
M-5	**Provider is not Medicare certified.** This code may be used when providers are identified in Wisconsin Medicaid files as being Medicare certified but are billing for DOS before or after their Medicare certification effective dates. *For Medicare Part A, use M-5 in the following instances (all three criteria must be met):* ✓ The provider is identified in Wisconsin Medicaid files as certified for Medicare Part A, but the provider was not certified for the date the service was provided. ✓ The recipient is eligible for Medicare Part A. ✓ The procedure provided is covered by Medicare Part A. *For Medicare Part B, use M-5 in the following instances (all three criteria must be met):* ✓ The provider is identified in Wisconsin Medicaid files as certified for Medicare Part B, but the provider was not certified for the date the service was provided. ✓ The recipient is eligible for Medicare Part B. ✓ The procedure provided is covered by Medicare Part B.
M-7	**Medicare disallowed or denied payment.** This code applies when Medicare denies the claim for reasons related to policy (not billing errors), or the recipient's lifetime benefit, spell of illness, or yearly allotment of available benefits is exhausted. *For Medicare Part A, use M-7 in the following instances (all three criteria must be met):* ✓ The provider is identified in Wisconsin Medicaid files as certified for Medicare Part A. ✓ The recipient is eligible for Medicare Part A. ✓ The service is covered by Medicare Part A but is denied by Medicare Part A due to frequency limitations, diagnosis restrictions, or the service is not payable due to benefits being exhausted. *For Medicare Part B, use M-7 in the following instances (all three criteria must be met):* ✓ The provider is identified in Wisconsin Medicaid files as certified for Medicare Part B. ✓ The recipient is eligible for Medicare Part B. ✓ The service is covered by Medicare Part B but is denied by Medicare Part B due to frequency limitations, diagnosis restrictions, or the service is not payable due to benefits being exhausted.
M-8	**Noncovered Medicare service.** This code may be used when Medicare was not billed because the service is not covered in this circumstance. *For Medicare Part A, use M-8 in the following instances (all three criteria must be met):* ✓ The provider is identified in Wisconsin Medicaid files as certified for Medicare Part A. ✓ The recipient is eligible for Medicare Part A. ✓ The service is usually covered by Medicare Part A but not in this circumstance (e.g., recipient's diagnosis). *For Medicare Part B, use M-8 in the following instances (all three criteria must be met):* ✓ The provider is identified in Wisconsin Medicaid files as certified for Medicare Part B. ✓ The recipient is eligible for Medicare Part B. ✓ The service is usually covered by Medicare Part B but not in this circumstance (e.g., recipient's diagnosis).

Form Locator 81 — CC (not required)

Sample UB-04 Claim Form for Inpatient Hospital Services

IM BILLING HOSPITAL
321 HOSPITAL RD
ANYTOWN WI 55555
(444) 444-4444

03 7654321 | 111

STATEMENT COVERS PERIOD FROM 030407 THROUGH 030907

RECIPIENT, IM A

BIRTHDATE	SEX	ADMISSION DATE	HR	TYPE	SRC	STAT	CONDITION CODES
07151955		011307	1	1		01	

VALUE CODES CODE	AMOUNT
80	5
81	1

REV CD	DESCRIPTION	HCPCS/RATE/HIPPS CODE	SERV DATE	SERV UNITS	TOTAL CHARGES	NON-COVERED CHARGES
0120		302.52		5	XXXX XX	
0250				19	XXX XX	
0271				19	XX XX	
0272				8	XXX XX	
0300				6	XXX XX	
0305				1	XX XX	
0324				1	XXX XX	
0350				1	XXX XX	
0420				5	XXX XX	
0424				1	XXX XX	
0450				3	XXX XX	
0730				1	XXX XX	

PAGE ___ OF ___ CREATION DATE TOTALS ➤ XXXX XX

PAYER NAME: **T19 MEDICAID** NPI: 87654321

INSURED'S UNIQUE ID: **1234567890**

TREATMENT AUTHORIZATION CODES: **1234567**

9661	78039	43889	72989	7813	43820	43811

ADMIT DX: **9661**

76 ATTENDING	NPI	QUAL 1G N24680
LAST **PHYSICIAN**		FIRST **I.M.**
77 OPERATING	NPI	QUAL 1G N12345
LAST **OTHERPHY**		FIRST **I.M.**

UB-04 CMS-1450 APPROVED OMB NO. THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

NUBC

ATTACHMENT 3
Sample UB-04 Claim Form for Outpatient Hospital Services

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IM BILLING HOSPITAL                                                              4 TYPE OF BILL
321 HOSPITAL RD                                                                  131
ANYTOWN WI 55555                                          STATEMENT COVERS PERIOD
(444) 444-4444                                            FROM        THROUGH
                                                          030407      030407

PATIENT NAME                    PATIENT ADDRESS
RECIPIENT, IM A
BIRTHDATE     SEX   ADMISSION                    CONDITION CODES
07151955            3    1
```

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0300		81000	030407	1	XX XX	
0306		89050	030407	1	XX XX	
0450		99201	030407	1	XX XX	

VALUE CODES: 80 1

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PAGE    OF          CREATION DATE          TOTALS →    XXX XX

50 PAYER NAME                   51 HEALTH PLAN ID          54 PRIOR PAYMENTS   55 EST AMOUNT DUE   56 NPI
45009 BLUE CROSS                BC111                      XX XX
T19 MEDICAID                                                                                       57 OTHER PRV ID  87654321

58 INSURED'S NAME          59 P.REL  60 INSURED'S UNIQUE ID   61 GROUP NAME   62 INSURANCE GROUP NO.
                                      1234567890

63 TREATMENT AUTHORIZATION CODES     64 DOCUMENT CONTROL NUMBER     65 EMPLOYER NAME

V288

74 PRINCIPAL PROCEDURE  OTHER PROCEDURE  OTHER PROCEDURE        76 ATTENDING  NPI           QUAL
  CODE  DATE                                                    LAST                        FIRST
OTHER PROCEDURE  OTHER PROCEDURE  OTHER PROCEDURE               77 OPERATING  NPI           QUAL  1G  N12345
                                                                LAST  OTHERPHY              FIRST  I.M.
80 REMARKS                                                      78 OTHER  NPI               QUAL
OI-P                                                            LAST                        FIRST
                                                                79 OTHER  NPI               QUAL
                                                                LAST                        FIRST
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