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Change to the UB-04 Paper Claim Form Instructions

Effective immediately, providers who submit claims using the UB-04 claim form are required to indicate their Medicaid provider number in Form Locator 57, not Form Locator 51 as indicated in previous *Wisconsin Medicaid and BadgerCare Updates*.

Refer to the appropriate service-specific February 2007 *Update* (2007-15 to 2007-21) on the Medicaid Web site at

dhfs.wisconsin.gov/medicaid/ for revised UB-04 claim form instructions and samples.

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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