

Affected Programs: BadgerCare Plus, Medicaid, Wisconsin Chronic Disease Program

To: End-Stage Renal Disease Service Providers, Home Health Agencies, Hospice Providers, Hospital Providers, HMOs and Other Managed Care Programs

Claims for Outpatient Hospital Services Do Not Require Value Codes 80 and 81 (Covered and Noncovered Days)

This *ForwardHealth Update* announces the National Uniform Billing Committee's recent clarification on the use of value codes 80 (covered days) and 81 (noncovered days). Value codes 80 and 81 are required on claims for inpatient hospital services and nursing home services only. Providers are not required to indicate value codes 80 and 81 on claims for outpatient hospital services, hospice services, and end-stage renal disease services.

Effective immediately, claims for outpatient hospital services, hospice services, and end-stage renal disease (ESRD) services do not require the use of value codes 80 (covered days) and 81 (noncovered days) and the associated amounts. The National Uniform Billing Committee recently clarified that value codes 80 and 81 are only to be indicated on claims for inpatient hospital services and nursing home services. This policy applies to paper claims submitted on the UB-04 Claim Form and claims submitted using the 837 Health Care Claim: Institutional transaction (including Provider Electronic Solutions [PES] submissions).

If value codes 80 and 81 are indicated on claims for outpatient hospital services, hospice services, or ESRD services, it will not affect claims processing.

The information in this *ForwardHealth Update* applies to claims submitted for members enrolled in Wisconsin Medicaid, BadgerCare Plus, and Wisconsin Chronic Disease Program (WCDP).

Revision to UB-04 Claim Form Completion Instructions

Form Locators 39-41 a-d (Value Code and Amount) are no longer required on UB-04 Claim Forms for outpatient hospital services or hospice services.

Note: UB-04 Claim Form completion instructions for inpatient hospital services and nursing home services have not changed.

Revision to Provider Electronic Solutions Claim Submission

Providers using PES software are not required to indicate value codes 80 and 81 and associated amounts in the Value Codes/Amounts field on the Institutional Outpatient Header 4 screen.

Note: The Provider Electronic Solutions Manual will be updated to reflect this change when the next version of the software is released.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization (MCO). Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

Members enrolled only in WCDP are not enrolled in MCOs.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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