



Update
September 2011

No. 2011-52

Affected Programs: BadgerCare Plus, Medicaid, Wisconsin Chronic Disease Program, Wisconsin Well Woman Program
To: Adult Mental Health Day Treatment Providers, Advanced Practice Nurse Prescribers with Psychiatric Specialty, Ambulance Providers, Ambulatory Surgery Centers, Anesthesiology Assistants, Audiologists, Case Management Providers, Certified Registered Nurse Anesthetists, Child/Adolescent Day Treatment Providers, Child Care Coordination Providers, Chiropractors, Community Recovery Services Providers, Community Support Programs, Comprehensive Community Service Providers, Crisis Intervention Providers, Dentists, Dental Hygienists, Family Planning Clinics, Federally Qualified Health Centers, HealthCheck “Other Services” Providers, HealthCheck Providers, Hearing Instrument Specialists, Home Health Agencies, Hospital Providers, Independent Labs, Individual Medical Supply Providers, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Master’s Level Psychotherapists, Medical Equipment Vendors, Narcotic Treatment Service Providers, Nurse Midwives, Nurse Practitioners, Nurses in Independent Practice, Nursing Homes, Occupational Therapists, Opticians, Optometrists, Outpatient Mental Health and Substance Abuse Services in the Home and Community, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Personal Care Agencies, Pharmacies, Physical Therapists, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Portable X-ray Providers, Prenatal Care Coordination Providers, Psychologists, Rehabilitation Agencies, Rural Health Clinics, School-Based Services Providers, Specialized Medical Vehicle Providers, Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Agencies, Speech and Hearing Clinics, Speech-Language Pathologists, Substance Abuse Counselors, Substance Abuse Day Treatment Providers, Therapy Groups, HMOs and Other Managed Care Programs

Revisions to 1500 Health Insurance Claim Form Instructions Resulting from HIPAA ASC X12 Version 5010 Implementation

This *ForwardHealth Update* outlines changes to 1500 Health Insurance Claim Form instructions resulting from the transition to Health Insurance Portability and Accountability Act of 1996 Accredited Standards Committee X12 version 5010 transaction standards. The changes listed in this *Update* will be effective for all 1500 claims received after an implementation date that will be published in a separate *Update*.

This *ForwardHealth Update* outlines changes to 1500 Health Insurance Claim Form instructions resulting from the transition to Health Insurance Portability and Accountability Act of 1996 (HIPAA) Accredited Standards Committee (ASC) X12 version 5010 transaction standards. Although federal HIPAA legislation is targeted at standardizing electronic health care transactions, the new HIPAA standards will also affect certain aspects of paper claim submission.

Following implementation, the billing and policy changes listed in this *Update* will be required for all providers submitting claims on the 1500 Health Insurance Claim Form. In addition, all changes listed in this *Update*, with the exception of taxonomy code qualifier and non-healthcare provider qualifier changes, will be required for providers submitting professional claims through direct data entry (DDE) on the ForwardHealth Portal.

Processing functions for claims submitted through the Portal will follow new guidelines on and after October 16, 2011. Providers submitting claims through the Portal should refer to the Professional Claims Portal User Guide for information on copying and voiding claims on and after October 16, 2011.

Changes to claim form instructions and updated claim samples reflecting the changes outlined in this *Update* will be

posted to the individual service areas in the Online Handbook by December 17, 2011.

A separate *Update* will announce the effective date for these changes and will include information on claims processing during the transition and how adjustments will be handled.

Code Validity Requirements

Beginning October 16, 2011, every code used, even if the code is entered in a non-required field, is required to be a valid code, whether it is from a national code set or from an implementation guide code set. Claims with an invalid code will be denied by ForwardHealth.

Taxonomy Code Qualifier Change for Health Care Providers

Health care providers will be required to enter qualifier “PXC” followed by their 10-digit taxonomy code in Element 33b of the 1500 Health Insurance Claim Form. The taxonomy code indicated must be appropriate for the service rendered and must have been previously reported to ForwardHealth. In addition, if a rendering provider’s taxonomy code is indicated in Element 24J (Rendering Provider ID #), qualifier “PXC” should be indicated in Element 24I (ID Qual.). After implementation, claims and claim adjustments listing qualifier “ZZ” may be denied.

Qualifier Change for Non-healthcare Providers

Non-healthcare providers (e.g., specialized medical vehicle providers) will be required to enter the qualifier “G2” followed by their billing provider number in Element 33b. After implementation, claims and claim adjustments listing qualifier “1D” may be denied.

Billing Provider Address Requirements

Providers are required to enter their practice location address in Element 33 (Billing Provider Info & Ph #), which includes the provider’s or institution’s name, street, city, state, and ZIP+4 code. The four-digit ZIP code extension must be included.

Following implementation, *providers may not enter a post office box or a ZIP+4 code associated with a PO Box in Element 33*. The practice location address entered must correspond to the National Provider Identifier (NPI) listed in Element 33a and match the practice location address on the provider’s file maintained by ForwardHealth.

Additional Unit Qualifier for National Drug Codes

Providers who bill for provider-administered drugs will have the option of using unit qualifier “ME” (Milligram) when entering National Drug Codes (NDCs). Currently, providers who enter NDCs in the shaded areas of Elements 24A-24G have the option of using unit qualifiers “F2” (International unit), “GR” (Gram), “ML” (Milliliter), or “UN” (Unit).

Revised Other Insurance Instructions

Although unrelated to version 5010 implementation, ForwardHealth will be updating information in the 1500 Health Insurance Claim Form instructions by removing the list of commercial health insurers from Element 9 (Other Insured’s Name).

Background on HIPAA ASC X12 Version 5010 and National Council for Prescription Drug Programs Version D.0

Effective January 1, 2012, changes to HIPAA and National Council for Prescription Drug Programs (NCPDP) standards will impact electronic, paper, Provider Electronic Solutions, and ForwardHealth Portal transactions exchanged with ForwardHealth. All covered entities (e.g., health plans, health care clearinghouses, and health care providers) will be required to begin using the new ASC X12 version 5010 and NCPDP version D.0 standards.

Refer to the HIPAA ASC X12 Version 5010 and NCPDP Version D.0 Implementation Page on the ForwardHealth Portal at www.forwardhealth.wi.gov/ for more information.

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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