



Update
September 2011

No. 2011-53

Affected Programs: BadgerCare Plus, Medicaid, Wisconsin Chronic Disease Program, Wisconsin Well Woman Program
To: End-Stage Renal Disease Service Providers, Federally Qualified Health Centers, Home Health Agencies, Hospice Providers, Hospital Providers, Nurses in Independent Practice, Nursing Homes, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Personal Care Agencies, HMOs and Other Managed Care Organizations

Revisions to UB-04 Claim Form Instructions Resulting from HIPAA ASC X12 Version 5010 Implementation

This *ForwardHealth Update* outlines changes to UB-04 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 UB-04 claims received after an implementation date that will be published in a separate *Update*.

This *ForwardHealth Update* outlines changes to UB-04 Claim Form instructions resulting from the transition to Health Insurance Portability and Accountability 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 UB-04 Claim Form. In addition, all changes listed in this *Update*, with the exception of the taxonomy code qualifier change, will be required for providers submitting institutional claims through direct data entry 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

institutional 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

Health care providers will be required to enter qualifier "PXC" followed by their 10-digit taxonomy code in Form Locator 81a (CC) of the UB-04 Claim Form. The taxonomy code indicated is required to represent the service rendered and to have been reported to ForwardHealth. After implementation, claims and claim adjustments listing qualifier "B3" may be denied.

Note: For non-healthcare providers (e.g., a personal care agency certified by Medicaid as a personal care-only agency), this change does not apply, since these providers do not have a National Provider Identifier (NPI) or taxonomy code.

Entering Referring or Rendering Providers

If a referring or rendering provider is required on a claim, providers will use Form Locator 78 or 79 (Other) to enter the NPI and other identifying information for the referring or rendering provider. To designate a referring provider, the provider should enter “DN” in the qualifier field; for a rendering provider, the provider should enter “82” in this field. Providers should also include the appropriate NPI and the last and first names of the referring and rendering providers.

Billing Provider Address Requirements

Providers are required to enter their practice location address in Form Locator 1 (Provider Name, Address and Telephone Number), 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 Form Locator 1.* The practice location address entered must correspond to the NPI listed in Form Locator 56 (NPI) (or, in the case of non-healthcare providers, the billing provider number in Form Locator 57 [Other Prv ID]) and match the practice location address on the provider’s file maintained by ForwardHealth.

Present on Admission Indicators Required

Inpatient hospital providers will be required to use present on admission (POA) indicators for all diagnosis codes entered on claims. Valid POA indicators include “Y” (Yes), “N” (No), “W” (Not Applicable), and “U” (Unknown).

As a reminder, the indicators must be right justified within the same fields as any admit, principal, and other diagnosis codes entered. The diagnosis codes must be left justified within the fields.

Admission Type and Admission Source Fields Required

All providers using the UB-04 Claim Form will now be required to indicate Admission Type (Form Locator 14) and Admission Source (Form Locator 15) codes on claims.

Additional Unit Qualifier for National Drug Codes

Providers who submit claims 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 Form Locator 43 (Description) have the option of using unit qualifiers “F2” (International unit), “GR” (Gram), “ML” (Milliliter), or “UN” (Unit).

Entering Dates on Nursing Home Claims

Nursing home providers will no longer be allowed to enter individual or range dates at the detail level (i.e., dates may not be entered in Form Locators 45 or 49); however, when billing hospital bedhold days, these providers may now sum hospital leave of absence days.

To enter hospital leave of absence dates, nursing home providers will need to do the following:

- Indicate hospital leave of absence dates using Form Locators 35 and 36 (Occurrence Span). To do this, providers should enter “75” (SNF level of care dates) in the Code field, followed by the From and Through dates in the appropriate fields.
- Ensure the hospital leave of absence quantity is equal to or less than the occurrence span date range entered.
- Use revenue code 0185 in conjunction with occurrence code 75.

Note: Nursing homes are not required to indicate therapeutic leave of absence dates.

Revised Other Insurance Instructions

Although unrelated to version 5010 implementation, ForwardHealth will be updating information in the UB-04

Claim Form instructions by removing the list of commercial health insurers from Form Locator 80 (Remarks).

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 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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