

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Hospital Providers, HMOs and Other Managed Care Programs

## Reminder to Indicate Correct Dates on Inpatient Hospital Claims

Providers are required to indicate correct dates on inpatient hospital claims as outlined by National Uniform Billing Committee guidelines. Claims submitted with incorrect or inaccurate information are subject to audit by the Department of Health Services and may result in recoupment. This *ForwardHealth Update* reminds providers how to correctly indicate the “admission” date and “from” and “to” dates of service on inpatient hospital claims.

### Requirement for Indicating Correct Dates

According to DHS 106.02(9)(e)1., Wis. Admin. Code, providers are responsible for the truthfulness and accuracy of claims. Providers are required to indicate correct dates, including the “admission” date and “from” and “to” dates of service (DOS), on inpatient hospital claims as outlined by National Uniform Billing Committee (NUBC) guidelines. Claims submitted with incorrect or inaccurate information are subject to audit by the Department of Health Services and may result in recoupment.

### Instructions for Indicating Correct Dates

When determining the dates to indicate on inpatient hospital claims, providers should refer to the following definitions, which are based on NUBC guidelines:

- The “from” DOS is the date on which the member initially receives care (e.g., care received in the emergency room [ER] prior to admission to the hospital).

- The “admission” date is the date on which the member is admitted to the hospital as an inpatient and is subsequently first counted in the midnight census.
- The “to” DOS is the date on which the member is discharged from the hospital.

Based on the above definitions, if a member enters the ER on January 1 and receives care, is admitted to the hospital on January 2, and is discharged from the hospital on January 3, providers would be required to indicate the following on the inpatient hospital claim that they submit to ForwardHealth:

- January 1 as the “from” DOS.
- January 2 as the “admission” date.
- January 3 as the “to” DOS.

Providers should not indicate the same “from” DOS and “admission” date unless the member received his or her initial care on the same day that he or she was admitted to the hospital.

For information regarding submitting claims, including claim submission methods, providers should refer to the Submission chapter of the Claims section of the Hospital, Inpatient service area of the ForwardHealth Online Handbook.

### Information Regarding Managed Care Organizations

This *ForwardHealth Update* contains fee-for-service policy and applies to services members receive on a fee-for-service

**Department of Health Services**

basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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 AIDS Drug Assistance Program and the Wisconsin Well Woman Program are 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/](http://www.forwardhealth.wi.gov/).

P-1250