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## Wisconsin Medicaid changes health insurance billing requirements

To more fully assure that Wisconsin Medicaid is the payer of last resort, providers are now required to bill claims exceeding \$50 (formerly \$100) to recipients' other health insurance before billing Wisconsin Medicaid. This applies to claims *submitted* on or after January 1, 1999.

### Whom does this affect?

All Medicaid fee-for-service providers who are listed on this Update who see recipients with "OTH," "CHA," "HPP," "BLU," or "WPS" indicated in the other coverage field on their Medicaid ID card must follow this billing requirement change. If you are a Medicaid managed care provider, contact your managed care organization for information about their coordination of benefits procedures.

### Do these new billing requirements apply in all instances?

*For providers other than optometrists*

There are a few exceptions to the new billing requirements. Providers are required to bill

other health insurance regardless of the billed amount for any services billed with:

- Place of service (POS) "1," *or*
- One of the following types of service (TOS):
  - 2 – surgery.
  - 7 – anesthesia.
  - 8 – assistant surgery.

### *Optometrists only*

These new billing requirements apply to all procedures billed by optometrists with TOS "J" *except* when billing with one of the following POS:

- 4 – home.
- 7 – nursing home.
- 8 – skilled nursing facility.

For more information about services requiring other health insurance billing, refer to Appendix 18a of Part A, the all-provider handbook.

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

Wisconsin Medicaid is administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For provider questions, call the Medicaid fiscal agent, EDS, at (800) 947-9627 or (608) 221-9883.