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To: IT Workgroup and Code Committee Representatives

From: Charles Jones, Division of Long Term Care (DLTC), Office of Family Care

Expansion Charles M. Jones

Dana Parpart, Bureau of Information Technology Systems

Subject: Decision Memo for use of Revenue Codes on Facility Service Claims

The purpose of this memo is to restate the original issue, provide clarification and state DLTC's decision for future processing of a "Revenue Codes on Facility Service Claims".

Issue:

Partnership Health Plan (PHP) asserts that all revenue codes assigned to Assisted Living services need to be reviewed and changed to the same code type. The leave of absence codes can be billed on nursing home claims, as therapeutic leaves are allowed by Medicare. Also, the same issues surrounds the use of any revenue codes on assisted living claims – the claims cannot be run through a claims processing system with appropriate edits in place. PHP suggests we should be consistent in the billing and coding format for the entire setting and not use revenue codes for some services and HCPC codes for others. PHP has provided documentation and a recommendation to change all facility service claims to HCPCs codes from the current revenue codes

Decision:

Revenue codes will continue to be used for reporting facility service claims and 086 will be used as the bill type. On electronic claims and for Encounter Reporting purposes the leading 0 is dropped and reported as a 3 digit field of 86 followed by the correct alpha or numeric value. EX: 861, 86A

Decision Clarification:

The policy is to use the UB04 code structures for reporting facility services. DLTC has no supporting documentation that designates a requirement that specific revenue codes must not be used with this bill type.