

Southeast Wisconsin Medicaid Managed Care Organizations RFP
1684 DHCAA-SM

Addendum 4

WISCONSIN MEDICAID HMO ENCOUNTER COST METHOD CODE

CODE	ENCOUNTER TYPE DESCRIPTION	
0	All	Not Costed
1	Max Fee	Proc Max Fee
2	Max Fee	Prov Type/Spec Max Fee
3	Drug	AWP
4	Drug	AWP + Trad
5	Drug	AWP + Trad + Repack
6	Drug	AWP + Unit
7	Drug	AWP + Unit + Repack
8	Drug	MAC
9	Drug	MAC + Trad
10	Drug	MAC + Trad + Repack
11	Drug	MAC + Unit
12	Drug	MAC + Unit + Repack
13	Drug	NoSub
14	Drug	NoSub + Trad
15	Drug	NoSub + Trad + Repack
16	Drug	NoSub + Unit
17	Drug	NoSub + Unit + Repack
18	Max Fee	Proc Max Fee + HPSA
19	Max Fee	Proc Max Fee + Pediatric
20	Max Fee	Prov Type/Spec + HPSA
21	Max Fee	Prov Type/Spec + Pediatric
22	Drug	Default Drug
23	Max Fee	Default Max Fee
24	Inpatient	DRG basic payment only
25	Inpatient	DRG + Outlier

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26	Inpatient	Per Diem Rate
27	Inpatient	Provider All Nines Default
28	Inpatient	Out-of-State Provider Default
29	Outpatient	Per Diem Cost
30	Outpatient	Percent of Charges Cost
31	Outpatient	Outpatient In State Default Cost
32	Outpatient	Outpatient Out of State Default Cost
33	Outpatient	Partial Per Diem Cost
34	Outpatient	Partial Default Instate Per Diem Cost
35	Max Fee	Contracted Rate with Modifier Max Fee
36	Max Fee	Contracted Rate with Procedure Max Fee
37	Max Fee	Modifier Max Fee
38	Max Fee	Default Modifier Max Fee
39	Max Fee	Ambulance with Modifier Max Fee
40	Max Fee	Ambulance with Procedure Max Fee
41	Max Fee	Anesthesia procedure average rate
42	Max Fee	Anesthesia default
43	Max Fee	Level 1 pricing
44	Max Fee	Proc max fee + influenza vaccine
45	Max Fee	Modifier max fee + influenza vaccine
46	Inpatient	Nursing Home Costed
47	Inpatient	Nursing Home Default

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Claim Type of Service Codes

Codes	Description
0	Blood (& ICD-9-CM on Hospital CT 40)
1	Medical, including: Injection; Physician's Medical Service; Independent Nurses; Audiology; Physical Therapy; Occupational Therapy; Speech Therapy; Personal Care; AODA/Day Treatment; HealthCheck Screening; Case Management; and School Based Services
2	Surgery
3	Consultation
4	Diagnostic X-Ray (total charge)/Ultrasound (total charge)
5	Diagnostic Lab (total charge) HealthCheck Lab
6	Radiation Therapy (total charge)
7	Anesthesia
8	Assistant Surgery
9	<i>Other</i> : Transportation, Non-MD Psych & AODA; Family Planning; Rehabilitation Agency; Nurse Midwife; Chiropractor; Day Treatment; and School Based Services
A	Used DME
B	Diagnostic Medical (total)
C	Ancillaries (hospital and nursing home)
D	Drugs
E	Accommodations (hospital and nursing home)
F	Free Standing Ambulatory Surgical Center
G	Dental
H	Hospice
I	(unassigned)
J	Vision Care and Contact Lens
K	Nuclear Medicine (total charge)/Radionuclide Therapy (total)
L	Renal Supplies in Home
M	Alternate Payment – Dialysis
N	Kidney Donor
O	HMO Capitation Rate
P	Purchase New DME
Q	Diagnostic X-ray-Professional/Ultrasound-Professional
R	DME Rental
S	Radiation Therapy-Professional (HealthCheck screening reporting code)
T	Nuclear Medicine-Professional/Radionuclide Therapy-Professional
U	Diagnostic X-ray (Medical-Technical)/Ultrasound (Technical)
V	Pneumococcal Vaccine
W	Diagnostic Medical – Professional
X	Diagnostic Lab – Professional
Y	Second Opinion-Elective Surgery
Z	Third Opinion-Elective Surgery