



## Provider Alert

### Clarification on Wisconsin Reimbursement Policy for Place of Service Code 19

UnitedHealthcare Community Plan in Wisconsin recently updated the reimbursement guidelines for place of service (POS) code 19. **With the change, professional claims for services provided in an off-campus provider-based outpatient clinic must now be submitted with POS code 19.** Our new requirement is based on Wisconsin ForwardHealth's [Claims Submission Requirements for Outpatient Services](#).

#### Wisconsin's POS Code 19 Policy

ForwardHealth's "[4 walls policy](#)" says Wisconsin Medicaid will reimburse facility and professional charges for services provided at a facility [licensed as a hospital](#) by the state's Division of Quality Assurance (DQA). However, ForwardHealth will only reimburse professional charges for services given at an off-campus provider-based outpatient clinic – even if a facility is licensed as a hospital.

#### How the National Policy Differs

Unlike Wisconsin's policy, the federal Medicare program reimburses for services provided in an off-campus, provider-based outpatient clinic for certain remote or satellite facilities not in hospitals licensed by DQA. ForwardHealth doesn't recognize Medicare's designation for these facilities, which means services given at them won't be reimbursed at Medicaid outpatient rates.

#### Next Steps

Please include POS code 19 on all professional claims for services provided in an off-campus provider-based outpatient clinic. We updated our claim system logic so services provided to UnitedHealthcare Community Plan in Wisconsin members can be billed on CMS claim form 1500. We'll no longer accept claims submitted on a hospital UB04 form with a PO modifier.

#### Note About Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts, and/or the member's benefit coverage documents.

Unless otherwise noted, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies don't address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents, our medical policies and the UnitedHealthcare Community Plan Administrative Guide or Care Provider Manual. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

If there's an inconsistency or conflict between the information in this provider notification and the posted policy, the provisions of the posted reimbursement policy prevail. If you have any questions, please contact your health plan representative or call the number on your Provider Remittance Advice/Explanation of Benefits.

**We're Here to Help.** If you have questions, please call Provider Services at **877-651-6677**. Thank you.