

Invoice Instructions for Residential Providers ***Updated 2-8-10***

Community-Based Residential Facility (CBRF) Certified Residential Care Apartment Complex (RCAC) Adult Family Home (AFH)

We are ready to help you in any way we can to assure that our billing process goes smoothly for you. To assist you in submitting claims accurately, we are offering detailed instructions on invoice preparation. In addition, we now offer you a “fillable” invoice template in the Providers section of our website (www.carewisc.org) to use each month in preparing and submitting your claim.

After filling out the invoice, please print a copy for you to keep and a copy for you to mail to our third party administrator:

TriZetto - Care Wisconsin
P.O. Box 853924
Richardson, TX 75085-3924

(Please note that this is NOT an “online” billing process – you still need to mail a printed copy of the completed invoice template.)

To satisfy the requirements from the Wisconsin Department of Health Services, Care Wisconsin must report room & board costs separately from care & supervision costs. Therefore, we require you to separate these costs on the bill you submit to TriZetto, Care Wisconsin’s third party administrator. You will do that by indicating the applicable revenue code for the service and billing on a monthly basis. Codes vary depending on the size of your facility and how it’s licensed. In addition, you now must bill by a daily rate and can no longer bill a monthly rate. All rates must be broken out to a daily rate by code. We provide details on billing by the daily rate below.

To receive payment, please include *all* of the following information on your monthly invoice form each time you submit it:

- Facility name
- Facility address
- Billing address (where payments should be sent)
- Billing phone number
- Tax identification number or social security number you bill under
- Invoice date
- Type of bill – There are 3 different types of bills you can choose from:
 - 0862** – 1st claim billed (first invoice sent in for a new member in facility)
 - 0863** – Billing a continuing claim (ongoing stay)
 - 0864** – Billing for the last claim (last invoice sent in for member)

- Discharge status (type of discharge or continuing stay) – There are eight different discharge status codes you can choose from:
 - 01** – Discharge to home or self-care – routine discharge
 - 02** – Discharged/transferred to hospital or inpatient care
 - 03** – Discharged/transferred to a skilled nursing facility
 - 04** – Discharged/transferred to an intermediate care facility
 - 05** – Discharged/transferred to another type of institution for inpatient care
 - 07** – Left against medical advice or discontinued care
 - 20** – Expired/Died
 - 30** – Still a patient (ongoing stay)
- Provider ID (provider’s 9-digit ID number for TriZetto, Care Wisconsin’s third party administrator)
- Member ID (member’s 9-digit Care Wisconsin ID number)
- Member first and last name
- Original admission date (date first admitted to facility)
- Diagnosis code (please use **V689**)
- Units (number of days billed for that revenue code)
- Start date for month of service (e.g. January 1, 2010)
- End date for month of service (e.g. January 31, 2010)

Revenue codes – The revenue code determines the type of service provided. There are three different revenue codes that a facility might use. You should bill with two revenue codes if a Member is continuously in your facility, one for room & board, and the other for care & supervision. If the Member leaves your facility during the billing month for a time that includes an overnight, you should also include the revenue code for a Leave of Absence.

- Revenue codes are classified by the facility type and number of beds. As noted above, you will bill using at least two revenue codes each month and three revenue codes anytime there was a hospitalization or bed hold during the month:

CBRF/RCAC with 8 or fewer beds

- 0150** – Room and board only
- 0242** – Care and supervision only

CBRF/RCAC with more than 8 beds

- 0159** – Room and board only
- 0243** – Care and supervision only

0189 – Leave of absence, bed hold (regardless of facility size)

AFH 1-2 Beds

- 0120** – Room and board only
- 0240** – Care and supervision only

AFH 3-4 Beds

- 0130** – Room and board only
- 0241** – Care and supervision only

0180 – Leave of absence, bed hold (regardless of facility size)

- Description – Please ensure that your invoice includes both the revenue code(s) and the revenue code description(s).
- **Rate per day – Effective 11/01/09, you can no longer bill a monthly rate.** All rates must be broken out to a daily rate by code. You can do this by taking the total monthly rate for each code, multiplying it by 12 (number of months in a year) and dividing that number by 365 (number of days in the year).
- Total (units multiplied by rate per day)
- Invoice Total (total amount billed)

Call Our Provider Help Desk - Toll Free: (877) 496-3858 ▲ Madison Local: (608) 245-3053
Staffed Monday-Friday, 8:00 am - 4:30 pm
Visit Our Provider Pages Online - www.carewisc.org ▲ www.carewisconsinhealthplan.org