

XI. Payer Information Submitted by Facilities

Codes for the primary and secondary payers who are expected to pay the greater share for the inpatient stay, ambulatory surgery, or emergency department visit.

UB-04 FL 50(a) and 50(b); CMS-1500 FL 1

- ❖ This element has a field length of 5 characters and consists of two components – the payer identifier and the payer type. The primary payer is required, the secondary payer is required only if there is an additional payer. Compatibility between the Payer Identifier and the Payer Type components is checked.
- ❖ Payer Identifier has a field length of 3 characters and consists of the first three positions of the payer identification from the UB billing claim form. All Wisconsin Medical Assistance (Medicaid) patients must be coded as “T19”, whether payer type is fee-for-service or HMO.

Code Structure for Payer Identifier

Code	Description
MED	Medicare
T19	Wisconsin Medical Assistance (Medicaid)
nnn	3-digit plan code or BCS for Blue Cross/Blue Shield
WPS	Non-Medicaid Wisconsin Physicians Service
CHA	CHAMPUS/CHAMPVA/TRICARE ²
MAX	Badger Care Expansion (childless adults) Effective Q1 10
BGR	BadgerCare (family coverage)
OTH	Payer not identified above

- ❖ Payer Type has a field length of 2 and constitutes the fourth and fifth positions of the payer code. Fee-for-service in all of the codes below is defined as whether the billing is fee-for-service and whether the insured is free to choose any provider to perform the needed service.
- ❖ Payer Type code depends on the Payer Identification code. A Payer Identification code of MED, T19, nnn (Blue Cross/Blue Shield), WPS, CHA, BGR or MAX requires a Payer Type code of 01, 02, 03, or 09. However, these Payer Type codes can never be used with a Payer Identification code of OTH. For the appropriate Payer Type codes, see the following tables:

Code Structure for Payer Type for use with MED, T19, nnn (Blue Cross/Blue Shield), WPS, CHA, BGR or MAX

Code	Description
01	Fee-for-service, non-HMO Medicare, or non-HMO Medicaid
02	Alternative Health Care Insurance Plans (HMO, PPO)
03	CHAMPUS/CHAMPVA/TRICARE
09	Unable to determine insurance type ³ .

² This must be used with Payer Type Code 03.

³ To be used when it is unknown if the coverage is fee-for-service/non-HMO Medicare or HMO, PPO.

Code Structure for Payer Type for use with OTH

Code	Description
11	Commercial or private insurance – fee-for-service
12	Commercial or private insurance – alternative health care insurance plan ⁴
19	Commercial or private insurance – unable to determine insurance type
21	Employer self-funded – fee-for-service
22	Employer self-funded – alternative health care insurance plan ⁵
29	Employer self-funded – unable to determine insurance type
31	Other organization self-funded – fee-for-service
32	Other organization self-funded – alternative health care insurance plan ⁶
39	Other organization self-funded – unable to determine insurance type
41	Workers' Compensation
51	Non-Wisconsin Medicaid
52	51.42/ 51.437/ 46.23 County Board
53	General Relief
54	WisconCare
55	CHAMPUS/CHAMPVA/TRICARE supplement
56	HIRSP
59	Other government agency or program
61	Self-pay
71	Research Grant
98	Other
99	Unknown

XII. Payer Identifier & Payer Category Group Code Criteria

This information can also be found in the relational data product data support tables **tlkPayIdentifier** and **tlkPayCategory**.

– First & Second Payer

Payer Identifier	Payer Type	Payer Identifier Group	Payer Category Group	Description
MED	01	1	1	Medicare, Fee for Service
MED	02	1	2	Medicare, HMO/PPO
MED	09	1	4	Medicare, Unknown Type
T19	01	2	1	Medicaid, Fee for Service
T19	02	2	2	Medicaid, HMO/PPO
T19	09	2	4	Medicaid/ Unknown Type
nnn ⁷	01	4	1	Private Insurance, Fee for Service
nnn	02	4	2	Private Insurance, HMO/PPO
nnn	09	4	4	Private Insurance, Unknown Type
WPS	01	4	1	Private Insurance, Fee for Service
WPS	02	4	2	Private Insurance, HMO/PPO

⁴ For example, HMO, PPO.

⁵ For example, HMO, PPO.

⁶ For example, HMO, PPO.

⁷ nnn represents Blue Cross/Blue Shield plan number

– First & Second Payer

Payer Identifier	Payer Type	Payer Identifier Group	Payer Category Group	Description
WPS	09	4	4	Private Insurance, Unknown Type
CHA	03	3	3	Other Government, CHAMPUS/CHAMPVA/TRICARE
BGR	01	2	1	BadgerCare, Fee for Service
BGR	02	2	2	BadgerCare, HMO/PPO
BGR	09	2	4	BadgerCare, Unknown Type
MAX	01	2	1	BadgerCare, Fee for Service
MAX	02	2	2	BadgerCare, HMO/PPO
MAX	09	2	4	BadgerCare, Unknown Type
OTH	21	4	1	Private Insurance, Fee for Service
OTH	22	4	2	Private Insurance, HMO/PPO
OTH	29	4	4	Private Insurance, Unknown Type
OTH	31	4	1	Private Insurance, Fee for Service
OTH	32	4	2	Private Insurance, HMO/PPO
OTH	39	4	4	Private Insurance, Unknown Type
OTH	41	4	1	Private Insurance, Fee for Service
OTH	51	2	1	BadgerCare, Fee for Service
OTH	52	3	1	Other Government, Fee for Service
OTH	53	3	1	Other Government; GAMP
OTH	54	3	1	Other Government, Fee for Service
OTH	55	3	3	Other Government, CHAMPUS/CHAMPVA/TRICARE
OTH	56	3	1	Other Government, Fee for Service
OTH	59	3	1	Other Government, Fee for Service
OTH	61	5	1	Self-Pay, Fee for Service
OTH	78	6	1	Other or Unknown, Fee For Service
OTH	98	6	1	Other or Unknown, Fee for Service
OTH	99	6	4	Other or Unknown, Unknown Type
NULL	NULL	NULL	NULL	Missing – Data Not Submitted – Second Payer Only

XIII. Payer Combined Code Assignment

This information can also be found in the relational data product data support tables **tlkPayCombinedCode**.

– First & Second Payer

Payer Identifier	Payer Type	Payer Combined Code	Description
MED	01	11	Medicare, Fee for Service
MED	02	12	Medicare, HMO/PPO
MED	09	14	Medicare, Unknown Type
T19	01	21	Medicaid, Fee for Service
T19	02	22	Medicaid, HMO/PPO
T19	09	24	Medicaid, Unknown Type

– First & Second Payer

Payer Identifier	Payer Type	Payer Combined Code	Description
OTH	51	25	Medicaid, Other State
CHA	03	33	CHAMPUS/CHAMPVA/TRICARE
OTH	55	33	CHAMPUS/CHAMPVA/TRICARE
nnn	01	41	WPS/Blue Cross/Workers Comp, Fee for Service
OTH	41	41	WPS/Blue Cross/Workers Comp, Fee for Service
WPS	01	41	WPS/Blue Cross/Workers Comp, Fee for Service
nnn	02	42	WPS/Blue Cross/Workers Comp, HMO/PPO
WPS	02	42	WPS/Blue Cross/Workers Comp, HMO/PPO
nnn	09	44	WPS/Blue Cross/Workers Comp, Unknown Type
WPS	09	44	WPS/Blue Cross/Workers Comp, Unknown Type
BGR	01	61	BadgerCare, Fee for Service
BGR	02	62	BadgerCare, HMO/PPO
BGR	09	64	BadgerCare, Unknown Type
MAX	01	65	BadgerCare Expansion, Fee for Service
MAX	02	66	BadgerCare Expansion, HMO/PPO
MAX	09	68	BadgerCare Expansion, Unknown Type
OTH	11	71	Other Commercial or Private Insurance, Fee for Service
OTH	12	72	Other Commercial or Private Insurance, HMO/PPO
OTH	19	74	Other Commercial or Private Insurance, Unknown Type
OTH	21	81	Employer Self-Funded, Fee for Service
OTH	22	82	Employer Self-Funded, HMO/PPO
OTH	29	84	Employer Self-Funded, Unknown Type
OTH	31	91	Other Organization Self-Funded, Fee for Service
OTH	32	92	Other Organization Self-Funded, HMO/PPO
OTH	39	94	Other Organization Self-Funded, Unknown Type
OTH	52	101	Other Government, Fee for Service
OTH	53	102	Other Government; GAMP*
OTH	54	101	Other Government, Fee for Service
OTH	59	101	Other Government, Fee for Service
OTH	56	111	HIRSP, Fee for Service
OTH	61	121	Self-Pay, Fee for Service
OTH	71	122	Research Grant, Subsidized
OTH	98	131	Other or Unknown, Fee for Service
OTH	99	134	Other or Unknown, Unknown Type
NULL	NULL	NULL	Missing Data – data not submitted – Second Payer only

* Effective 3Q 05, combined code of '102' signifies Other Government; GAMP records. In previous quarters, Other Government; GAMP was part of the 'Other Government, Fee for Service' category with a combined code of '101'.