VII.   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
Ann	Commercial payer *(Effective Q1 2018)*
MED/T18	Medicare
T19	Wisconsin Medical Assistance (Medicaid)
nnn	3-digit plan code or BCS for Blue Cross/Blue Shield *(Obsolete Q1 2018)*
WPS	Non-Medicaid Wisconsin Physicians Service *(Obsolete Q2 2014)*
CHA	CHAMPUS/CHAMPVA/TRICARE[2]
MAX	Badger Care Expansion (childless adults) *(Effective Q1 2010)* *(Obsolete Q2 2014)*
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/T18, T19, nnn or BCS (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 (BC/BS), 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].

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[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.