Appendix 20
Wisconsin Medicaid Allowed Nursing Home Ancillary Codes

Code	Description
N2	Transportation (with name and complete address of destination)
N3	Lab
N4	Radiology
*N6	Private Room
*N7	Ventilator
*N9	AIDS/Symptomatic HIV Positive

Noncovered Medically Necessary Ancillary Codes

Code	Description
M6	Noncovered vision Service (enter specific item/service)
M7	Noncovered Dental Service (enter specific item/service)
M8	Other Noncovered Service (enter specific item/service)

* requires prior authorization