Accurate Billing of Start and End Dates, Facility and Professional

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

This billing policy governs all lines of business within Molina Medicaid, Medicare, and Marketplace. It applies to all providers, including physicians, non-physician practitioners, outpatient facilities (both hospital-based and non-hospital based), cancer centers, dialysis centers, and skilled nursing facilities. The policy details the reimbursement process by Molina Healthcare for weekly or monthly billing, conditional upon the accuracy of "From" and "Through" dates on the UB-04 form or its electronic equivalent, or the "From" and "To" dates on the CMS-1500 form or its electronic equivalent. All providers are required to accurately identify the correct date(s) of service for services rendered to patients covered by Molina Healthcare.

Reimbursement Guidelines

Many medical services, drugs, or supplies are billed on a weekly or monthly basis. Medical services may include physical therapy, occupational therapy, speech therapy, cardiac rehabilitation therapy, chemotherapy, and dialysis. Drugs may include injectables, intravenous drugs, oral medications, and experimental treatments. Supplies may encompass durable medical equipment and take-home supplies. Providers may choose to bill using either a CMS1500 form (or its electronic equivalent) or a UB-04 form (or its electronic equivalent), depending on their billing setup. It is crucial that accurate start and end dates are included on the claim form when performing weekly or monthly billing.

UB-04 or Its Electronic Equivalent

For weekly or monthly billing on the UB-04 form, complete field 6, "Statement Covers Period from and Through", with the relevant weekly or monthly dates. Non-consecutive dates can be included on a single UB-04 claim. The medical services, drugs, or supplies provided to the patient during the specified period will be itemized in fields 42 through 49. Individual service dates will be detailed in field 45, labeled "Serv. Date".

CMS-1500 or Its Electronic Equivalent

Weekly or monthly billing using the CMS-1500 form (or its electronic equivalent) operates differently. Unlike the UB-04 form, there is no overarching statement period. Instead, medical services, drugs, or supplies provided on a weekly or monthly basis can be grouped in field 24A. Grouping services involves

billing for a series of identical services as a single charge without specifying each individual date of service. When grouping services, the place of service, procedure code, charges, and individual provider must remain consistent. Grouping is permitted only for services rendered on consecutive days, and the total number of days should correspond to the number of units listed in field 24G, labeled "Days or Units". *If there are gaps between the provision of services, drugs, or supplies, grouping cannot be utilized.* Each date of service must be individually listed, with corresponding information completed in fields 24B through 24J on the CMS1500 form.

Supplemental Information

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. The Centers for Medicare & Medicaid Services (CMS) is a federal entity under the United States Department of Health and Human Services (HHS). It oversees the Medicare program and collaborates with state governments to manage Medicaid, the Children's Health Insurance Program (CHIP), as well as health insurance portability regulations.
CMS-1500 Form	Used for billing professional claims for physicians and non-physician practitioners; it can also be used for billing drugs and durable medical equipment associated with the professional visit.
HCPCS Codes	Used by physician offices, outpatient hospital facilities, inpatient, outpatient dialysis centers, and ambulatory surgery centers. Medicare mandates that providers (regardless of the type of provider) use alphanumeric HCPCS codes to report various biologicals, drugs, devices, supplies, and certain services.
NUBC	NUBC stands for The National Uniform Billing Committee (NUBC). It is an organization responsible for designing and maintaining the UB-04 health insurance claim form. NUBC works directly with CMS (Centers for Medicare and Medicaid Services) as a key partner in standardizing medical billing data across the healthcare industry.
NUCC	NUCC stands for "National Uniform Claim Committee". It is an organization responsible for designing and maintaining the CMS-1500 health insurance claim form. NUCC works directly with CMS (Centers for Medicare and Medicaid Services) as a key partner in standardizing medical billing data across the healthcare industry.
UB-04 Form	Used for billing institutional claims for inpatient and outpatient services at hospitals, ambulatory surgery centers, cancer treatment centers, dialysis centers and skilled nursing facilities; it can also be used for billing drugs and durable medical equipment associated with the institutional visit.

State Exceptions

State	Exception
Arizona	• CMS-1500: If a claim will be submitted with multiple pages (a multi-page claim) then all lines (1-6) under field 24 (A-J) must be completed on the first page, before proceeding to the second page of the claim. (Please note that only the required fields on all lines will need filled in.) AHCCCS has received claims where page 1 has had lines (for example) 1-4 filled out, but lines 5 and 6 are skipped. Then a second page is incorrectly submitted. This is an incorrect submission, because a second page cannot be submitted unless all lines on page 1 are utilized and filled in first. • UB-04: State follows NUBC billing guidelines for the UB-04.
California	• CMS-1500: State follows NUCC billing guidelines for the CMS-1500. • UB-04: Common Billing Error on the UB-04: Field 6 - Statement Covers Period (From - Through) - Entering information in this field, which is not required by Medi-Cal for outpatient claims.
Connecticut	• CMS-1500: no information available. • UB-04: State follows NUBC billing guidelines for the UB-04.
Florida	• CMS-1500: State mostly follows NUCC billing guidelines for the CMS-1500, except for Assistive Care Services and Durable Medical Equipment. ○ Assistive Care Services (ACS) Providers: Enter the service date range based on facility documentation. If ACS was provided daily without hospitalization, nursing facility admission, or leave, the service dates are the first and last days of the month. If the recipient left and returns within the same month, use separate claim lines for the actual service dates. ○ DME and Medical Supplies Providers: The service date is when an item is made available to the recipient. Procedure codes with daily reimbursement (HCPCS codes E0202, E0618, E0619, E0781, E0791, E0935) require from–To dates within the same month. Subsequent months must be billed on new claim lines. ▪ For orthotics and prosthetics (“L” HCPCS codes), the service date is when the item is ordered, but billing occurs after fitting. For customized wheelchairs, the service date is when the prior authorization approval letter is received, but billing occurs after delivery. ○ For DMS rental items, the service date for the first rental claim is the delivery date, and subsequent claims are monthly.

	• UB-04, field 6, Statement Covers Period – From Through: Outpatient: Enter the date of service in MMDDYY format. Only the services received in a single day can be billed on an outpatient claim, except for outpatient Medicare crossover claims. The from and through dates are the same. • UB-04: State follows NUBC billing guidelines for the UB-04 for Freestanding Dialysis Centers, Hospice and Long-Term Care Facilities (Skilled Nursing Facilities and ICF/DDs).
Idaho	• CMS-1500: For CMS 1500 Claims, field 24A, Dates of Service, non-consecutive dates should not be spanned on a single claim detail. Providers risk claim denials due to duplicate logic, overlapping dates, and/or mutually exclusive edits. When date spans, services must have been provided for every day within that span. • UB-04: Field 6, Statement Covers Period from and Through, Non-consecutive dates can be spanned on a single claim, however, providers should be careful to not create an outpatient claim that overlaps an inpatient claim. Outpatient claims that overlap inpatient claims will be denied unless an exception is provided for in the Idaho Medicaid Provider Handbook.
Iowa	• CMS-1500: no information available. • UB-04: State follows NUBC billing guidelines for the UB-04.
Massachusetts	• CMS-1500: Field 24A, Dates of Service. For Consecutive Dates of Service: In the “From” column, enter the first date of service. In the “To” column, enter the last date of service. Billing for consecutive dates of service on a single claim line is allowed only for certain services. For example, a physician may bill for hospital visits on successive days by entering the dates of service in the “From” and “To” boxes, but a physician may not bill for office visits on successive days on a single claim line. • CMS-1500: Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment, and Pharmacy providers that have a DME and/or Oxygen specialty: ○ For Monthly Rentals: Enter the last date of the monthly rental period in “From.” Leave “To” blank. Use a separate claim line for each monthly rental period. ○ For Substitute Rentals: Enter the date of service in “From.” Leave “To” blank. Use a separate claim line for each rental day. ○ For Purchases and Repairs: Enter the date when the service was furnished in “From.” Leave “To” blank.

	• UB-04: For Acute Hospitals, Chronic Disease and Rehabilitation Inpatient and Outpatient Hospitals, and Psychiatric Outpatient Hospitals: Field 6, Statement Covers Period From and Through, in both the “from” and “through” fields, enter the date on which services were provided. Use a separate claim form for each date of service. • UB-04: Nursing Facilities and Hospice Providers: Field 6, Statement Covers Period from and Through, enter the beginning and ending service dates of the period included on this bill in MMDDYY format. Do not bill for more than one calendar month on a claim.
Michigan	• CMS-1500: State follows NUCC billing guidelines for the CMS-1500. • UB-04: no information available.
Mississippi	• CMS-1500: State follows NUCC billing guidelines for the CMS-1500. • UB-04: State follows NUBC billing guidelines for the UB-04.
Nebraska	• CMS-1500: State follows NUCC billing guidelines for the CMS-1500. • UB-04: State follows NUBC billing guidelines for the UB-04.
Nevada	• CMS-1500: State follows NUCC billing guidelines for the CMS-1500. • UB-04: State follows NUBC billing guidelines for the UB-04.
New Mexico	• CMS-1500: State follows NUCC billing guidelines for the CMS-1500. • UB-04: State follows NUBC billing guidelines for the UB-04.
New York	• CMS-1500: Field 24a - Date(s) of service – Required Field. Line items can include no more than two dates of service for the same procedure code. Grouping is allowed only for services on consecutive days. • CMS-1500: Field 24g - Days or units – Required Field. Enter the number of days or units that match the dates indicated on 24a. • UB-04: State follows NUBC billing guidelines for the UB-04.
Ohio	• CMS-1500: no information available. • UB-04: State follows NUBC billing guidelines for the UB-04.
South Carolina	• CMS-1500: State follows NUCC billing guidelines for the CMS-1500. • UB-04: State follows NUBC billing guidelines for the UB-04.

Texas	• CMS-1500: Field 24A, Dates of Service: Enter the dates of service (DOS) for each procedure provided in a MM/DD/CCYY format. If more than one DOS is for a single procedure, each date must be given (such as 3/16, 17, 18/2010). Electronic Billers: Medicaid does not accept multiple (to-from) dates on a single-line detail. Bill only one date per line. • UB-04: State follows NUBC billing guidelines for the UB-04.
Virginia	• CMS-1500: Field 24A, Dates of Service - Enter the from and thru dates in a 2-digit format for the month, day and year (e.g., 01/01/14). DATES MUST BE WITHIN THE SAME MONTH. • UB-04: State follows NUBC billing guidelines for the UB-04.
Washington	• CMS-1500: State follows NUCC billing guidelines for the CMS-1500. • UB-04: State follows NUBC billing guidelines for the UB-04.

Documentation History

Type	Date	Action
Initial Creation Date	03/04/2025	Created
Revised Date	07/28/2025	New Policy number 232 added
Revised Date	08/13/2025	Updated template

References

This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
CMS	Medicare Claims Processing Manual Crosswalk Medicare Claims Processing Manual
NUCC	National Uniform Claim Committee CMS-1500 Claim – pp. 35 & 41.
Arizona	FFS_Chap05.pdf FFS_Chap06.pdf
California	Workbook_CMS-1500 Claim Form (cms1500_bb) UB-04 Tips for Billing: Outpatient Services (ub tips op)

Connecticut	https://www.ctdssmap.com/CTPortal/Information/Get-DownloadFile?Filename=ch5_claims.pdf&URI=Manuals/ch5_claims.pdf
Florida	RH_08_080701_CMS-1500_ver1_4.pdf RH_08_080701_UB-04_ver1_3.pdf
Idaho	General Billing Instructions
Iowa	Microsoft Word - CMS1500 - claim instructions 101811.docx UB-04_Claim_Form_Instructions.pdf
Massachusetts	https://www.mass.gov/doc/cms-1500-billing-guide-1/download Commonwealth of Massachusetts
Michigan	Microsoft Word - Claim Completion CMS 1500 LHD_1.doc
Mississippi	Section-4_CMS-1500-Claim-Form-Instructions.pdf Division of Medicaid
Nebraska	471-000-62 Nebraska Medicaid Billing Instructions for Physician, Laboratory, and Ambulatory Surgical Center (ASC) Services 471-000-71 Nebraska Medicaid Long-Term Care UB-04 Billing Instructions For Nursing Facility, ICF/MR, Assisted Living – Waiver, Hospital Swing Bed and Hospice in Nursing Facility or ICF/MR (ICF/ID) Providers
Nevada	Microsoft Word - NV_Billing_1500 o051413-n062413.docx NV_Billing_UB
New Mexico	Titled Letterhead Titled Letterhead
New York	1500_claim_form_2012_02 June 2013.pdf General_Billing_Guidelines_Institutional.pdf
Ohio	Hospital Billing Guidelines
South Carolina	Provider Administrative and Billing Manual 07-01- 2024
Texas	1_06_Claims_Filing
Virginia	Physician-Practitioner Chapter 5 (updated 7.13.22)_Final.pdf Chapter-5 Billing Instructions (Hospital).pdf
Washington	Paper Claim Billing Resource

***CODING DISCLAIMER**. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities*

are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.