

June 3rd, 2022



Provider Memorandum

Medicaid Skilled Nursing Facility Billing Reminder

Beginning January 1, 2022, WI FFS Medicaid moved from a lagged, blended acuity system to a real-time, patient specific billing system for skilled nursing claims. This new system uses HIPPS Codes to pay nursing home claims, as Medicare does. Each claim's HIPPS code will specifically identify the acuity of the resident applicable to the claim's dates of service.

At the same time of the transition to acuity specific billing, FFS Medicaid also discontinued using Resource Utilization Groups (RUGs) for acuity calculations and instead uses Medicare's new patient driven payment model (PDPM). Additionally, FFS transitioned from the use of revenue code 0192 for non-developmentally disabled per diems to 0022. This matches Medicare's use of this revenue code.

Molina is following the FFS Medicaid changes listed above. If you have questions or if you would like more information, reference [ForwardHealth topic #3219](#) or the [ForwardHealth Update #2021-22](#).

As a final reminder, therapy services can be billed and reimbursed to a skilled nursing facility but must include a Medicaid certified therapist on the claim and be billed on a CMS-1500 form.

Questions?

We're here to help. Contact your Provider Network Manager or email the Provider Network Management team at WIProviderNetworkManagement@MolinaHealthCare.Com or visit MolinaHealthcare.com.

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