

## MyCare Ohio Nursing Facility and Assisted Living Billing Guide

In order to ensure timely payment for skilled nursing and assisted living waiver providers and reduce the manual burden associated with unnecessary claim rejections and/or denials, the following billing guidance should be utilized by all nursing facilities. This information was obtained from current Medicare and Medicaid billing practices found in the NUBC UB04 Uniform Billing Manual and Transaction and Code Set Standards of CMS.

### Medicaid

Medicaid Bill Types*	
Medicaid inpatient claims	213
Medicaid adjustment claims	217
Medicaid cancel claims	218

Revenue Codes	
Regular full day covered/non-covered day	0101
Full day: short-term NF stay for waiver consumer	0160
Therapeutic leave day	0183
Hospital leave day	0185
PA 1/PA 2 flat fee: Full day (relates to RCC 0101)	0220
PA 1/PA 2 flat fee: Short-term NF stay for waiver consumer (relates to RCC 0160)	0169
PA 1/PA 2 flat fee Leave day (relates to RCC 0183 & 0185)	0189

\*Other bill types as noted below under Medicare Part A can be used, but these are the most frequent. Religious Nonmedical Health Care Institutions should use bill type 041X.

### Medicare

SNF Part A Bill Types	
Admit through discharge	211
Interim, first claim	212
Interim, continuing claim	213
Final claim	214
Late charges only claim	215
Replacement prior claim	217
Void/cancel prior claim	218
SNF Part B Only Bill Types	
Admit through discharge	221
Interim, first claim	222
Interim, continuing claim	223
Final claim	224
Late charges only claim	225
Replacement prior claim	227
Void/cancel prior claim	228

SNF Outpatient	
Admit through discharge	231
Interim, first claim	232
Interim, continuing claim	233
Final claim	234
Late charges only claim	235
Replacement prior claim	237
Void/cancel prior claim	238

#### Medicare Part A Condition Codes

Field 18-28 Required when applicable. Condition codes are used to identify conditions relating to the bill that may affect payer processing. This list of codes including instructions can be found in NUBC UB04 Uniform Billing Manual.

#### Medicare Part A Occurrence Codes & Occurrence Span Codes

Field 35-36 Occurrence Codes and Occurrence Span Codes are typically used when there is a Coordination of Benefits. This list of codes and instructions can be found in NUBC UB04 Uniform Billing Manual.

### Assisted Living

All assisted living services must be billed on a CMS 1500 claim form. Molina Healthcare requires the correct HCPCs and modifier combination billed on every claim. The following chart may be referenced as a guide for billing assisted living waiver claims. Bed hold days are not billable for assisted living waiver members.

HCPCs Code	Medicaid Level of Care	Required Modifier	Unit Increment
T2031	Tier 1	U1	1 day
	Tier 2	U2	1 day
	Tier 3	U3	1 day
T2038	Community Transition Services	U4	1 Completed Job Order

### Hospice:

Participating hospice providers will not bill directly for the room and board (Revenue Code 065X and HCPCs Code T2046).

Participating Nursing Facilities (NF) will be responsible for billing room and board and:

- Must bill Hospice Room and Board on a UB form using Revenue Code 065X along with HCPCS Code T2046, and Molina Healthcare will reimburse 95 percent of the facility per diem rate in accordance with OAC 5160-56-06 Hospice Services reimbursement.
- Must only bill for days that the member is in the NF or ICF-MR overnight.
- Can bill for members who have elected the hospice benefit under Medicare, but are Medicaid eligible and reside in a Medicaid-reimbursed NF or ICF-MR for the room and board.

HCPCs Code	Service Type
T2046	Hospice Room and Board