

Molina Healthcare of Puerto Rico

Providers

REFERENCE LETTER PR PROV18-006-002-ENG

June 20, 2018

TO : ALL HOSPITALS
RE : COVERED INPATIENT DAYS
(VALUE CODES 80) FORM UB-04

Greetings from the family of Molina Healthcare of Puerto Rico (MHPR). Our commitment is to offer and maintain high quality services to all of our members of the Government Health Plan, as well as to support with quality service to our participant providers.

We wish to inform you that effective immediately as established by the National Uniform Billing Committee, for the UB-04 form it is required to report the covered days by using the value code 80.

Reporting Covered Days

Statement covered days, also known as “from and through” dates, must be the correct date that the member was admitted or when the services were rendered

The Statement Covered Period (“from” and “through” dates in Form Locator 6) identifies the span of service dates included in a particular bill.

- The “from” date is the earliest date of service on the bill.
- The “through” date on an outpatient claim must not be after the admit date on an inpatient claim.
- The admission date (Form Locator 12) is the date the patient was admitted as an inpatient to the facility (or indicates the start of care date for home health and hospice). It is reported on all inpatient claims regardless of whether it is an initial, interim, or final bill.

All inpatient claims must report the covered and non-covered days. This must be done using value codes 80 and 81 (Form Locator 39 – 41; Loop 2300 HI – Value Information: H101-2-H112-2 (value code), H101-5-H112-5 (value amount)).

Value Code 80 (Covered Days)	Value Code 80 must be used to indicate the total number of days that are covered. The Covered Days must be entered to the left of the dollars/cents delimiter.
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- Days reported as covered (value code 80) should only be the days Molina is responsible for paying during the Statement Covers Period (“from” and “through” dates).
- The number of covered days (value code 80) must match the number of units and charges reported for the covered room and board days.
- Claims to be paid by Per Diem reimbursement should have the appropriate covered days reported to match the authorization.

Example of how to report covered days on hospital claims:

1 TEST HOSPITAL ADDRESS CITY, STATE, ZIP CODE TELEPHONE		2 TEST HOSPITAL ADDRESS CITY, STATE, ZIP CODE TELEPHONE		3 CONTROL NUMBER 4 TYPE OF BILL 0111	
8 PATIENT NAME		9 PATIENT ADDRESS		10 STREET ADDRESS	
11 PATIENT'S NAME		12 CITY		13 ST	
14 ZIP CODE		15 STATE		16	
17 BIRTHDATE		18 SEX		19 DATE	
20 MMDDYYYY		21 X		22 020118	
23		24 X		25 X	
26		27 X		28 XX	
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Frequent rejection reasons

Topic	Denial/Rejection Reason
Missing Covered Days	Inpatient or series billable claim submitted without Value code 80/amount.
Incorrect/Missing Non-covered days	Inpatient claim submitted where difference between Statement From Date and Through Date for Occurrence Span doesn't match with Non-Covered Days Value Code submitted, or, when Value Code 81 / amount not submitted for the days that were not covered.
Accommodation Days are not equal to covered days	Total accommodation days billed do not match the total covered days the claims will reject.
Service units greater than covered days	The sum of Service Units in claim line level is greater than or not equal to Covered days value code 80 amount(s).
Missing/invalid Value code for series claim	Series billable claims do not contain Value code 80 and the amount of days being billed.
Procedure Date Outside Per Diem Range	Inpatient claim submitted where Procedure Date is not within the From and Through dates.

If you have any questions about this process, please contact our Provider Services Call Center, toll-free, at (877) 335-3305; for our TTY system, please call (787) 522-8281. Our service hours are Monday through Friday, from 7:00 AM to 7:00 PM.

Cordially,



Mr. Noel Nazario Olan
Provider Contracting Manager
Molina Healthcare of Puerto Rico