Long Term Care
Nursing Home Billing Overview

March 2014

Agenda

- HF Nursing Home General Billing Guidelines
- HF Nursing Home Clean Claim Requirements
- Common Causes of Claim Denials
- Achieving Positive Claim Outcomes

HF NH General Billing Guidelines

- Nursing Home (NH) services including ***Bed Hold Days*** require ***Prior Authorization***
- Nursing Home claims can be submitted:
  - ***Electronically*** using the 837 Institutional Health Care Claim transactions (837I) or
  - ***On paper*** using the UB04 claim form
- Claims must be submitted within ***180 days*** of the date of service
- Claims must be submitted using ***Bill Type*** 21X
- The following ***Revenue Codes*** will be used to reimburse custodial NH claims:

Custodial Level of Care	Revenue Code
All inclusive Room and Board-Custodial Care & Respite	100
All inclusive Room and Board-Vent	101
All inclusive Room and Board-AIDS	120
Leave of Absence-Therapeutic Leave-(Bed Hold)	183
Leave of Absence-Nursing Home for Hospitalization-(Bed Hold)	185
All inclusive Room and Board-Head Injury	199

HF NH General Billing Guidelines

- NH facilities must submit a claim for every month an eligible Member is in the facility.
- All claims must be submitted on or after the 1st day of the month following the month in which services have been provided.
- Any time a Member is out of the NH past midnight and is expected to return, it is considered a ***Break in Service***.
  - A ***Break in Service*** is a hospitalization leave and/or a leave of absence for recreational purposes.
  - Each time there is a Break in Service the NH must submit an additional claim for each ***Statement Covers Period***.
- Facilities can bill for a partial month if the Member is discharged or if the Member expires before the end of the month.

HF Nursing Home Clean Claim Requirements

- A ***Clean Claim*** is a claim that can be processed without obtaining additional information
- NH claims will be considered clean when submitted with the following data elements:

○ Healthfirst Member ID Number	○ Admission Source
○ Patient Name	○ Patient Discharge Status Code
○ Patient Date of Birth	○ Condition Code(s)
○ Patient Sex	○ Occurrence Codes and Dates
○ Subscriber Name/Address	○ Value Code(s) and Amounts
○ Patient Control Number	○ Revenue Code(s)
○ Facility Name and Address	○ Service Units
○ Tax ID Number	○ Charges per Service and Total Charges
○ National Provider Identifier -NPI	○ Principal, Admitting, and Other ICD-9 Diagnosis Codes
○ Type of Bill	○ Prior Payments
○ Statement Covers Period	○ Attending Physician Name and NPI
○ Admission Date and Type	○ Healthfirst Authorization Number

Common Causes of Claim Denials

- Claim missing information required for processing
- Claim billed with invalid information. For example:
  - Incorrect Member ID#
  - Incorrect Provider NPI or TIN#
  - Invalid Rev Codes/Diagnosis Codes
- Member not eligible for date of service billed
- NH service prior authorization not obtained
- Claim not filed on time
- Claim is a duplicate of a previously submitted claim

Achieving Positive Claim Outcomes

- Thoroughly review ***Billing Guidelines*** and share this information with your Billing Team
- Verify Member eligibility with HF
- Obtain prior-authorization from HF before providing NH custodial care services to an eligible HF Member
  - **Inform the plan of any changes in care immediately**
- Submit clean claims – Ensure all required data elements are present
- Submit claims within 180 days of the date of service
- Submit your claims electronically and sign up for EFT/ERA to speed up claims processing and receipt of your payments
- Monitor your claims submission regularly and promptly report issues to HF