

Medicaid Managed Care Nursing Home Transition

Claims/Billing submission

- Claims should be billed in accordance with the provider's contract
- Claims are to be billed on a CMS 1450 (UB-92)
- Clean Claim sample can be found at <https://www.emedny.org/ProviderManuals/ResidentialHealth/PDFS/Claim%20Sample-UB92R-Resid%20Health%20Care.pdf>

Medicaid Managed Care Nursing Home Transition Clean Claim example

APPROVED OMB NO. 0938-0379

1. BILLING UNIT (I.E. BILL NO.)	Anytown Residence 1 Maple Avenue Anytown, NY 11111		2		3 PATIENT CONTROL NO. AB1234567		4 TYPE OF BILL 250											
5 FED TAX NO.		6 STATEMENT COVERS PERIOD FROM 06012005 THROUGH 06302005		7 COV D. 30	8 N-CD.	9 C-ID.	10 L-RD.	11										
12 PATIENT NAME Smith, William				13 PATIENT ADDRESS														
14 BIRTHDATE 04191940	15 SEX M	16 M3	17 DATE	18 HR	19 TYPE	20 BRD	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31	
32 OCCURRENCE DATE CODE	33 OCCURRENCE DATE CODE	34 OCCURRENCE DATE CODE	35 OCCURRENCE DATE CODE	36 OCCURRENCE DATE CODE	37 OCCURRENCE SPAN FROM THROUGH		38	39 VALUE CODES AMOUNT	40 VALUE CODES AMOUNT	41 VALUE CODES AMOUNT	42 VALUE CODES AMOUNT							
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s
42 REV. CD.	43 DESCRIPTION	44 HCPCS RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49											
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50 PAYER Blue Cross Medicaid		51 PROVIDER NO. None 00123456		52 REL. TO ADJ. INFO. BEN.	53 PRIOR PAYMENTS	54 EST. AMOUNT DUE	55											
57 DUE FROM PATIENT																		
58 INSURED'S NAME		59 P. REL.	60 CERT. - SSN - HC - ID NO. None AB12345C		61 GROUP NAME		62 INSURANCE GROUP NO.											
63 TREATMENT AUTHORIZATION CODES		64 ESC	65 EMPLOYER NAME		66 EMPLOYER LOCATION													
67 PRIN. DIAG. CD.	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD.	77 E-CODE	78							
79 P.C.	80 PRINCIPAL PROCEDURE CODE DATE	81 OTHER PROCEDURE CODE DATE		OTHER PROCEDURE CODE DATE		82 ATTENDING PHYS. ID												
OTHER PROCEDURE CODE DATE		OTHER PROCEDURE CODE DATE		OTHER PROCEDURE CODE DATE		83 OTHER PHYS. ID												
OTHER PROCEDURE CODE DATE		OTHER PROCEDURE CODE DATE		OTHER PROCEDURE CODE DATE		84 OTHER PHYS. ID												
84 REMARKS																		
85 PROVIDER REPRESENTATIVE X James Strong														86 DATE 07/01/05				

*COPY THE CERTIFICATION ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.



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Claims/Billing

What's being denied?

- *Usage of inappropriate revenue codes as per contract (ex. 0100-0101 versus 0191-0194)*
- Timely filing is within 90 days from the discharge date
- When HP/AGP is the secondary payer we require a copy of OHI's EOP along with claim billed to Healthplus Amerigroup for applicable coinsurance payment

