

# 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 healthfirst



- 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:

| 0 | Healthfirst Member ID Number      | 0 | Admission Source                                      |
|---|-----------------------------------|---|---|
| 0 | Patient Name                      | 0 | Patient Discharge Status Code                         |
| 0 | Patient Date of Birth             | 0 | Condition Code(s)                                     |
| 0 | Patient Sex                       | 0 | Occurrence Codes and Dates                            |
| 0 | Subscriber Name/Address           | 0 | Value Code(s) and Amounts                             |
| 0 | Patient Control Number            | 0 | Revenue Code(s)                                       |
| 0 | Facility Name and Address         | 0 | Service Units   |
| 0 | Tax ID Number                     | 0 | Charges per Service and Total Charges                 |
| 0 | National Provider Identifier -NPI | 0 | Principal, Admitting, and Other ICD-9 Diagnosis Codes |
| 0 | Type of Bill                      | 0 | Prior Payments  |
| 0 | Statement Covers Period           | 0 | Attending Physician Name and NPI                      |
| 0 | Admission Date and Type           | 0 | 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