



ILLINOIS DEPARTMENT OF  
Healthcare and  
Family Services

# Long Term Care Service Billing Requirements and Coding

# Overview and Objectives of This Presentation:

- ▶ To provide an overview of basic billing rules
- ▶ To provide billing requirements and claim coding specifications for each provider type so submitted claims can be accepted and priced correctly.
- ▶ To provide coding examples for common billing scenarios.

# Claim Acceptance by Department

The Department will accept claims in an American National Standard (ANS) X12 837I Health Care Claim (5010) file format or as a direct data entered (DDE) claim.

# Business as Usual...

To be eligible for payment consideration all Long Term Care (LTC) claims submitted on an 8371 must meet the same requirements as current Department generated LTC claims do. The Direct Billing of LTC services is strictly a billing process change.

- No changes are being made to provider or recipient eligibility policies related to payment of LTC services.
  - Claims received for a provider or recipient that is ineligible for payment of the billed services or billed service period submitted will be rejected. (Note: Recipient must be Medicaid eligible and have an LTC admit on system to be eligible for LTC payment.)
  
- No changes are being made to policies related to the requirements to bill other payers before submission of a claim for Medicaid reimbursement.
  - Claims received for a recipient who has a TPL, such as Blue Cross Blue Shield or any other commercial payer, and for which TPL is not reported on the submitted claim will be rejected.
  - Claims received for a recipient whose services are covered by a Managed Care Organization will be rejected.
  - Claims received for a recipient residing in a nursing facility (provider type 033) with Medicare Part A coverage that do not reflect a Medicare payment or do not show Medicare exhaust date or date active care coverage ended will be rejected.
  
- No changes are being made to the timely submittal requirements for payment consideration of LTC claims.
  - Claims received, as an initial or resubmitted claim following prior rejection, more than 180 days after the date of service or the date the admission transaction is completed by DHS caseworker will be rejected.
  - Claims after disposition by Medicare or its fiscal intermediary must be received by the Department no later than 24 months after the date of service.
  
- No changes are being made to the procedures for billing service periods prior to July 1, 2016. Only claims for LTC service periods beginning July 1, 2016 and after can be submitted electronically on the 8371.
  - LTC service periods prior to July 1, 2016 will be rejected if submitted on the 8371.
  - Paper UB-04 claims submitted for LTC services will not be accepted.

# New Business...

The combination of NPI, Taxonomy Codes and Type of Bill Facility Codes submitted on a claim provides critical information that allows the Department to properly price the received claim. Therefore, there will be strictly enforced edits to assure that appropriate codes are received on the claim.

- If the NPI used to submit an LTC claim is not a registered NPI in the NPPES system, or cannot be cross-walked to a unique HFS PIN, the claim will be rejected.
- If the Taxonomy Code used to submit an LTC claim is not an accepted Taxonomy for billing provider type, the claim will be rejected.
- If the Type of Bill Facility Code used to submit an LTC claim is not an accepted Type of Bill Facility Code for provider, the claim will be rejected.

Electronic claims submitted for LTC services must be for a single month of service.

- Claims that are submitted for more than one calendar month will be rejected.
- Claims received out of sequence will not be rejected but cannot be priced until the preceding month's claim has been processed. Prior claim information related to temporary absences and Medicare coverage will be reviewed for proper pricing of current claim.

Providers must bill services using the Revenue Codes, which identify specific accommodations, ancillary or unique billing calculations or arrangements. A list of all available Revenue Codes can be found in the NUBC UB-04 Official Data Specifications Manual. Most available revenue codes will be accepted on an LTC 837I claim but only certain codes will be used to price LTC claims.

- Claims received without Revenue Codes that can be priced will be rejected.
- Claims received with exceptional care Revenue Codes for which there is not approval on the system will be rejected.
- Claims submitted without leave of absence Revenue Codes and Occurrence Span Code, to cover the same days claimed as inpatient hospital stay, will be rejected.

# Coding Claims for Proper Pricing

The new LTC billing process has been designed utilizing the guidelines set forth by the Washington Publishing Company 837 Institutional Implementation Guidelines for the Health Insurance Portability and Accountability Act (HIPAA), version 005010X223 and the National Uniform Billing Committee's (NUBC) data specifications, UB-04. However, in order for your submitted claims to be accepted and priced appropriately there are some state specific coding requirements.

Some of the state required codes vary by provider type and services being billed. The next few slides provide pricing codes needed for each provider and service type.



# Supportive Living (SLF) – Provider Type 028

## Type of Bill

Must be 89X – Special Facility Other – Outpatient Claim

## Type of Bill Frequency Code:

- 1 – Admit Through Discharge
- 2 – Interim – First Claim
- 3 – Interim – Continuing Claim
- 4 – Interim – Last Claim
- 5 – Late Charge(s) Only

## Taxonomy Codes:

- 311500000X – Dementia Special Care = Legacy COS 086
- 310400000X – Assisted Living Facility = Legacy COS 087

## Revenue Codes:

- 0240 – All Inclusive Ancillary, General Classification = Legacy COS 086 or 087 based on Taxonomy Code
- 0180 – Leave of Absence days, General Classification = Legacy BR codes 70 & 71
- 0182 – Leave of Absence Days, Patient Convenience = Legacy BR codes 70 & 71
- 0183 – Leave of Absence Days, Therapeutic = Legacy BR codes 70 & 71
- 0185 – Leave of Absence Days, Hospitalization = Legacy BR codes 60 & 61

## Occurrence Span Codes and Dates:

- 74 – Non-Covered Level of Care/Leave of Absence Dates

## Value Codes:

- 80 – Covered Days
- 81 – Non-Covered Days
- 23 – Recurring Monthly Income (Patient Credit Amount)

## Leave of Absence Days (LOA) or Bed Reserve (BR) Days:

LOA days will be reported with LOA Revenue Codes and must have a corresponding non-covered occurrence span code 74 with the appropriate LOA dates even though some bed reserve days may be payable. The total of “non-covered” days must also be reflected with a value code of 81.

LOA days 1 – 30 in FY – Payable at 100% of facility daily Per Diem (Legacy BR codes 60 and 70)

LOA days 31 or over in FY – Non-payable (Legacy BR codes 61 and 71)

The count of LOA days reported on prior claims will be utilized to determine if the LOA days reported on each submitted claim for services within the fiscal year are payable or non payable.

# Intermediate Care Facility for Individuals with Intellectual Disabilities (IID) – Provider Type 029

## **Type of Bill**

065X Intermediate Care – Level I – Inpatient Claim

066X Intermediate Care – Level II – Inpatient Claim

079X Clinic – Other (Developmental Training) – Outpatient Claim

## **Type of Bill Frequency Code:**

1 – Admit Through Discharge

2 – Interim – First Claim

3 – Interim – Continuing Claim

4 – Interim – Last Claim

5 – Late Charge(s) Only

## **Taxonomy Codes:**

**315P00000X – ICF Mentally Retarded with Bill Type 065X or 066X**

Legacy COS 073

Legacy COS 038 – (Revenue code 0190 and approved Exceptional Care coverage)

**315P00000X – ICF Mentally Retarded with Bill Type 079**

Legacy COS 082 – (Revenue Code 0942 and approved DT enrollment)

**3140N1450X – Nursing Care– Pediatric with Bill Type 065X or 066X**

Legacy COS 074

Legacy COS 038 – (Revenue code 0190 and approved Exceptional Care coverage)

**3140N1450X – Nursing Care– Pediatric with Bill Type 079X**

Legacy COS 082 – (Revenue Code 0942 and approved DT enrollment)

**320600000X – Residential Treatment Facility, Mental Retardation and/or Dev. Disabilities with Bill Type 065X or 066X**

Legacy COS 076

Legacy COS 038 – (Revenue code 0190 and approved Exceptional Care coverage)

**320600000X – Residential Treatment Facility, Mental Retardation and/or Dev. Disabilities with Bill Type 079X**

Legacy COS 082 – (Revenue Code 0942 and approved DT enrollment)

## **Revenue Codes:**

0110 – 0160 – Priced as General Room & Board = Legacy COS 073, 074 or 076 based on Taxonomy code

0180 – Leave of Absence Days, General Classification = Legacy BR codes 21, 22 & 24

0182 – Leave of Absence Days, Patient Convenience = Legacy BR codes 21, 22 & 24

0183 – Leave of Absence Days, Therapeutic = Legacy BR codes 21, 22 & 24

0185 – Leave of Absence Days, Hospitalization = Legacy BR codes 12, 13, 14 & 16

0190 – Sub acute Care – General Classification = Legacy COS 038

0942 – Education/Training = Legacy COS 082

# Intermediate Care Facility for Individuals with Intellectual Disabilities (IID) – Provider Type 029

## Occurrence Span Codes and Dates:

74 – Non-Covered Level of Care/Leave of Absence Dates

## Value Codes:

80 – Covered Days

81 – Non-Covered Days

## **Leave of Absence Days (LOA) or Bed Reserve (BR) Days:**

LOA days will be reported with LOA Revenue Codes and must have a corresponding non-covered occurrence span code 74 with the appropriate LOA dates even though some bed reserve days may be payable. The total of “non-covered” days must also be reflected with value code 81.

## LOA reported as Revenue Codes 0180, 0182 and 0183 will be considered Therapeutic bed reserve days.

Days 1 – 10 in FY – Payable at 100% of facility daily Per Diem (Legacy BR code 22)

Days exceeding 10 in a FY – Payable at 75% of facility daily Per Diem (Legacy BR code 24)

## LOA reported as Revenue Code 0185 will be considered Hospitalization bed reserve days.

For recipients under 21 years of age

Days 1 – 10 of a consecutive Hospital stay – Payable at 100% of facility daily Per Diem (Legacy BR code 12)

Days 11 – 30 of a consecutive Hospital stay – Payable at 75% of facility daily Per Diem (Legacy BR code 14)

Days 31 – 45 of a consecutive Hospital stay – Payable at 50% of facility daily Per Diem (Legacy BR code 16)

Days 46 – on of a consecutive Hospital stay – Non-Payable (Legacy BR code 13)

**The count of LOA days reported on prior claims will be utilized to determine if the LOA days reported on each submitted claim for services within the fiscal year are payable or non payable.**

# Nursing Facilities (NF) – Provider Type 033

## Type of Bill

011X Hospital Inpatient (Including Medicare Part A)  
021X Skilled Nursing Inpatient (Including Medicare Part A)  
022X Skilled Nursing Facilities (Including Medicare Part B)  
065X Intermediate Care – Level I – Inpatient Claim  
066X Intermediate Care – Level II – Inpatient Claim  
079X Clinic-Other (Developmental Training) – Outpatient Claim

## Type of Bill Frequency Code:

1 – Admit Through Discharge  
2 – Interim – First Claim  
3 – Interim – Continuing Claim  
4 – Interim – Last Claim  
5 – Late Charge(s) Only

## Revenue Codes:

0110 – 0160 – Priced as General Room & Board = Legacy COS 065, 070, 071 or 072 based on Taxonomy Code & Bill Type  
0180 – Leave of Absence Days, General Classification = Legacy BR code 21  
0182 – Leave of Absence Days, Patient Convenience = Legacy BR code 21  
0183 – Leave of Absence Days, Therapeutic = Legacy BR code 21  
0185 – Leave of Absence Days, Hospitalization = Legacy BR code 11  
0191 – Sub acute Care Level I = Legacy COS 038 (TBI I)  
0192 – Sub acute Care Level II = Legacy COS 038 (TBI II)  
0193 – Sub acute Care Level III = Legacy COS 038 (TBI III)  
0194 – Sub acute Care Level IV = Legacy COS 038 (Vent )  
0942 – Education/Training = Legacy COS 082  
0022 – Skilled Nursing Facility – PPS (RUG)

**NOTE:** RUG Score is required to be reported as a Revenue Code 0022 with 5 digit RUG Score in Procedure Code field.

- ▶ Revenue Code 0022 must report the total number of days and a zero charge. This is not to be treated as an accommodation revenue line and will have no bearing on the covered day calculation.
- ▶ Revenue line 0022 can be repeated multiple times on the claim.

# Nursing Facilities (NF) – Provider Type 033

## Taxonomy Codes:

### **314000000X – Skilled Nursing Facility with Bill Types 021X**

Legacy COS 065 – Priced as zero when crossover shows full Medicare coverage

Legacy COS 072 – Medicaid Payable over Medicare Payable amount

### **314000000X – Skilled Nursing Facility with Bill Types 021X or 022X Showing Medicare Benefit Exhaust/End/Denied**

Legacy COS 070

Legacy COS 038 – (Revenue code 0191 – 0194 and approved Exceptional Care coverage)

### **314000000X – Skilled Nursing Facility with Bill Types 065X or 066X**

Legacy COS 071

Legacy COS 038 – (Revenue code 0191 – 0194 and approved Exceptional Care coverage)

### **314000000X – Skilled Nursing Facility with Bill Type 079X**

Legacy COS 083 – (Revenue Code 0942 and approved DT enrollment)

### **313M00000X – Nursing Facility/Intermediate Care Facility with Bill Types 065X or 066X**

Legacy COS 071

Legacy COS 038 – (Revenue code 0191 – 0194 and approved Exceptional Care coverage)

### **313M00000X – Nursing Facility/Intermediate Care Facility with Bill Type 079X**

Legacy COS 083 – DT Agency Monthly Rate

### **282N00000X – General Acute Care Hospital (LTC Wing) with Bill Types 21X**

Legacy COS 065 – Priced as zero when crossover shows full Medicare coverage

Legacy COS 072 – Medicaid Payable over Medicare Payable amount

### **282N00000X – General Acute Care Hospital (LTC Wing) with Bill Types 021X or 022X Showing Medicare Benefit Exhaust/End/Denied**

Legacy COS 070

Legacy COS 038 – (Revenue code 0191 – 0194 and approved Exceptional Care coverage)

### **282N00000X – General Acute Care Hospital (LTC Wing) with Bill Types 065X or 066X**

Legacy COS 071

Legacy COS 038 – (Revenue code 0191 – 0194 and approved Exceptional Care coverage)

# Nursing Facilities (NF) – Provider Type 033

## Occurrence Code

- A3 – Benefits Exhausted
- 22 – Date Active Care Ended
- 24 – Insurance Denied
- 50 – Assessment Date

## Occurrence Span Codes and Dates:

- 70 – Qualifying Stay Dates for SNF
- 74 – Non-Covered Level of Care/Leave of Absence Dates

**NOTE:** MDS Assessment date is required when Revenue Code 0022 is reported.

- The MDS Assessment date will be submitted with an Occurrence Code of 50 along with an associated Occurrence Code date.
- Occurrence Code 50 can be reported multiple times with multiple assessment dates.

## Value Codes:

- 80 – Covered Days
- 81 – Non-Covered Days
- 82 – Coinsurance Days
- 23 – Recurring Monthly Income (Patient Credit Amount)
- 24 – Medicaid Rate Code (DT Agency Code)

## **Leave of Absence Days (LOA) or Bed Reserve (BR) Days:**

LOA days will be reported with LOA Revenue Codes and must have a corresponding non-covered occurrence span code 74 with the appropriate LOA dates. The total of “non-covered” days must also be reflected with value code 81.

LOA reported as Revenue Codes 0180, 0182 and 0183 will be considered Therapeutic bed reserve days.

All are non-payable (Legacy BR code 21)

LOA reported as Revenue Code 0185 will be considered Hospitalization bed reserve days.

All are non-payable (Legacy BR code 11)

# Medicare Crossover Claims

Recipients with Medicare Part A coverage must be billed to Medicare for any covered service prior to billing Medicaid. Claims submitted to Medicare will crossover to Medicaid through a fiscal intermediary. To assure proper pricing of Medicare crossover claims, LTC providers should submit LTC claims for a single calendar month of service to Medicare for dually eligible recipients.

The Department's policy regarding payment for Medicare coinsurance days for Medicaid eligible persons is not changing. Medicare coinsurance paid by the Department, if any, will still be based on the amount that Medicare paid for the specific resident's care. Medicare Coinsurance days payable by Medicaid will be derived from received crossover claims information by using Value Codes and accommodation days.

In the event that a Medicare claim does not successfully crossover for Medicaid pricing the provider may submit a claim with Medicare coverage directly to Illinois Medicaid for payment consideration.

# Nursing Facilities (NF) – Provider Type 033

## Claims With Medicare Coverage Submitted Directly to Illinois Medicaid

Claims submitted to Medicare for reporting purposes only or for a benefit exhaust period are not sent to Medicaid through the fiscal intermediary. In addition claims sent to Medicare may not successfully crossover. These claims will be rejected back to the provider. Some of the reasons a crossover claim may reject are:

- Medicaid system does not have a LTC admission for recipient, provider or date of service.
- Medicaid system does not have Medicaid eligibility for the recipient or the date of service.
- Medicare claim received has a statement period that crosses calendar months;
  - i.e. 07/05/16 – 08/19/16

Claims for Medicare covered service periods that do not crossover to Illinois Medicaid may be sent directly to Medicaid for payment consideration. Claims with Medicare coverage bill directly to Medicaid **must show Medicare as primary payer and Medicare Coinsurance days as Value code 82 with a TPL payment amount using the Medicare TPL code 909.** The Medicare days payable by Medicaid will be derived from received claim information by using Value Codes and accommodation days as follows:

### ➤ Calculation of accommodation days:

The total accommodation days will be based on service from, service through dates and Type of Bill Frequency.

- If Type of Bill Frequency Code is 2 or 3 will include service through date.
- If Type of Bill Frequency Code is 1 or 4 will not include the date of discharge unless the patient discharge status is 20.

### ➤ Calculation of Medicaid Covered Days and Medicare Covered Days for Legacy COS Coding and Pricing:

- Value Code 80 – Total Medicaid Covered days (Medicaid and Medicare Covered days)
- Value Code 81 – Non-covered Medicaid days (LOA days only)
- Value Code 82 = Coinsurance Medicare Covered
- If Value Code 80 > Value Code 82 an Occurrence Code and Occurrence Date showing when Medicare exhausted must be reported to show the date Medicare coverage ended.
  - The Statement From Date through the Medicare coverage end date will be identified as Medicare Covered Days.
  - The Medicare Covered Day – Coinsurance Days (Value Code 82) = Full Covered Medicare Days (COS 065) starting from Statement From Date.
  - The Days reported as Coinsurance (Value Code 82) (COS 072) will be applied beginning with the first date not determined to be Medicare Full Coverage.
  - If there are Leave of Absence Days reported for date(s) within the Medicare Covered period they should be included in Non-covered Days reported in Value Code 81 and will be considered coded as non-payable bed reserves.
  - Value Code 80 days – the Medicare Covered Days = Medicaid Days (COS 070) beginning the day after the reported date Medicare coverage ended.
  - If there are Leave of Absence Days reported for date(s) within the Medicaid covered period they should be included in Non-covered Days reported in Value Code 81 and will be considered coded as non-payable bed reserves.
- If Value Code 80 = Value Code 82, then the days are all coinsurance days. All Coinsurance days COS 072.

**See Claim Example #5**

# Nursing Facilities eligible to be licensed as Specialized Mental Health Rehabilitation Facilities (SMHRFs) – Provider Type 038

## Type of Bill

065X Intermediate Care – Level I – In Patient Claim

066X Intermediate Care – Level II – In Patient Claim

## Taxonomy Code:

310500000X – Intermediate Care Facility, Mental Illness with Bill Types 065X or 066X

Legacy COS 071

## Type of Bill Frequency Code:

1 – Admit Through Discharge

2 – Interim – First Claim

3 – Interim – Continuing Claim

4 – Interim – Last Claim

5 – Late Charge(s) Only

## Revenue Codes:

0110 – 0160 – Priced as General Room & Board = Legacy COS 071

0180 – Leave of Absence days, General Classification = Legacy BR codes 21

0182 – Leave of Absence Days, Patient Convenience = Legacy BR codes 21

0183 – Leave of Absence Days Therapeutic = Legacy BR codes 21

0185 – Leave of Absence Days Hospitalization = Legacy BR codes 11

## Occurrence Span Codes and Dates:

74 – Non Covered Level of Care/Leave of Absence Dates

## Value Codes:

80 – Covered Days

81 – Non Covered Days

23 – Recurring Monthly Income (Patient Credit Amount)

24 – Medicaid Rate Code (DT Agency Code)

## Leave of Absence Days (LOA) or Bed Reserve (BR) Days:

LOA days will be reported with LOA Revenue Codes and must have a corresponding non-covered occurrence span code 74 with the appropriate LOA dates. The total of “Non-covered” days must also be reflected with a value code of 81.

# Patient Credit

- ▶ Providers will continue to submit income changes and review patient credit amounts electronically through the EDI LTC links.
- ▶ The amount of patient credit applied to a claim will be based on the amount of patient credit entered into the LTC patient credit segments by the Department of Human Services (DHS) caseworker.
- ▶ Patient credit amounts should be reported as a Value Code 23 – Recurring Monthly Income on submitted claim.
- ▶ Upon implementation of the new LTC billing process, the application of the monthly patient credit amount applied to the fee-for-service LTC or Hospice claims will be processed on a first-come first-serve basis until the entire patient credit amount has been applied for the month. If a portion of the patient credit is used on the first claim received (either hospice or LTC) the remaining balance will be applied to the second claim.

# Third Party Liability (TPL)

- ▶ Third Party Liability (TPL) payments will be allowed as a reduction from payable charges submitted on the LTC claim as “Other Payer”. Providers may refer to the “Source Code” field found in the TPL section of the MEDI eligibility verification for a recipient’s three-digit TPL code.
- ▶ If the recipient has Hospital Insurance Benefits (HIB) or Qualified Medicare Beneficiary (QMB), the submitted claim must reflect Medicare as the primary payer even if the benefit has been exhausted.
- ▶ If the recipient has a TPL such as Blue Cross Blue Shield, a Medicare Advantage plan or any other commercial payer and TPL is not reported on the submitted claim, the claim will be rejected.
- ▶ If the claim is Medicaid only or has a TPL other than Medicare, use Value Code 80 for the covered days and Value Code 81 for non-covered days. Covered days must equal the covered accommodation days on the claim.
- ▶ Prior payment amounts should be reported as claim level adjustments. Do not send any line level adjustment segments.

# Hospice Services

**NOTE:** The following requirements are not applicable to Supportive Living Program providers.

- ▶ Recipients who have elected hospice services and are receiving the hospice services in the facility should be reported as Type of Bill Frequency 1 or 4 showing the patient is discharged with a discharge status code of 51 - Discharged to Hospice Medical Facility (Certified) providing Hospice Level of Care.
- ▶ Providers should not submit a discharge transaction through the EDI LTC links unless the resident is discharged into a community based hospice program, then a full discharge from the facility should be sent by submitting a discharge transaction through the EDI LTC links. Claims with a bill frequency of "1" or "4" should show a discharge status code of 50 - Hospice Home or discharge status code of 01.
- ▶ If hospice election ends and recipient is still a resident of the facility the LTC facility may resume billing for services. The first claim submitted after a hospice covered period should be billed as an Interim-First Claim, Type of Bill Frequency 2. Note that the statement from date and the admit date of the claim must match and be the first day not covered by hospice election.

# Discharge

**NOTE:** Providers are still required to report discharges to HFS by submitting a discharge transaction through the EDI LTC links.

- ▶ Discharge Status or Patient Status must also be reported on each claim. A complete list of Patient Discharge Status Codes are available in the NUBC UB-04 Official Data Specifications Manual.
- ▶ HFS will continue to make payment to the facility for a resident's date of death only when the individual is considered a resident of the facility on the date of death. For a payment for date of death the claim must reflect a Discharge Status Code of 20.

# Developmental Training (DT) Services

Currently HFS creates DT claims based off the recipient and provider eligibility as well as the DT enrollment information. Beginning with July 1, 2016 services, LTC providers will also have to submit 837I claims for payment of their contracted DT services. The current processes related to DT claim creation, payment and adjustments will continue for dates of service prior to July 1, 2016.

No changes are being made to program requirements or the process by which a LTC provider reports a recipient's enrollment into or discharge from a DT agency to Medicaid. LTC providers will still be required to submit this information to DHS on an Enrollment/Disenrollment Form (IL 444-2768).

## Billing Requirements for DT Services Beginning July 1, 2016

- DT services beginning July 1, 2016 will be billed by the LTC facility on a claim separate from their claim for room and board using Type of Bill 079X with a Revenue Code of 0942.
- Claims submitted for DT services should be a monthly claim and will not be allowed to cross calendar months.
- Only one DT agency can be billed per claim.
- Claims submitted for DT services will contain the Department assigned four (4) digit DT agency code indicating which DT agency provided the DT services to the recipient as a Value Code 24. The actual DT agency code will be reported in the dollar field of the Value Amount data element.
  - **Example:** DT Agency Code 0555 should be reported as a whole number 555.  
Value Code 24 Value Amount 555.00
- Received claims for DT services will be interrogated against recipient and provider eligibility, as well as, the DT enrollment information segments on the RDB for payment determination. If the received claim is for a service period not completely covered by a corresponding DT enrollment segment for the provider and recipient combination, the claim will be rejected back to the provider. If claim is not for a full month of service the following criteria should be met based on Bill Frequency Code or claim will be rejected back to provider.
  - Bill Frequency Code 1 – The claim begin date should correspond to the enrollment segment begin date and end date should equal the enrollment segment end date.
  - Bill Frequency Code 2– The claim begin date should correspond to the enrollment segment begin date or the first day of the month. (Provider education)
  - Bill Frequency Code 3 – The claim begin and end date must fall within the enrollment segment begin and end dates.
  - Bill Frequency Code 4 – The claim end date should correspond to the enrollment segment end date.

# Ready for some claim Examples?



Supportive Living (SLF) – Provider Type 028  
Assisted Living (COS 087) with No Leave of Absence Days

EXAMPLE: 1

The Claim has been submitted. Date: 05/17/2016 Time: 15:27 Confirmation Number: 000041680

Submitter Tax Id: 123456789003 Submitter Name: ACME LTC TEST

Submitter Contact Name: JANE DOE

Submitter Contact E-mail Address: JANED@GMAIL.COM

Total Net Amount Billed: 3100.00 Total TPL Payments: 0.00

Patient/Subscriber Information

Recipient ID Number (RIN): 015574619 Recipient Name: TEST THIRTYFIVE Date of Birth: 11/08/1921 Gender: Female

Recipient Address:

Address Line 1: 201 S GRAND Address Line 2: City: SPRINGFIELD State: IL Zip Code: 62763

(Billing) Provider Information

Provider: 123456789003 NPI: 1234567893 Provider Taxonomy Code: 310400000X

Claim Information

Patient Account Number: 1212121212121212121 Type of Bill Frequency Code: 2 – Interim First Claim Delay Reason Code:

Total Claim Charge Amount: \$3100.00 Type of Bill Facility Code: 89 Supportive Living Priority

(Type) of Admission or Visit: 3 – Elective Point of Origin for Admission or Visit: 9 – Info Not Avail

Patient Discharge Status: 30 Prior Authorization Number: Original DCN: Medical Record Number:

Admission/Start of Care Date: Admission Hour: Discharge Hour:

Statement From Date: 07/01/2016 Statement Through Date: 07/31/2016

EPSDT Screening

Was this patient referred for services as a result of an EPSDT screening? No

Attachment Information

Type of Attachment: Attachment Control Number:

Principal Diagnosis and Procedure Codes

Principal Diagnosis: Z789 POA Indicator: Admitting Diagnosis: E Diagnosis: POA Indicator: Y

Value, Condition, and Occurrence Code Information

Accident State:

Occurrence Span Code: From Date: To Date:

Occurrence Code: Occurrence Date:

Value Code: 80 Associated Amount: \$31.00

23 Associated Amount \$500.00

Value is the Number of Days when Value Code 80, 81, 82 are used

Provider Reported Patient Credit when Value Code 23 is used

Condition Codes:

Physician Information Attending Physician Information

Attending Provider Name: John Smith Attending Provider NPI: 1316099999

Claim TPL Information

Claim TPL Line 0

Other Insured Information

Other Insured Name: ID: Claim Filing Code:

Other Payer Information

Other Payer Name: Other Payer Identifier:

TPL Code: TPL Status Code: Payer Paid Amount/ TPL Amount: Deductible: Coinsurance: CoPayment:

Adjudication or Payment Date:

Service Line Information

Service Line 1

Revenue Code: 0240

Unit Code: DA-Days Unit Count: 31 Line Item Charge Amount: \$3100.00

Denied or Non-Covered Charge Amount:

Service From Date: 07/01/2016

**Note:** Reported Taxonomy and Revenue Code Drive the Legacy COS that will be used to price submitted claim and reported back to provider on paper remittance advice.

Supportive Living (SLF) – Provider Type 028  
Assisted Living (COS 087) with Leave of Absence Days

EXAMPLE: 2

The Claim has been submitted. Date: 05/17/16 Time: 18:24 Confirmation Number: 000041681  
Submitter Tax Id: 123456789003 Submitter Name: ACME LTC TEST  
Submitter Contact Name: JANE DOE  
Submitter Contact E-mail Address: JANED@GMAIL.COM  
Total Net Amount Billed: 3100.00 Total TPL Payments: 0.00

Patient/Subscriber Information

Recipient ID Number (RIN): 015574619 Recipient Name: TEST THIRTYFIVE Date of Birth: 11/08/1921  
Gender: Female

Recipient Address:

Address Line 1: 201 S GRAND Address Line 2: City: SPRINGFIELD State: IL Zip Code: 62763

(Billing) Provider Information

Provider: 123456789003 NPI: 1234567893 Provider Taxonomy Code: 310400000X

Claim Information

Patient Account Number: 121212121212 Type of Bill Frequency Code: 3 – Interim Continuing Claim  
Delay Reason Code:

Total Claim Charge Amount: \$3100.00 Type of Bill Facility Code: 89 Supportive Living Priority  
(Type) of Admission or Visit: 3 – Elective Point of Origin for Admission or Visit: 9 – Info Not Avail  
Patient Discharge Status: 30 Prior Authorization Number: Original DCN: Medical Record Number:  
Admission/Start of Care Date: Admission Hour: Discharge Hour:  
Statement From Date: 07/01/2016 Statement Through Date: 07/31/2016

EPSDT Screening

Was this patient referred for services as a result of an EPSDT screening? No

Attachment Information

Type of Attachment: Attachment Control Number:

Principal Diagnosis and Procedure Codes

Principal Diagnosis: Z789 POA Indicator: Admitting Diagnosis: E Diagnosis: POA Indicator: Y

Value, Condition, and Occurrence Code Information

Accident State:

Occurrence Span Code: 74 From Date: 07/01/16 To Date: 07/02/2016  
74 From Date: 07/15/16 To Date: 07/15/2016

Occurrence Code: Occurrence Date:

Value Code: 80 Associated Amount: \$28.00  
81 Associated Amount: \$3.00  
23 Associated Amount \$500.00

Condition Codes:

Physician Information Attending Physician Information

Attending Provider Name: John Smith Attending Provider NPI: 13160999999

Claim TPL Information

Claim TPL Line 0

Other Insured Information

Other Insured Name: ID: Claim Filing Code:

Other Payer Information

Other Payer Name: Other Payer Identifier:

TPL Code: TPL Status Code: Payer Paid Amount/ TPL  
Amount: Deductible: Coinsurance: CoPayment:

Adjudication or Payment Date:

Claim Continued on Next Slide



Service Line Information

Service Line 1

Revenue Code: 0182

Unit Code: DA-Days Unit Count: 2 Line Item Charge Amount: \$200.00

Denied or Non-Covered Charge Amount:

Service From Date: 07/01/2016

Service Line 2

Revenue Code: 0185

Unit Code: DA-Days Unit Count: 1 Line Item Charge Amount: \$100.00

Denied or Non-Covered Charge Amount:

Service From Date: 07/15/2016

Service Line 3

Revenue Code: 0240

Unit Code: DA-Days Unit Count: 28 Line Item Charge Amount: \$2800.00

Denied or Non-Covered Charge Amount:

Service From Date: 07/03/2016

**Note:**

- The Line Item Charge Amount entered should reflect facility's charges even if the leave of absence days will be non payable by HFS.
- Claims must balance so Charges minus TPL deductions should equal the Total Amount Billed.
- The Unit Count should be reported in days and the total number of days in Service Lines must equal the number of days in Statement From and Statement Trough dates.
- The total reported as Value Code 81 – Non-Covered should be the total amount reported as non-covered days in Service Lines.

The Claim has been submitted. Date: 05/18/16 Time: 12:03 Confirmation Number: 000041701

Submitter Tax Id: 123456789003 Submitter Name: ACME LTC TEST

Submitter Contact Name: JANE DOE

Submitter Contact E-mail Address: JANED@GMAIL.COM

Total Net Amount Billed: 2100.00 Total TPL Payments: 1000.00

Patient/Subscriber Information

Recipient ID Number (RIN): 015574619 Recipient Name: TEST THIRTYFIVE Date of Birth: 11/08/1921  
Gender: Female

Recipient Address:

Address Line 1: 201 S GRAND Address Line 2: City: SPRINGFIELD State: IL Zip Code: 62763

(Billing) Provider Information

Provider: 123456789003 NPI: 1234567893 Provider Taxonomy Code: 315P00000X

Claim Information

Patient Account Number: 121212121212 Type of Bill Frequency Code: 3 – Interim Continuing Claim

Delay Reason Code:

Total Claim Charge Amount: \$3100.00 Type of Bill Facility Code: 66 Intermediate Care/Institution for  
Intellectual Disabled

(Type) of Admission or Visit: 3 – Elective Point of Origin for Admission or Visit: 9 – Info Not Avail

Patient Discharge Status: 30 Prior Authorization Number: Original DCN: Medical Record Number:

Admission/Start of Care Date: Admission Hour: Discharge Hour:

Statement From Date: 10/01/2016 Statement Through Date: 10/31/2016

EPSDT Screening

Was this patient referred for services as a result of an EPSDT screening? No

Attachment Information

Type of Attachment: Attachment Control Number:

Principal Diagnosis and Procedure Codes

Principal Diagnosis: Z789 POA Indicator: Admitting Diagnosis: E Diagnosis: POA Indicator: Y

Value, Condition, and Occurrence Code Information

Accident State:

Occurrence Span Code: From Date: To Date:

Occurrence Code: Occurrence Date:

Value Code: 80 Associated Amount: \$31.00

23 Associated Amount \$500.00

Condition Codes:

Physician Information Attending Physician Information

Attending Provider Name: John Smith Attending Provider NPI: 13160999999

Claim TPL Information

Claim TPL Line 1

Other Insured Information

Other Insured Name: Test Thirtyfive ID: DD222222 Claim Filing Code: CI- Commercial Insurance

Other Payer Information

Other Payer Name: ABC Insurance Co Other Payer Identifier: 255655555

TPL Code: 222 TPL Status Code: 01- TPL Adju Payer Paid Amount/ TPL Amount: \$1000.00

Deductible: \$0.00 Coinsurance: \$0.00 CoPayment: \$0.00

Adjudication or Payment Date: 11/01/2016

Claim Continued on Next Slide



Service Line Information

Service Line 1

Revenue Code: 0110

Unit Code: DA-Days Unit Count: 31 Line Item Charge Amount: \$3100.00

Denied or Non-Covered Charge Amount:

Service From Date: 10/01/2016

Intermediate Care Facility for the Intellectually Disabled (IID) – Provider Type 029  
Intermediate Care (COS 074) and Exceptional Care (COS 038) and TPL  
EXAMPLE: 4

The Claim has been submitted. Date: 05/18/16 Time: 11:04 Confirmation Number: 000041696

Submitter Tax Id: 123456789003 Submitter Name: ACME LTC TEST

Submitter Contact Name: JANE DOE

Submitter Contact E-mail Address: JANED@GMAIL.COM

Total Net Amount Billed: 5000.00 Total TPL Payments: 500.00

Patient/Subscriber Information

Recipient ID Number (RIN): 015574619 Recipient Name: TEST THIRTYFIVE Date of Birth: 11/08/1921  
Gender: Female

Recipient Address:

Address Line 1: 201 S GRAND Address Line 2: City: SPRINGFIELD State: IL Zip Code: 62763

(Billing) Provider Information

Provider: 123456789003 NPI: 1234567893 Provider Taxonomy Code: 3140N1450X

Claim Information

Patient Account Number: 121212121212 Type of Bill Frequency Code: 3 – Interim Continuing Claim  
Delay Reason Code:

Total Claim Charge Amount: \$5500.00 Type of Bill Facility Code: 66 Intermediate Care/Institution for  
Intellectual Disabled

(Type) of Admission or Visit: 3 – Elective Point of Origin for Admission or Visit: 9 – Info Not Avail

Patient Discharge Status: 30 Prior Authorization Number: Original DCN: Medical Record Number:

Admission/Start of Care Date: Admission Hour: Discharge Hour:

Statement From Date: 10/01/2016 Statement Through Date: 10/31/2016

EPSDT Screening

Was this patient referred for services as a result of an EPSDT screening? No

Attachment Information

Type of Attachment: Attachment Control Number:

Principal Diagnosis and Procedure Codes

Principal Diagnosis: Z789 POA Indicator: Admitting Diagnosis: E Diagnosis: POA Indicator: Y

Value, Condition, and Occurrence Code Information

Accident State:

Occurrence Span Code: From Date: To Date:

Occurrence Code: Occurrence Date:

Value Code: 80 Associated Amount: \$31.00

23 Associated Amount \$500.00

Condition Codes:

Physician Information Attending Physician Information

Attending Provider Name: John Smith Attending Provider NPI: 13160999999

Claim TPL Information

Claim TPL Line 1

Other Insured Information

Other Insured Name: Test Thirtyfive ID: DD222222 Claim Filing Code: CI- Commercial Insurance

Other Payer Information

Other Payer Name: ABC Insurance Co Other Payer Identifier: 645987DD

TPL Code: 222 TPL Status Code: 01- TPL Adju Payer Paid Amount/ TPL Amount: \$500.00

Deductible: \$0.00 Coinsurance: \$0.00 CoPayment: \$0.00

Adjudication or Payment Date: 11/01/2016

Claim Continued on Next Slide



Intermediate Care Facility for the Intellectually Disabled (IID) – Provider Type 029  
Intermediate Care (COS 073) and Exceptional Care (COS 038) and TPL  
EXAMPLE: 4 cont.

Service Line Information

Service Line 1

Revenue Code: 0110

Unit Code: DA-Days Unit Count: 5 Line Item Charge Amount: \$500..00

Denied or Non-Covered Charge Amount:

Service From Date: 10/01/2016

Service Line 2

Revenue Code: 0190

Unit Code: DA-Days Unit Count: 26 Line Item Charge Amount: \$5000..00

Denied or Non-Covered Charge Amount:

Service From Date: 10/06/2016

Skilled Nursing Facility (NF) – Provider Type 023 – Direct Submission of Medicare Claim  
Skilled Care (COS 070) with Medicare Full Coverage (COS 65) and Medicare Coinsurance  
(COS 072) with Leave of Absence Days EXAMPLE: 5

The Claim has been submitted. Date: 05/18/16 Time: 17:30 Confirmation Number: 201605201302

Submitter Tax Id: 123456789003 Submitter Name: ACME LTC TEST

Submitter Contact Name: JANE DOE

Submitter Contact E-mail Address: JANED@GMAIL.COM

Total Net Amount Billed: -27400.00 Total TPL Payments: 30500.00

Patient/Subscriber Information

Recipient ID Number (RIN): 015574619 Recipient Name: TEST THIRTYFIVE Date of Birth: 11/08/1921  
Gender: Female

Recipient Address:

Address Line 1: 201 S GRAND Address Line 2: City: SPRINGFIELD State: IL Zip Code: 62763

(Billing) Provider Information

Provider: 123456789003 NPI: 1234567893 Provider Taxonomy Code: 3140N1450X

Claim Information

Patient Account Number: 121212121212 Type of Bill Frequency Code: 3 – Interim Continuing Claim

Delay Reason Code:

Total Claim Charge Amount: \$100.00 Type of Bill Facility Code: 21 Skilled Nursing (including Medicare Part A

(Type) of Admission or Visit: 3 – Elective Point of Origin for Admission or Visit: 9 – Info Not Avail

Patient Discharge Status: 30 Prior Authorization Number: Original DCN: Medical Record Number:

Admission/Start of Care Date: Admission Hour: Discharge Hour:

Statement From Date: 07/01/2016 Statement Through Date: 07/31/2016

EPSDT Screening

Was this patient referred for services as a result of an EPSDT screening? No

Attachment Information

Type of Attachment: Attachment Control Number:

Principal Diagnosis and Procedure Codes

Principal Diagnosis: Z789 POA Indicator: Admitting Diagnosis: E Diagnosis: POA Indicator: Y

Value, Condition, and Occurrence Code Information

Accident State:

Occurrence Span Code: 74 From Date: 07/06/16 To Date: 07/06/16

74 From Date: 07/18/16 To Date: 07/18/16

Occurrence Code: A3 Occurrence Date: 07/17/16

50 Occurrence Date: 06/01/16

Value Code: 80 Associated Amount: \$29.00

81 Associated Amount: \$2.00

82 Associated Amount: \$9.00

23 Associated Amount \$500.00

Condition Codes:

Physician Information Attending Physician Information

Attending Provider Name: John Smith Attending Provider NPI: 13160999999

Claim Continued on Next Slide 

**Skilled Nursing Facility (NF) – Provider Type 023 – Direct Submission of Medicare Claim  
Skilled Care (COS 070) with Medicare Full Coverage (COS 65) and Medicare Coinsurance  
(COS 072) with Leave of Absence Days**  
**EXAMPLE: 5**

**Claim TPL Information**

**Claim TPL Line 1**

**Other Insured Information**

**Other Insured Name:** Test Thirtyfive **ID:** 015574619A **Claim Filing Code:** MA – Medicare Part A

**Other Payer Information :**

**Other Payer Name:** Medicare **Other Payer Identifier:** 365252525252

**TPL Code:** 909 **TPL Status Code:** 01– TPL Adju **Payer Paid Amount/ TPL Amount:** \$3300.00

**Deductible:** \$0.00 **Coinsurance:** \$1500.00 **CoPayment:** \$0.00

**Adjudication or Payment Date:** 08/01/2016

**Service Line Information**

**Service Line 1**

**Revenue Code:** 0110

**Unit Code:** DA–Days **Unit Count:** 29 **Line Item Charge Amount:** \$30100.00

**Denied or Non–Covered Charge Amount:**

**Service From Date:** 07/01/2016

**Service Line 2**

**Revenue Code:** 0185

**Unit Code:** DA–Days **Unit Count:** 2 **Line Item Charge Amount:** \$3000.00

**Denied or Non–Covered Charge Amount:**

**Service From Date:** 07/18/2016

**Service Line 3**

**Revenue Code:** 0022

**Procedure Code:** BA160

**Unit Code:** DA–Days **Unit Count:** 1 **Line Item Charge Amount:** \$0.00

**Denied or Non–Covered Charge Amount:**

**Service From Date:** 07/18/2016

▶ **Medicare Covered Day Determination:**

- Statement From Date (07/01/16) through (Occur Code A3 07/17/16) = 17 Medicare Covered Days
- 17 Medicare Covered Days – 9 Coinsurance Days (Value Code 82) = 8 Full Medicare Covered Days
- Statement From Date 07/01/16 + 8 Full Medicare Covered Days = Full Medicare End Date 07/08/16
- Coinsurance Begin Date 07/09/16 = 9 Coinsurance Days (Value Code 82) = 07/17/16 Coinsurance End Date

▶ **HFS Paper Remit Coding**

- 07/01/16 – 07/05/16 5 days COS 65
- 07/01/16 – 07/06/16 1 day COS 70 BR Type 11
- 07/07/16 – 07/08/16 2 days COS 65
- 07/09/16 / 07/17/16 9 days COS 72
- 07/18/16 – 07/18/16 1 day COS 70 BR Type18
- 07/19/16 – 07/31/16 13 days COS 70

The Claim has been submitted. Date: 05/18/16 Time: 12:03 Confirmation Number: 000041714

Submitter Tax Id: 123456789003 Submitter Name: ACME LTC TEST

Submitter Contact Name: JANE DOE

Submitter Contact E-mail Address: JANED@GMAIL.COM

Total Net Amount Billed: 1500.00 Total TPL Payments: 0.00

Patient/Subscriber Information

Recipient ID Number (RIN): 015574619 Recipient Name: TEST THIRTYFIVE Date of Birth: 11/08/1921  
Gender: Female

Recipient Address:

Address Line 1: 201 S GRAND Address Line 2: City: SPRINGFIELD State: IL Zip Code: 62763

(Billing) Provider Information

Provider: 123456789003 NPI: 1234567893 Provider Taxonomy Code: 315P00000X

Claim Information

Patient Account Number: 121212121212 Type of Bill Frequency Code: 3 – Interim Continuing Claim

Delay Reason Code:

Total Claim Charge Amount: \$3100.00 Type of Bill Facility Code: 66 Intermediate Care/Institution for  
Intellectual Disabled

(Type) of Admission or Visit: 3 – Elective Point of Origin for Admission or Visit: 9 – Info Not Avail

Patient Discharge Status: 30 Prior Authorization Number: Original DCN: Medical Record Number:

Admission/Start of Care Date: Admission Hour: Discharge Hour:

Statement From Date: 07/01/2016 Statement Through Date: 07/31/2016

EPSDT Screening

Was this patient referred for services as a result of an EPSDT screening? No

Attachment Information

Type of Attachment: Attachment Control Number:

Principal Diagnosis and Procedure Codes

Principal Diagnosis: Z789 POA Indicator: Admitting Diagnosis: E Diagnosis: POA Indicator: Y

Value, Condition, and Occurrence Code Information

Accident State:

Occurrence Span Code: From Date: To Date:

Occurrence Code: Occurrence Date:

Value Code: 80 Associated Amount: \$31.00

Value Code: 24 Associated Amount: \$555.00 ← DT Agency Code

Condition Codes:

Physician Information Attending Physician Information

Attending Provider Name: John Smith Attending Provider NPI: 13160999999

Claim TPL Information

Claim TPL Line 1

Other Insured Information

Other Insured Name: Test Thirtyfive ID: DD222222 Claim Filing Code: CI- Commercial Insurance

Other Payer Information

Other Payer Name: Other Payer Identifier:

TPL Code: TPL Status Code: Payer Paid Amount/ TPL Amount:

Deductible: Coinsurance: CoPayment:

Adjudication or Payment Date:

Claim Continued on Next Slide 

Service Line Information

Service Line 1

Revenue Code: 0942

Unit Code: DA-Days Unit Count: 20 Line Item Charge Amount: \$1500.00

Denied or Non-Covered Charge Amount:

Service From Date: 07/01/2016

Number of days attended days