Nursing Facility – PETI Specialty Training

Health First Colorado
(Colorado's Medicaid Program)

Training Overview

General Information

Post-Eligibility Treatment of Income (PETI)

Billing & Payment

Resources

Covered Services

Covered services for nursing facility providers include:

- Class 1 Services Crossover

- 119-Private Room (with Department approval)

- 129-Semi-Private Room

- 182-Non-Medical Leave

- 185-Medical Leave

- 479-PETI Hearing & Ear Services

- 962-PETI Vision & Eye Care

- 969-PETI Dental Services

- 999-PETI Health Insurance Premiums & Other Services

COLORADO
Department of Health Care
Policy & Financing

Medical Leave Days

When a member is in nursing facility and has a hospital inpatient stay during the same month:

- Only 1 of the providers may be reimbursed for a given calendar day

- Nursing facility (NF)- submit medical leave claim for days member was in hospital

  ➢ Including date of hospital admission

- Hospital receives payment for services on date of admission without overlapping nursing facility payment dates

- If NF bills per diem for days in the hospital:

  ➢ Second claim processed will deny

  ➢ NF must adjust its claim so hospital can be paid

COLORADO
Department of Health Care
Policy & Financing

Medical Leave Days Example

Example case: A member is admitted to hospital, but they are expected to return.

To indicate medical leave days:

- Use Value Code 81 with number of days member is in hospital

- Use revenue Code 185

To indicate that a member is expected to return:

- Use Type Of Bill (TOB) 213,653 or 623

- Use Status Code 30 (still a patient

Non-Medical Leave Days Example

Example case: A member leaves to visit family, but they are expected to return.

- NF can be paid for 42 non-medical leave days per calendar year

    ➢ Non-medical leave days must be approved by member's physician

To indicate paid non-medical leave days:

- Use Revenue Code 182 or 183 for non-medical leave days

To indicate unpaid non-medical leave days:

- Use Value Code 81 with number of non-covered days

- Use Revenue Code 182 for non-medical leave days

Discharge Reminders

If a member is discharged to another facility, to home, or they expire:

- Type of Bill should end in 1 (211,651,661) or 4 (214,654,664)

- Discharge date not covered by Medicaid

- Status Code should reflect the discharge

- NF must report the discharge to the Fiscal Agent, the Single Entry Point (SEP) agency, and the county

Hospice Members in a Nursing Facility

ULTC 100.2 is required for admission if:

- Medicaid eligibility for hospice member is pending

- Member's type of eligibility is HCBS

  ➢ Required prior to 30th day of member not using HCBS services, which could be prior to 30 days in the nursing facility

  ➢ In most cases, will not be required prior to admission

  ➢ Single Entry Point Agency (SEP) can verify when HCBS services will expire

Hospice Members in a Nursing Facility

ULTC 100.2 is not required for admission if:

- Member's eligibility type is MJ and ULTC 100.2 is not expired

- Member has a type of eligibility that will continue while in the NF

  ➢ Check with county or eligibility site to determine if types of eligibility (other than NF or HCBS) will require a ULTC 100.2

Hospice Members in a Nursing Facility

ULTC 100.2 is required later for admission if:

- Member does not have active ULTC 100.2, leaves hospice status and remains in the nursing facility

- Member's eligibility type is MJ and the ULTC 100.2 expires

  ➢ Current ULTC 100.2 is required for annual eligibility redetermination

Continued Stay Reviews

- Tracking ULTC 100.2 End Dates

  - ➢ Official member length of stay end dates are on the ULTC 100.2 located on the certificate page.

    - o Notify authorization agent with any errors on notification letter.

    - o Notify SEP of need for re-certification at least 10 days before length of stay end date.

    - o Refer to Nursing Facility Billing Manual.

  - ➢ Member is not responsible to pay privately if recertification is delayed due to NF error.

COLORADO
Department of Health Care
Policy & Financing

Adult Dental Benefit

- In 2013, the state legislature passed Senate Bill 242.

  ➢ This authorizes the Department to create a new limited dental benefit for adults enrolled in Medicaid.

- Provide all Medicaid enrolled adults aged 21 years and over, including clients using the PETI program.

- Annual dental benefit up to $1500.00 in dental services per state fiscal year which runs from July 1-June 30.

Adult Dental Benefit

- The dental provider must be enrolled in Medicaid.

- This enables the dental provider to bill directly to Medicaid for reimbursement of services.

- Once the resident's $1,000 benefit has been exhausted, then for those PETI eligible residents a PETI request can be submitted for additional services.

- The $1,000 benefit for each resident will be tacked by the Department's Administrative Services Organization.

Post-Eligibility Treatment of Income (PETI)

- If a member does not make a member payment, there is no PETI.

Post-Eligibility Treatment of Income (PETI)

- A member may access PETI when:

  ➢ All other payer sources must have been exhausted, and is not a covered Medicaid service

  OR

  ➢ They have a Medicaid denial (providers must first submit a claim to the Colorado Medical Assistance program)

Post-Eligibility Treatment of Income (PETI)

NF or family pays provider:
- Usually done once PETI approval received

NF reports PETI on:
- 837I
- UB-04

Post-Eligibility Treatment of Income (PETI)

- Required forms for submitting a PETI Prior Authorization (PA):
  - Nursing Facility Post Eligibility Treatment of Income Request
  - (NF PETI) Program Checklist form
  - NF PETI Medical Necessity Certification form
    - ➢ All required dates, signatures should be on the same form
    - ➢ All supporting documents uploaded with the PA request
  - Provider statement (if applicable)
  - Provider's invoice with service codes
  - Medicaid program denial PCR (if applicable)
  - Dental Quest statement verifying $1000 benefit is exhausted

COLORADO
Department of Health Care
Policy & Financing

Post-Eligibility Treatment of Income (PETI)

- As of March 1, 2017, all NF PETI prior authorization requests (PARs) must be prior authorized by the Department and submitted through the online Provider Web Portal for review and determination.
  - ➤ A PA confirmation number is created for tracking the status of the request.
- Once the PA is approved by the department, the provider can bill for services.
- Once all PETI PA requests are reviewed, the status will change to approved, approved with revisions or denied.

COLORADO
Department of Health Care
Policy & Financing

Post-Eligibility Treatment of Income (PETI)

- The Online Provider Web Portal is instantly updated with the determination and a letter is system generated for the next day.
- If a provider receives a denied PA, they are required to submit a brand new request.
  - ➢ The denied request cannot be re-opened.

Post-Eligibility Treatment of Income (PETI)

PETI Billing:
- Provider is not required to be enrolled in Medicaid in order to provide services to PETI-eligible residents
  - ➢ Please note that PETI prior authorization (PA) services can only be billed on the claims that have an accommodation line item of revenue code and a patient liability amount greater than zero.
- Claims processing system automatically completes the calculations
- PETI activity log and documentation shall be retained by NF for 6 years for audit purposes

COLORADO
Department of Health Care
Policy & Financing

Post-Eligibility Treatment of Income (PETI)

Revenue Codes:
- 0259 Pharmacy Other Drugs (non-prescription drugs)
- 0479 Audiology Hearing Service
- 0949 Acupuncture
- 0962 Vision Eye Glasses
- 0969 – Dental Services 0999 Insurance
- Claims must have Accommodation Revenue Code:
  - ➢ 119 Private
    - Must be approved by Health First Colorado
  - ➢ 129 Semi-Private
- Claims must have a member liability

COLORADO
Department of Health Care
Policy & Financing

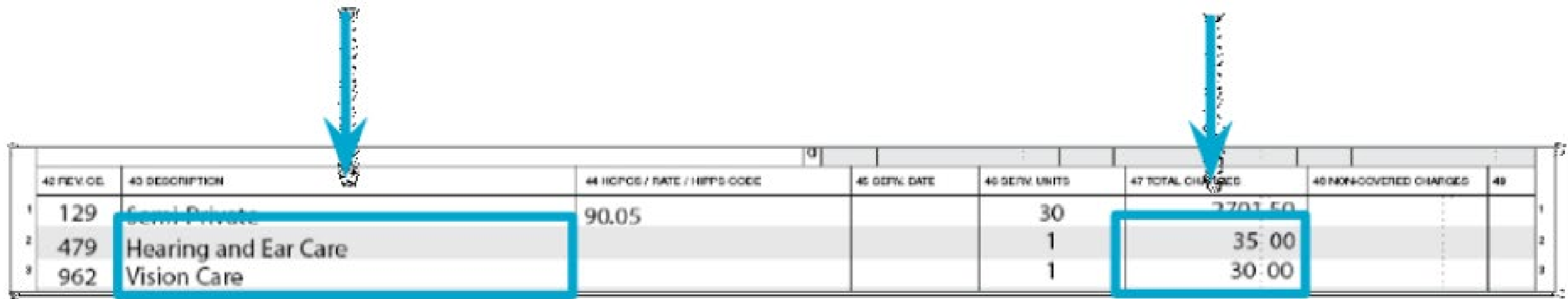# Post-Eligibility Treatment of Income (PETI)

Occurrence Span Dates:
- Date(s) of services rendered or insurance payments made
  - ➢ May be single dates
- Span dates do not have to fall within Statement Covers Period
  - ➢ Revenue codes are 982,999

Post-Eligibility Treatment of Income (PETI)

PETI Services:
- Enter approved amount paid to service provider.

42 REV CD	43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGED	48 NON-COVERED CHARGES	49
129	Semi-Private		90.05		30	3701 50		
479	Hearing and Ear Care				1	35 00		
962	Vision Care				1	30 00		

PETI Services (cont.)
- Charges must be less than or equal to member payment entered for Value Code 31 (Patient Liability Amount).

Post-Eligibility Treatment of Income (PETI)

PETI Scenarios:

- Scenario #1: *If* the provider is requesting more than what is allowed on PETI fee schedule...
  *Then t*his amount must be amended to what is allowable on the PETI fee schedule.

- Scenario #2: *If* the member has medical trust...
  Then PETI charges must be paid from the medical trust.

UB-04 Coding Reminders:

- Statement Covers Period
  - ➢ "From" and "Through" dates must be within same calendar month
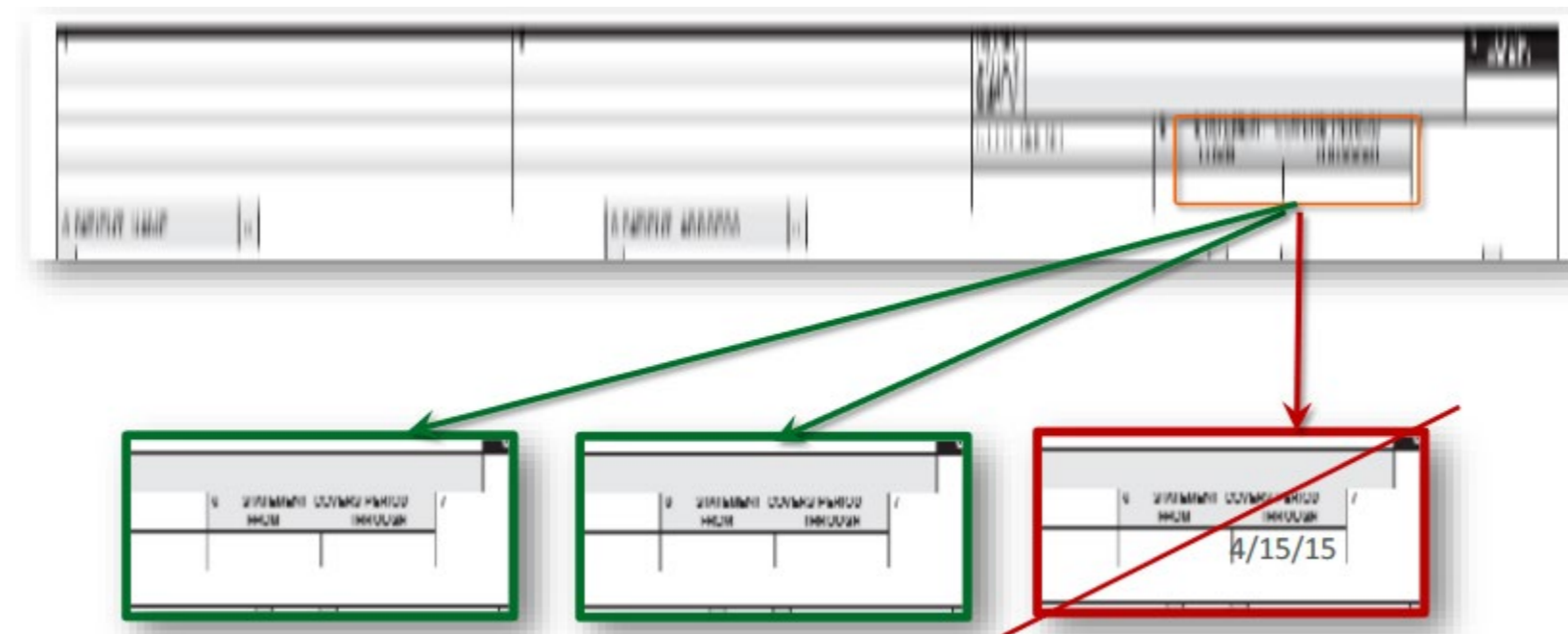
Billing and Payment

UB-04 Coding Reminders (cont.):

- If member is admitted and discharged on same date:

  - That date should appear as both the "From" and "Through" dates of service

- NFs are paid:

  - For date of admission

  - But not date of discharge

- Using Medicaid billing codes incorrectly can result in losing important member data

- Do not code claims as discharges if member is expected to return

- Discharge Date can generate occurrence Code 42

  - This code can automatically end date Nursing Facility benefit

COLORADO
Department of Health Care
Policy & Financing

Billing and Payment

- For more detailed benefit and billing information, refer to:

  https://hcpf.colorado.gov/Billing-Manuals

  - ➢ Pathway: Billing Manuals web page → UB-04 drop-down → Nursing Facility Billing Manual

Resources

Provider Contacts Web Page
https://hcpf.colorado.gov/provider-help
- Provider Services Call Center

Training Web Page

https://hcpf.colorado.gov/provider-training

Billing Manuals Web Page

https://hcpf.colorado.gov/billing-manuals

- Nursing Facility Billing Manual

- Appendix R (for a detailed list of Explanation of Benefits (EOB) codes)

- General Provider Billing Manual

COLORADO
Department of Health Care
Policy & Financing

Resources

Quick Guides web page

https://hcpf.colorado.gov/interchange-resources

Telemedicine during COVID-19 web page

https://hcpf.colorado.gov/provider-telemedicine

COLORADO
Department of Health Care
Policy & Financing

Thank you!

COLORADO
Department of Health Care
Policy & Financing