Beginning Billing Workshop Nursing Facility-PETI

Colorado Medical Assistance Programs
including Health First Colorado
(Colorado's Medicaid Program) and CHP+

2018

COLORADO
Department of Health Care
Policy & Financing

UB-04

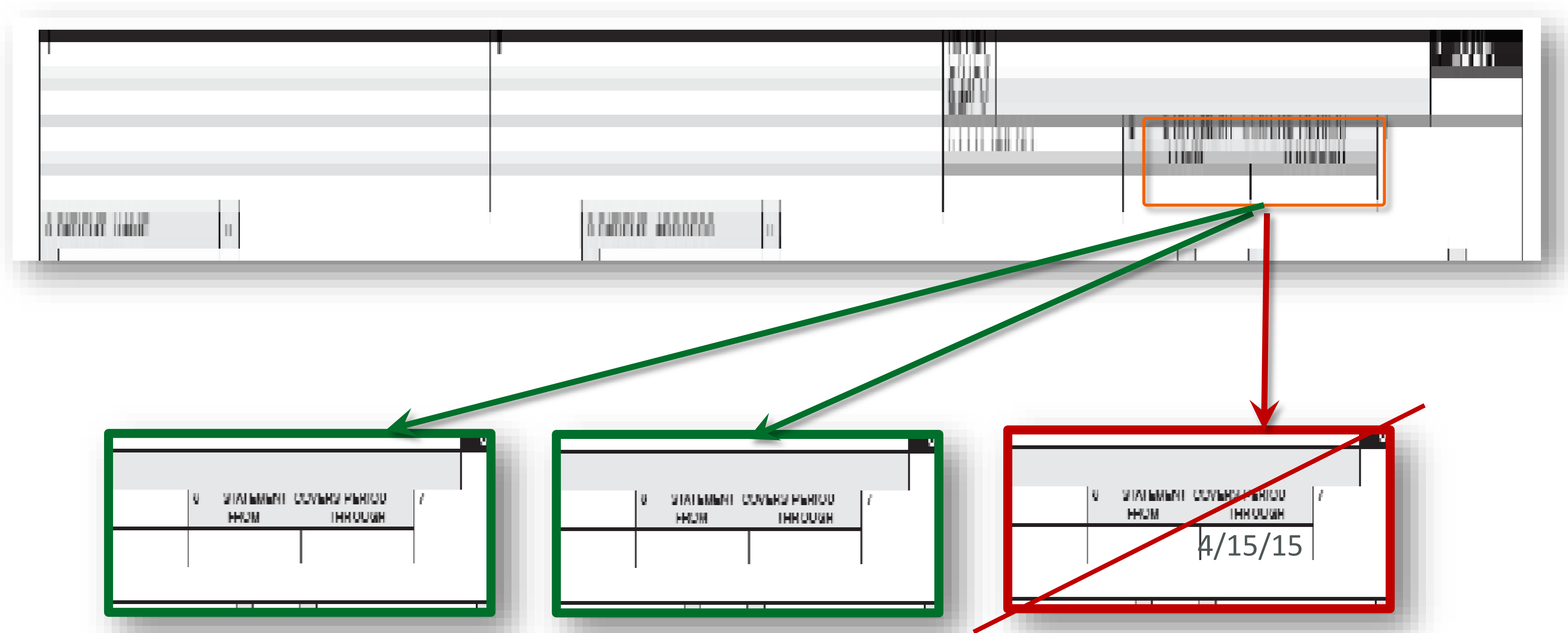
Example of NF Services Billed on UB-04

- 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

UB-04 Coding Reminders

- Statement Covers Period
    - ➢ “From” and “Through” dates must be within same calendar month



UB-04 Coding Reminders

- 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

Medical Leave Days

- When 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
  - 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

Medical Leave Days Example

- Member is admitted to hospital, but 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 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

- Member leaves to visit family, but is 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 member is discharged to another facility, to home, or expires:
  - 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 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 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 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
    - Notify authorization agent with any errors on notification letter
    - Notify SEP of need for re-certification at least 10 days before length of stay end date
    - Refer to Nursing Facility Billing Manual
  - ➢ Member is not responsible to pay privately if recertification is delayed due to NF error

Post-Eligibility Treatment of Income (PETI)

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

To Access PETI

All other payer sources must have been exhausted

AND

Cannot be a covered Medicaid service

OR

Must have Medicaid denial

(You must first submit a claim to the Colorado Medical Assistance program)

PETI Process Overview

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

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

Required Forms to Submit PA

- All NF PETI PA requests must include the following forms:
- 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

PETI Prior Authorization Request

- As of March 1, 2017, all NF PETI PA requests must be prior authorized by the Department and submitted through the Online Provider Web Portal at www.colorado.gov/hcpf 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.

PETI Prior Authorization Request (cont.)

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

PETI Billing

- Provider is not required to be enrolled in Medicaid in order to provide services to PETI-eligible residents
- Please note that PETI 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.

PETI – If…Then

If	Then
Provider is requesting more then what is allowed on PETI fee schedule	This amount must be amended to what is allowable on the PETI fee schedule

If	Then
Member has medical trust	PETI charges must be paid from medical trust

Adult Dental Benefit

- In 2013, the state legislature passed Senate Bill 242
  - ➢ Authorizes the Department to create a new limited dental benefit for adults enrolled in Medicaid.
  - ➢ Provide all Medicaid enrolled adults age 21 years and over, including clients using the PETI program.
  - ➢ Annual dental benefit up to $1000.00 in dental services per state fiscal year which runs from July 1-June 30.

Adult Dental Benefit (cont.)

- 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 our Administrative Services Organization.

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

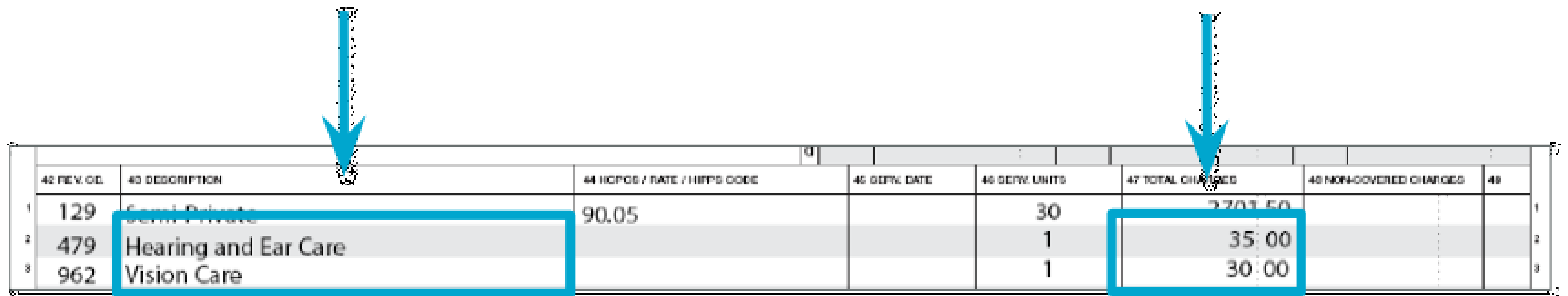
PETI Occurrence Span Dates

- Date(s) of services rendered or insurance payments made
  - May be single dates
  - No future dates
- Span dates do not have to fall within Statement Covers Period
- Revenue codes are 982,999

36	OCCURRENCE SPAN	
CODE	FROM	THROUGH
76	03/06/2015	03/06/2015

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 CHARGES	48 NON-COVERED CHARGES	49	
1	129	Semi-Private	90.05		30	2701 50			1
2	479	Hearing and Ear Care			1	35 00			2
3	962	Vision Care			1	30 00			3

PETI Services

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

38		39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
	a	80	30.00				
	b	31	103.00				
	c						
	d						

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	CHARGES	48 NON-COVERED CHARGES	49
129	Semi-Private	90.05		30	2701.50		
479	Hearing and Ear Care			1	35.00		
962	Vision Care			1	30.00		

Benefit and Billing Information

For more detailed benefit and billing information, refer to:

https://www.Colorado.gov/hcpf/Billing-Manuals

Billing Manuals → UB-04 → Nursing Facility Billing Manual

Provider Services Call Center

1-844-235-2387

Download the Call Center Queue Guide

7 a.m. - 5 p.m. MST Monday, Tuesday, & Thursday
10 a.m. - 5 p.m. MST Wednesday & Friday

The Provider Services Call Center will be utilizing the time between 7 a.m. and 10 a.m.
on Wednesdays and Fridays to return calls to providers.

Thank you! Please feel free to ask us any questions you may have.