

## Healthfirst Inpatient Nursing Home Services Billing Guidelines

### PURPOSE

The purpose of this document is to assist providers in understanding and complying with the Healthfirst billing requirements for Inpatient Nursing Home (NH) services claims.

For additional information concerning requests for authorizations and claims submission including clean claims requirements not included in this document refer to the Healthfirst Provider Manual in the Provider Services section of our website at <http://www.healthfirstny.org/providerservices>.

### MEMBER ELIGIBILITY:

- Nursing Home facilities are responsible for verifying resident eligibility with Healthfirst.

### AUTHORIZATION REQUIREMENTS:

- Inpatient Nursing Home services including Bed Holds require authorization.
- Nursing Home facilities must obtain authorization from Healthfirst before providing nursing facility services to an eligible Healthfirst member.
  - Authorization may be requested by contacting Healthfirst's Care Management Team.
  - **Healthfirst must be informed when any change to an authorized admission occurs.**

### BILLING & CODING INSTRUCTIONS:

- Participating providers must submit claims within 180 days of the date of service.
- Nursing Home facility services claims must be submitted to Healthfirst electronically using the 837 Institutional Health Care Claim transactions (837I) or on paper using the UB04 claim form.
- Nursing Home facility services claims must be submitted to Healthfirst using Bill Type 21X, 22X, 23X, or 28X as appropriate.
- Submit revenue code 0022 with the appropriate Health Insurance Prospective Payment System (HIPPS) procedure code for Skilled Nursing Facilities (SNF) services, including the number of covered days for each HIPPS rate code.
  - HIPPS codes must only be populated on the Revenue Code 0022 line of the claim and have total charges equaled to zero (0).
  - **SNF claims submitted without revenue code 0022 and the appropriate HIPPS code will be denied.**
- Place of service codes do not apply when filing an 837I or the UB-04 claim form.

- Nursing Home facility services claims must be submitted to Healthfirst using the following Revenue Codes:

Revenue Code	Revenue Code Description
100	All-Inclusive Room and Board - Custodial Care & Respite
101	All-Inclusive Room and Board - Vent
120	All-Inclusive Room and Board - AIDS
169	Medicare Coinsurance Days
183	Leave of Absence - Therapeutic Leave
185	Leave of Absence - Nursing Home (for Hospitalization)
199	All-Inclusive Room and Board - Head Injury
191	Subacute Care - Level I
192	Subacute Care - Level II
193	Subacute Care - Level III
194	Subacute Care - Level IV

- Nursing Home facilities must submit a claim for every month an eligible Healthfirst member is in the facility, even if another insurance (including Medicare) has paid for a portion of the Nursing Home facility charges.
  - All claims must be submitted on or after the 1st day of the month following the month in which services have been provided.
  - Facilities can bill for a partial month if the resident is discharged or if the resident expires before the end of the month.
  - If payment is obtained from other sources to offset some or all of Healthfirst's reimbursement responsibility, documentation of these payments must be included with the claim submitted.
- Any time a Healthfirst member is out of the Nursing Home facility past midnight and is expected to return, it is considered a **Break in Service**.
  - A **Break in Service** includes, but is not limited to, a hospitalization leave and/or a leave of absence (i.e. overnight or extended stay with family or friends).
  - Each time there is a Break in Service the Nursing Home facility must submit an additional claim for each Statement Covers Period.

### GENERAL PROVISIONS:

- Billing guidelines are designed to promote accurate coding and to assist you when submitting claims to Healthfirst. Refer to your provider contract for compensation information and additional billing requirements that may apply to you.
- Healthfirst will process all undisputed claims in accordance with New York State Prompt Payment regulations.
- All payments for covered services provided to Healthfirst members constitute payment in full. Providers may not balance bill members for the difference between their actual charges and the reimbursed amounts; any such billing is violation of the provider's agreement with Healthfirst and applicable New York State Law.
- Claims will be subjected to payment edits that are based on payment policies consistent with national standards established by CPT, CMS, National Correct Coding Initiative (CCI) and



specialty societies. We will keep our policies current with these respected sources as they make modifications.