



## Healthfirst Skilled Nursing Facility Billing Guidelines

At Healthfirst, we try to give our providers the tools they need to comply with the Healthfirst billing requirements for Skilled Nursing Facility claims. These are designed to promote accurate coding and to assist you when submitting claims to Healthfirst.

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. Providers should refer to their contract for compensation information and additional billing requirements that may apply.

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.

### MEMBER ELIGIBILITY:

Skilled Nursing Facilities are responsible for verifying resident eligibility with Healthfirst.

This can be done by calling Healthfirst Provider Services at 1-888-801-1660 Monday through Friday 9am-5pm, or online 24 hours a day, 7 days a week, via the Healthfirst secure Provider Portal at [www.Healthfirst.org](http://www.Healthfirst.org).

### AUTHORIZATION REQUIREMENTS:

All Skilled Nursing Facility services including Bed Holds require authorization.

- Skilled Nursing Facilities must obtain authorization from Healthfirst **before** providing services to an eligible Healthfirst member.
- Authorization may be requested by contacting the Healthfirst Care Management Team:
  - Healthfirst Medicaid **1-888-394-4327**
  - Healthfirst Medicare/LIP **1-866-463-6743**
  - Healthfirst CompleteCare (CC) **1-866-237-0997**
  - Senior Health Partners (SHP) **1-800-633-9717**

**\*SNFs must inform Healthfirst when any change to an authorized admission occurs.**

## CLAIMS SUBMISSIONS & RECONSIDERATIONS

SNF claims must be submitted to Healthfirst **within 180 days** of the date of service either electronically using 837 Institutional Health Care Claim transactions (837I) or on paper using the UB-04 claim form.

- SNF claims must be submitted to Healthfirst using Bill Type 21X, 22X, 23X, or 28X as appropriate.
- Electronic claim submissions must include the National Provider Identifier (**NPI**) and the Healthfirst and Senior Health Partners **Payer ID Number 80141**.

**Healthfirst Claims Department**  
**P.O. Box 958438**  
**Lake Mary, FL 32795-8438**

**Senior Health Partners Claims Department**  
**P.O. Box 958439**  
**Lake Mary, FL 32795-8439**

### Electronic Billing

Healthfirst utilizes the Emdeon clearinghouse and MD On-Line (now a part of Ability), a **FREE** online service for Healthfirst providers who do not have claims submission software.

- To sign up for **Emdeon**, providers may contact their software vendor or clearinghouse and request that their Healthfirst claims be submitted through Emdeon.
- To sign up with **MD-Online**, log on to [www.healthfirstmdol.com](http://www.healthfirstmdol.com) or call MD-Online at 1-888-499-5465 and mention "Healthfirst Promotion" to receive the service for **FREE**.

### Claims Appeals

Healthfirst provides a two (2)-level process for providers to appeal a claim denial or payment which the provider believes was incorrect or inaccurate.

First-Level Appeal Requests - These requests are accepted online through the Healthfirst secure Provider Portal. When viewing a claim in the portal, you may submit a request for reconsideration or a corrected claim by clicking the "**I have a question about this claim**" link.

- Specify precisely what you would like reviewed and the reason why.
- Attach all supporting documents, or corrected claims using the "Attach Document" link and SUBMIT.
- You will then be given a tracking number, to review the status of your appeal at any time. To do this, go to your messages in the portal, then click "Search History", then click on the "Tracking Number Search" tab and enter in your tracking number.

First-Level Appeal requests may also be mailed to:

**Healthfirst Claims Correspondence Unit**  
**P.O. Box 958438**  
**Lake Mary, FL 32795-8438**

**Senior Health Partners Correspondence Unit**  
**P.O. Box 958439**  
**Lake Mary, FL 32795-8439**

**Reconsiderations** – Requests must be made in writing and, with supporting documentation, submitted within **90 calendar days** from the paid date on the Explanation of Payment (EOP).

**Corrected Claims** – Corrected claims must be marked "**Corrected**" with the original claim number, and should be submitted within **180 days** of the date of service.

Second-Level Appeal Requests – Providers may appeal the outcome of a review and reconsideration in writing, with supporting documentation, **within sixty (60) calendar days** from the date listed on the reconsideration letter. Appeals should be mailed to:

**Healthfirst Provider Claims Appeals**  
**P.O. Box 958431**  
**Lake Mary, FL 32795-8431**

**Senior Health Partners Provider Claims Appeals**  
**P.O. Box 958432**  
**Lake Mary, FL 32795-8432**



## BILLING GUIDELINES

Any time a Healthfirst member is out of the Skilled Nursing 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 Skilled Nursing Facility must submit an additional claim for each Statement Covers Period.

SNFs 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 Skilled Nursing 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.
- SNFs 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.

## CODING INSTRUCTIONS:

On all SNF claims, **revenue code 0022** must be submitted with the appropriate Health Insurance Prospective Payment System (HIPPS) procedure code for 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 zero (\$0) total charges.

**\*SNF claims submitted without revenue code 0022 and the appropriate HIPPS code will be denied.**

- Place of service (POS) codes do not apply and can be left blank when filing an 837I or the UB-04 claim form.

In addition to rev code 0022 Skilled Nursing 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
124 <sup>1</sup>	All-Inclusive Room and Board - Neurobehavioral
160 <sup>2</sup>	All-Inclusive Room and Board - AIDS
169	Medicare Coinsurance Days
183	Leave of Absence - Therapeutic Leave
185	Leave of Absence - Skilled Nursing Facility (for Hospitalization)
199	All-Inclusive Room and Board – Traumatic Brain Injury (TBI)
191	Subacute Care - Level I
192	Subacute Care - Level II
193	Subacute Care - Level III
194	Subacute Care - Level IV

<sup>1</sup> New Code

<sup>2</sup> Revenue code changed from 120 to 160