

**TO: AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) Nursing Facility Providers**

**DATE: November 16, 2018**

**SUBJECT: NURSING FACILITY ROOM AND BOARD BILLING GUIDELINES REMINDER**

Dear Provider,

This notice serves as a reminder for both public and non-public Nursing Facilities about AmeriHealth Caritas Pennsylvania Community HealthChoices -specific requirements for accurate claim submission. These requirements have been in effect since 1/1/18 and are necessary for accurate and timely processing of your facility claims for room and board charges.

**Acceptable bill types**

Item	Acceptable Bill Types
Bill type	21X
Bill type	26X
Bill type	65X

**Billing Facility Days**

When you are billing for Medicaid facility days, bill all room and board charges with **Revenue (Rev) Code 0100 and the total days along with the facility specific per diem rate.**

Item	Billing Facility Days
Value Code	Bill <b>Value Code 80</b> with the number of covered days. Add any other value code(s) applicable to member (i.e., 23, 25, 31, 34, 35)
Patient Pay	Bill <b>Value Code 66</b> if member patient pay is applicable. \$0.00 is an acceptable amount for Value Code 66. All others should be billed with true dollar amounts.

**Billing for Non-Covered Days**

When you are billing non-covered days along with covered days, please adhere to the following guideline:

Item	Non-Covered Days
Value Code	Bill the appropriate Value Code for covered days <b>along with</b> the facilities per diem rate.
Condition Code	Enter condition code <b>X4-Medicare denial on file.</b>
Value Code	Bill <b>Value Code 81</b> with the number of non-covered days.

### Billing Co-Insurance Days

When billing co-insurance days, please adhere to the following guidelines:

Item	Co-Insurance Days
Medicare Prior Payments	Show all <b>Medicare paid amounts</b> on the claim as prior payments. This will allow the claim to coordinate payment between Medicare and Medicaid for the coinsurance days.
Bill Rev Code	Bill coinsurance days on <b>Room and Board Line</b> with <b>Rev Code 100</b> with dates of service covered by Medicare <b>coinsurance</b> . If billing with other Room and Board charges, a separate line is needed to show coinsurance days. Include charges and units.
Value Code	Bill <b>Value Code 82</b> with the number of coinsurance days.

### Billing for Hospital Reserve Leave Days

When you are billing Hospital Reserve Leave Days, please adhere to the following guidelines:

Item	Hospital Reserve Leave Days
Leave Limit	Hospital Leave Days are limited to <b>15 per hospitalization</b> .
Rate Reimbursed	Hospital Leave Days are <b>reimbursed at 1/3 of your per diem rate</b> .
Bill Rev Code	Bill <b>Rev Code 0185</b> with date span participant was hospitalized.
Bill Occurrence Code	Bill <b>Occurrence Code 74</b> with date span matching date span participant was hospitalized.

### Billing for Therapeutic Leave Days

When you are billing for Therapeutic Leave Days, please adhere to the following guidelines.

Item	Therapeutic Leave Days
Annual Limit	Therapeutic Leave Days are limited to <b>30 days</b> per calendar year.
Rate Reimbursed	Reimbursement will equal your <b>per diem rate</b> .
Bill Rev Code	Bill with <b>Rev Code 0183</b> with date span for therapeutic leave days.

As a reminder, AmeriHealth Caritas PA CHC is the payer of last resort. All other insurance carriers must be billed prior to submitting charges to AmeriHealth Caritas PA CHC. All standard UB04 billing requirements are necessary for accurate and timely processing of your facility claims for room and board charges.

Please contact AmeriHealth Caritas PA CHC Provider Services department at **1-800-521-6007** with any questions. Thank you for the care and services you provide to our AmeriHealth Caritas PA CHC Participants.