Facility Billing Guide

American Health Advantage of Mississippi (the “Health Plan”) provides this information as a guide for your billing staff and departments in submitting claims for services provided to Health Plan members. This will include information on filing claims both for capitated services, as well as for your fee-for-service claims for those services. All claims will be processed according to CMS guidelines, the American Health Advantage of Mississippi member’s benefits, and your provider contractual provisions.

Guidelines for the following types of claims are included in this guide.

- Part A Skilled Services
  Post-acute Skill (SNF) and Skill-in-Place (SIP)
- Part B Therapy
- Immunization/Vaccine Services
- Supplemental Benefits
  In-Home/Out-of-Home Support Services

PART A SERVICES

PART A Skilled Services - Iowa Health Advantage members that reside in your facility

- Skilled Stay (SNF) – paid monthly by contractual capitation rate
- Skill-in-Place (SIP) – paid retrospectively by contractual per diem rate

DEFINITIONS:

Skilled Stay (SNF) - nursing or rehabilitation services provided by licensed health professionals, as ordered by a physician, to be provided within a skilled nursing facility after an Acute Inpatient stay, Observation stay, or Emergency Department transfer.

Skill-In-Place (SIP) – skilled care that occurs in lieu of an avoidable hospitalization as approved through Plan's authorization process and with no transfer out of the facility.

Capitation Payment – monthly payment for each Health Plan member (per member per month - PMPM) to cover costs of any Health Plan member's Part A Skilled services (SNF).

A member is using his/her Medicare Part A Skilled benefit when on a Skilled Stay (SNF) or Skill-in-Place (SIP). All CMS guidelines should be followed; for instance, facilities are required to follow CMS guidelines for the delivery of the Notice of Medicare Non-Coverage (NOMNC).

THREE-DAY HOSPITAL STAY REQUIREMENT IS WAIVED FOR SNF SERVICES.

AUTHORIZATION REQUIREMENTS
An advance determination or prior authorization **IS REQUIRED** for a post-acute (inpatient, observation or emergency department visit) Skilled Nursing Stay (SNF) and/or a Skill-In-Place (SIP) stay. Please see your Facility Quick Tip Guide or Plan's website, or contact your ISNP Case Manager, APP or your Provider Relations Representative for authorization instructions.

BILLING GUIDELINES:

(1) Submit claims via EDI 837i transaction (preferred) or on traditional UB04 form.
(2) Ensure the proper Type of Bill of 21X.
(3) Using new PDPM guidelines, bill with most appropriate HIPPS code for services/days rendered on the revenue code 0022 line or the default HIPPS code "ZZZZZ".
(4) Revenue code 0120 should contain total billed days for statement period.
(5) All applicable diagnosis codes for the patient stay should be filed on claim.
(6) Include Authorization number provided by health plan utilization management team.

PART A SERVICES, continued

PART A Skilled Services – American Health Advantage of Mississppi members that DO NOT reside in your facility

- Skilled Stay (SNF) – paid by contractual per diem rate

On unique occasions the facility may provide Part A services for an American Health Advantage member that does not reside in your facility. For these cases the facility is expected to follow the plans prior authorization and billing protocols; the facility will be reimbursed based on the contracted per diem basis.

THREE-DAY HOSPITAL STAY REQUIREMENT IS WAIVED FOR SNF SERVICES.

AUTHORIZATION REQUIREMENTS:
An advance determination or prior authorization **IS REQUIRED** for a post-acute Skilled Nursing Stay (SNF). Please see your Facility Quick Tip Guide or the Plan's website, or contact your ISNP Case Manager, APP, or Provider Relations Representative for authorization instructions.

BILLING GUIDELINES:

(1) Facilities are required to follow CMS Billing Guidelines as found in the current version of the Medicare Claims Processing Manual – Chapter 6.

(2) Submit claims via EDI 837i transaction (preferred) or on traditional UB04 form.

(3) Ensure the proper Type of Bill of 21X.

(4) Using new PDPM guidelines, bill with most appropriate HIPPS code for services/days rendered on the revenue code 0022 line.

(5) Revenue code 0120 should contain total billed days for statement period.

(6) All applicable diagnosis codes for the patient stay should be filed on claim.

(7) Include Authorization number provided by health plan utilization management team.

PART B THERAPY SERVICES

PART B Therapy Services

- Physical, Occupational, Speech Therapy – paid monthly by contractual capitation rate

AUTHORIZATION REQUIREMENTS

An advance determination or prior authorization **IS NOT REQUIRED** for PT/OT/ST services rendered to American Health Advantage members. Any need for therapy for American Health Advantage members should be communicated to the ISNP APP and/or Case Manager. Facilities are required to bill for all services rendered.

BILLING GUIDELINES:

(1) Facilities are required to follow CMS Billing Guidelines as found in the current version of the Medicare Claims Processing Manual – Chapter 5.
(2) Bill therapy services separately from any other Part B or Supplemental services (i.e. vaccinations and administration of vaccine, in-home support services).

IMMUNIZATION AND VACCINE SERVICES

For all immunization and vaccine services, submit billing as follows. Reimbursement is based on the Medicare fee schedule. Currently roster billing is not allowed for mass immunizations.

BILLING GUIDELINES:

(1) Submit claims via EDI 837i Institutional transaction (preferred) or on traditional UB04 form..
(2) Ensure proper Type of Bill of 221.
(3) Use revenue code 0636 and applicable CPT/HCPCS code for vaccine/immunization.
(4) Administration services should be billed utilizing revenue code 0771 and the applicable HCPCS code based on the type of vaccine administered (G0008, G0009, or G0010).
(5) Primary diagnosis code of Z23 (encounter for immunization).

SUPPLEMENTAL BENEFITS

Supplemental Benefit – In Home/Out of Home Support Services
This benefit enriches the lives of American Health Advantage members who are struggling with challenges of the aging process. Members with conditions due to dementia, Alzheimer's and other medical impairments that limit mobility and safety are of primary concern.

A companion may assist with medical appointments outside the nursing facility or supervised visits during behavioral, wandering or acute medical episodes within the nursing facility. The companion provides one-on-one care when needed. Members at risk to further injury or falls can receive additional assistance that include re-training on safety measures to reduce the risk for a negative outcome. A Certified Nursing Assistant (CNA), or an individual with proper medical certification, may aid the member as needed to assist with ADL's and/or comfort.

This benefit for each Iowa Health Advantage plan member allows up to 67 hours (268 total units) per calendar year. Reimbursement to the facility is up to $15 per hour.

Services must be ordered by PCP or Health Plan Care team.

BILLING GUIDELINES:

(1) Bill support services rendered in facility via EDI 837i Institutional transaction (preferred) or on traditional UB04 with Type of Bill 22X.
(2) Bill with revenue code 3109, HCPCS code S5135 – 1 unit is 15 minutes.
(3) Bill claims separately from any Part A or Part B capitated services.