



# NETWORK Notification

**Notice Date:** March 6, 2024  
**To:** Ohio Medicaid Providers  
**From:** CareSource  
**Subject:** Hospice Billing Update

## Summary

There have been revisions to the guidance on billing for Hospice Nursing Facility Room and Board, hospice ventilator and ventilator weaning claims.

## Highlights

- Only accepting Health Care Financing Administration (HCFA) form (CMS-1500) for Hospice Nursing Facility Room and Board (NF R&B)
- Only accepting UB04 form for ventilator and ventilator weaning
- Must include diagnosis code Z99.11 for ventilator and ventilator weaning services (does not have to be primary)

## I. Hospice Nursing Facility Room and Board (HCPC T2046)

Hospice providers billing for nursing facility room and board must bill using the HCFA (CMS 1500). The name **of the nursing facility** in which the services were delivered must be placed in Box 32 and the National Provider Identifier (NPI) related to the nursing facility must be placed in box 32a.

25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT (For govt. claims, select) <input type="checkbox"/> YES <input type="checkbox"/> NO
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION Nursing Home USA, LLC	33.
SIGNED _____ DATE _____	a. 1234567890	

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) PLEASE PRINT OR TYPE

**Nursing Facility Name** (points to Box 32)

**Nursing Facility NPI** (points to Box 32a)

## II. Hospice Ventilator and Ventilator Weaning Claims

Ventilator dependent and ventilator weaning (i.e. 0410, 0419) claims must be billed using the UB04 Institutional form.

Type of Bill – 81X/081X: If the claim is billed with the incorrect Type of Bill, the claim will deny as incorrect billing.

When billing Ventilator Dependent and Weaning claims, the hospice provider is required to include the Name and NPI of the nursing facility in which the services were delivered in Box 80 (Remark Code). In

addition, when billing for Ventilator and/or Ventilator Weaning services, the diagnosis code **Z99.11** must be included.

c. OTHER PROCEDURE CODE		DATE		d. OTHER PROCEDURE CODE		DATE	
80 REMARKS				STCC			
Nursing Home USA, Inc.				a			LAST
1234567890				b			LAST
				c			79 Q1
				d			LAST

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997

**NUBC** National Uniform Billing Committee

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Name and NPI of Nursing Facility where service were provided

Any claims for Nursing Facility Room & Board or Ventilator/Ventilator Weaning that do not meet the instructions in this guidance may be denied and require the submission of an adjusted claim. Nursing facility hospice (T2046) and vent/vent weaning services are not billable on the same date of service.

### Questions?

For questions, please reach out to Provider Services at **1-800-488-0134**, Monday through Friday 8 a.m. to 6 p.m. Eastern Time (ET).

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