



# NETWORK Notification

**Notice Date:** September 13, 2021  
**To:** Ohio Medicaid and MyCare Providers  
**From:** CareSource  
**Subject:** Hospice Claims Billing Guidance

## Summary

This network notification provides guidance on how to properly bill for **Nursing Facility Room and Board (T2046)**, **Health Care Isolation Centers** and **Ventilator Weaning Services**. This will allow for proper claims processing, future claims identification and accurate reporting.

## Impact

### Nursing Facility Room and Board (T2046)

- Hospice providers billing for Nursing Facility Room and Board procedure code T2046 must be billed using the HCFA (CMS 1500) form.
- The name of the nursing facility in which the services were delivered must be submitted in Box 32 and the National Provider Identifier (NPI) of the nursing facility must be submitted in Box 32a.
- The provider must submit the claim as a single line with a Date of Service span and units billed to match.
- The provider must submit Place of Service 34 (Hospice) in claim field 24 (B).
- If the member has cost/patient liability, that information must be documented on the claim in field 29 (HCFA 1500 Amount Paid), however, patient liability will be applied based on the current 834 report supplied by the Ohio Department of Medicaid (ODM).

25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT (For gov't. claims, see instructions) <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 _____	32a. 1234567890	

Nursing Facility Name

Nursing Facility NPI

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

PLEASE PRINT OR TYPE

### Ventilator and Ventilator Weaning Claims

- Ventilator and ventilator weaning (revenue codes 0410 or 0419) must be billed on a UB04 Institutional Form.
- Name and NPI of the nursing facility in which the services were delivered must be submitted in Box 80 (Remark Code).
- Diagnosis code Z99.11 must be included when billing ventilator weaning services.

c. OTHER PROCEDURE CODE		DATE		d. OTHER PROCEDURE CODE		DATE		LAST
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UB-04 CMS-1450 APPROVED OMB NO. 0938-0997

NUGC<sup>®</sup> National Uniform Billing Committee

Name and NPI of Nursing Facility where service were provided

### Health Care Isolation Center (HCIC) Claims

- Health Care Isolation Center (revenue codes 167, 241, 242, 243, or 249) claims must be billed on a UB04 Institutional Form.
- The name and NPI of the nursing facility in which services were delivered must be submitted in Box 80 (Remark Code).

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NUGC<sup>®</sup> National Uniform Billing Committee

Name and NPI of Nursing Facility where service were provided

Please note: Any claims for Nursing Facility Room & Board, HCIC, or Ventilator Weaning that do not meet the instructions in this guidance may be denied and require the submission of an adjusted claim.

### Reference Documents

The list of HCIC revenue codes can also be found on the [Ohio Department of Medicaid LTSS web page](#).

### Importance

Following the billing guidance in the examples above will ensure claims are processed and paid without delay.

### Questions?

For questions about this topic, please contact CareSource Provider Services at **1-800-488-0134**.

OH-Multi-P-778899