

Bulletin: MSA 10-03

Distribution: Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Hospital Swing Beds, Ventilator Dependent Units

Issued: January 19, 2010

Subject: Use of Occurrence Span Code 70 – "Qualifying Stay Dates For Skilled Nursing Facility (SNF)"

Effective: Immediately

Programs Affected: Medicaid

THIS BULLETIN DISCUSSES THE USE OF OCCURRENCE SPAN CODE 70 AND MUST BE SHARED WITH THE FACILITY'S BILLING STAFF.

Purpose

The Coordination of Benefits Chapter in the Medicaid Provider Manual states that federal regulations require that all identifiable resources be utilized prior to expenditure of Medicaid funds and that Medicaid is considered the payer of last resort. To assure that Medicaid is the payer of last resort in cases where a beneficiary is admitted to a nursing facility (NF) following a 3-day inpatient hospital stay, the following billing instructions **must** be used.

Billing Instructions

When billing Medicaid for the first 100 days of nursing facility care for a beneficiary who was admitted to the nursing facility following at least a 3-day inpatient hospital stay, the facility must bill with Occurrence Span Code 70 with the dates of at least a 3-day inpatient hospital stay that qualifies the resident for Medicare payment of SNF services billed.

In addition to the above billing instructions, the facility must:

- report the actual date of admission to the facility - this date will remain the same on all subsequent claims for this admission;
- indicate the appropriate code for the "Source of Referral for Admission or Visit;" and
- report the number of co-insurance days billed.

Claims Processing

There will be a change in the *processing* of claims when Occurrence Code 70 is used. In the event the facility bills for days 1 through 20, Medicaid will no longer pay these days.

Revenue Code 0160 – For Dually Eligible Beneficiaries Who Wish to Return to their Medicaid NF Bed and Refuse Their Medicare SNF Benefit Following a Qualifying Medicare Hospital Stay

Revenue Code 0160 is used for a dually eligible beneficiary who resides in a Medicaid-only certified bed and is admitted to a hospital for acute care services may be eligible for Medicare-reimbursed SNF benefits at the time of hospital discharge. If that beneficiary wants to return to the Medicaid NF bed he originally occupied, he may refuse his Medicare SNF benefit and Medicaid will reimburse for all medically necessary nursing facility days and other medically necessary services. Section 8.3 of the Nursing Facility Coverages Chapter in the Medicaid Provider Manual, contains this policy. *This policy remains intact and Medicaid will continue to reimburse for these days under Revenue Code 0160.*

Manual Maintenance

This bulletin may be discarded after billing staff review.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

APPROVED



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