

Michigan Medicaid Nursing Facility Providers

Billing Information & Reference

General 5010 Changes

- Larger name fields
- Prohibits use of P.O. Box for billing provider address
- Diagnosis field size expanded in preparation for using ICD-10 codes in October 2013.
- Billing provider requires 9 digit zip code
- Changes made to the AMT segments for COB claims (approved and allowed deleted)

CHAMPS Templates

- New templates are required January 1, 2012.
- Templates previously saved will not be available for use.
- There is no change to the number of templates you can create- five are allowed.

Claim Adjustments

- When adjusting an original 4010 claim, adjustor will be prompted to add required 5010 information.
 - covered, non-covered, or co-insurance days will have to be zeroed out and value codes will have to be added
 - if POA indicator is invalid provider will be prompted to change to valid indicator by using diagnosis list from SHOW drop down box

DDE Changes

- LTC Covered, Non-Covered, and Co-Ins Days are eliminated and Value codes (80 – 82) must be reported
- Prior Authorization (PA) number field should contain the MDCH issued PA
- PRO field should contain the MPRO Pacer number
- For Inquiry screen, the header PA, PRO and Referral numbers get copied to the line

Delay Reason Code

- Provides MDCH with the reason that the claim submission to MDCH was delayed
- Helps prevent claim denials for “timeliness”
- Always use Delay Reason Codes if applicable
- If related to third party liability (TPL), always include the TPL remit date on the claim

REPORTING MEDICARE ON MEDICAID NURSING FACILITY CLAIMS
MEDICAID POLICY BULLETIN MSA 12-01
EFFECTIVE FEBRUARY 17, 2012

- When billing Medicaid for beneficiaries who have Medicare, the appropriate Medicare information must be reported on the claim.
- Medicaid is only considered the primary payer when there is no Medicare or other insurance present on the third party liability (**TPL**) coverage file located in CHAMPS. If a beneficiary has active Medicare insurance on CHAMPS, the nursing facility must always report it, along with the appropriate value codes and claim adjustment reason codes (**CARC**).

BILLING MEDICAID NF CLAIMS

COVERED DAYS Value Code 80

- Covered Days are the days in which primary insurance approves payment for the beneficiary's skilled care. Covered Days must be reported when the primary insurance makes a payment. If Medicaid is primary, the days would be reported with Value Code 80.

• NON-COVERED DAYS Value Code 81

- Non-Covered Days are the days not covered by primary insurance due to primary insurance being exhausted, the beneficiary no longer requires skilled care, or no admission with a 3 day qualified medical stay. Non-Covered Days must be reported in order to receive the proper Medicaid "provider rate" payment.
- When Medicare non-covered days are reported because Medicare benefits are exhausted, facilities must report **Occurrence Code A3** and the date benefits were exhausted, **along with** Claim Adjustment Reason **Codes (CARC) 96** (Non-Covered Charges), **or 119** (Benefit Maximum for the time Period has been Reached).

BILLING MEDICAID NF CLAIMS (CONT'D)

- **NON-COVERED DAYS (CONT'D)**
 - When Medicare non-covered days are reported because Medicare skilled care ended, facilities must report **Occurrence Code 22** and the corresponding date Medicare skill care ended, **along with** Claim Adjustment Reason **Codes (CARC) 96** (Non-Covered Charges), **or 119** (Benefit Maximum for the time Period has been Reached) must be reported.
- **COINSURANCE DAYS Value Code 82**
 - Coinsurance Days are the days in which the primary payer (for example Medicare, Medicare Advantage Plans, or Commercial Insurance) applies a portion of the approved amount to coinsurance. Coinsurance Days must be reported in order to receive the proper coinsurance rate payment.

BILLING MEDICAID NF CLAIMS (CONT'D)

- **COINSURANCE DAYS (CONT'D)**

- When reporting Value Code 82, Occurrence Span Code 70 (Qualifying Stay Dates for SNF) and corresponding From/Through dates (at least a 3-day inpatient hospital stay which qualifies the resident for primary insurance payment of SNF services) must also be reported.

- **MEDICARE ADVANTAGE PLAN'S COINSURANCE DAYS**

- Facilities billing for beneficiaries in a **Medicare Advantage Plan**, must report claim filing indicator MA or MB (not HM or C1), must report CARC 2 and this must equal the “Medicare Advantage Plan Coinsurance rate” times the number of Coinsurance days.
- Facilities using CARC 2 must report it with the amount equal to the Coinsurance rate times the number of Coinsurance days reported.
- The Medicare Advantage Plan Coinsurance rates vary and do not always equal the Fee for Service Medicare Part A Coinsurance rate. Providers must verify the beneficiary’s Medicare Advantage Plan Coinsurance rate prior to billing Medicaid.

BILLING MEDICAID NF CLAIMS (CONT'D)

- **PRIOR STAY DATE(Break in Stay)**
 - If a SNF or nursing home stay ended within 60 days of the SNF admission, Occurrence Span Code 78 and the From/Through dates must be reported along with Occurrence Span Code 70 and the From/Through dates. (If your date of admission is same as from date, and covered and coinsurance days equal, we'll be looking for Occurrence Span Code 78).
- **SPECIAL NOTE MEDICAID ONLY FACILITIES (NOT MEDIARE CERTIFIED)**
 - Claims submitted directly to Medicaid must be billed as outlined above. For example, for beneficiaries with Medicare coverage based on Medicaid's TPL File, Covered Dates **MUST BE LEFT BLANK** if Medicare is not covering the service or benefits have exhausted as Medicare is the primary payer. The **NON-COVERED DAY MUST BE COMPLETED** and it must equal the service units billed for room and board revenue codes and/or leave days revenue codes.
 - The reason Medicare is not covering the service (e.g., benefits exhausted) must also be reported.

MEDICAID CLAIM EXAMPLES

- MEDICARE EXHAUSTED
- COVERED, NON-COVERED AND COINSURANCE DAYS
- NON-COVERED WITH OXYGEN, ANCILLARY
- COINSURANCE DAYS
- NON-COVERED DAYS
- BREAK IN STAY
- REPORTING OF MEDICARE
- MEDICAID ONLY BENEFICIARY – COVERED DAYS ONLY

Medicare exhausted

- * Patient in Nursing Facility January 1 – 31 2012
- * Admit date 12-1-2009
 - * Must report date Medicare Exhausted with Occurrence Code A3
 - * Report days as primary payer views them , in this case Value Code 81 Non-covered by primary payer
 - * Report CARC 119 (benefits exhausted)

Medicare Exhausted Example # 1

CHAMPS My Inbox Admin Provider Claims Reference Member TPL Rate Setting PA Contract/MC

Welcome Boyce, Craig. You have logged-in with DCH domain and Submitter profile. Links:

Path: MyInbox/ Submit Institutional Claim

Menu

Close Submit Claim Save as Template Reset

Statement Dates: From: mm dd yyyy To: mm dd yyyy
01 01 2012 * 01 31 2012 *

Admission Date/Hour: mm dd yyyy - hh : mm
12 01 2009 - :

Admission Type:

Admission Source: *

Discharge Hour: hh : mm
:

Patient Status: *

Principal Diagnosis Code: * POA: Auto Accident State/Province:

CONDITION INFORMATION

OCCURRENCE INFORMATION

1. Occurrence Code: *  Occurrence Date: mm dd yyyy * 10 01 2010 * Add Another

OCCURRENCE SPAN INFORMATION

VALUE INFORMATION

1. Value Code: *  Value Amount: \$ * Add Another

DELAY REASON

OTHER INSURANCE INFORMATION

PRIOR AUTHORIZATION/PRO/REFERRAL NUMBER

Prior Authorization Number: MDCH PA: Yes No PRO Number:

Page ID: pgSubmitInstClaim(Claims) Environment: PRODUCTION (Server: wpw302.82 - Build: R8 - 4.1.1) Server Time: 03/06/2012 02:15:00 EST

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Covered , Non-covered, and Coinsurance Days

- * Patient in Nursing Facility 2-1-09 through 2-28-09
- * Direct admit from hospital , qualified medical stay
 - * Reported with Occurrence span code 70 with the from and through date
 - * Benefits exhausted 2-15-09 reported with the A3
 - * February 1-5 100% Medicare, 5 days value code 80 cov.
 - * February 5-15 Coinsurance days,10 days 82 coins
 - * February 15-28 per diem, 13 days non covered, Value code 81
 - * Report CARC 96 and CARC 2

Covered, Non-covered, Coinsurance Days Example #2

CHAMPS My Inbox Admin Provider Claims Reference Member TPL Rate Setting PA Contract/MC

Welcome Boyce, Craig. You have logged-in with DCH domain and Submitter profile. Links: --Select--

Path: MyInbox/ Submit Institutional Claim

Menu

Close Submit Claim Save as Template Reset

Type of Bill: * (Enter 4 digits with leading zero.)

Statement Dates: From: mm dd yyyy To: mm dd yyyy
 02 01 2009 * 02 28 2009 *

Admission Date/Hour: mm dd yyyy - hh : mm
 01 18 2009 - :

Admission Type:

Admission Source: *

Discharge Hour: hh : mm
 :

Patient Status: *

Principal Diagnosis Code: * POA: Auto Accident State/Province:

+ CONDITION INFORMATION

OCCURRENCE INFORMATION

1. Occurrence Code: A3 *  Occurrence Date: 02 15 2009 * Add Another

OCCURRENCE SPAN INFORMATION

1. Occurrence Span Code: 70 

From Date: mm dd yyyy Through Date: mm dd yyyy * Add Another
 01 13 2009 * 01 18 2009 *

VALUE INFORMATION

1. Value Code:	80		Value Amount: \$	<input type="text"/> 15 *	Add Another
2. Value Code:	81		Value Amount: \$	<input type="text"/> 13	Delete Row
3. Value Code:	82		Value Amount: \$	<input type="text"/> 10	Delete Row

+ DELAY REASON

+ OTHER INSURANCE INFORMATION

PRIOR AUTHORIZATION/DOC/REFERRAL NUMBER

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Page ID: pgSubmitInstClaim(Claims) Environment: PRODUCTION (Server: wpw303.81 - Build: R8 - 4.1.1) Server Time: 03/12/2012 12:38:45 EDT

Non-Covered Days with Oxygen and Ancillary

- * Patient in Nursing Facility 1-1-2011 through 1-31-2011
- * Date of admission 12-1-09
- * Medicare exhausted 12-15-2009 Reported with Occurrence code A3
- * Non Covered days reported with 81 value code.
- * Claim service lines must be reported, and be on or after the A3 Medicare exhaust date
- * Report CARC 119

Non-Covered with Oxygen, Ancillary Claim example #4

CHAMPS My Inbox Admin Provider Claims Reference Member TPL Rate Setting PA Contract/MC

Welcome Boyce, Craig. You have logged-in with DCH domain and Submitter profile. Links: --Select--

Path: MyInbox/ Inquire Claims/ Submit Institutional Claim

Menu

Close Submit Claim Save as Template Reset

CLAIM INFORMATION

CLAIM DATA

Patient Control No.: *

Medical Record No.:

Type of Bill: * (Enter 4 digits with leading zero.)

Statement Dates: From: mm dd yyyy To: mm dd yyyy
01 01 2011 * 01 31 2011 *

Admission Date/Hour: mm dd yyyy - hh : mm
12 01 2009 - :

Admission Type:

Admission Source: *

Discharge Hour: hh : mm
:

Patient Status: *

Principal Diagnosis Code: * POA: Auto Accident State/Province:

CONDITION INFORMATION

OCCURRENCE INFORMATION

1. Occurrence Code: A3  Occurrence Date: mm dd yyyy
12 15 2009 * Add Another

OCCURRENCE SPAN INFORMATION

VALUE INFORMATION

1. Value Code: 81  Value Amount: \$ 31 * Add Another

DELAY REASON

OTHER INSURANCE INFORMATION

PRIOR AUTHORIZATION/PRO/REFERRAL NUMBER

Prior Authorization Number: MDCH PA: Yes No PRO Number: 18

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Page ID: pgSubmitInstClaim(Claims) Environment: PRODUCTION (Server: wpw302.82 - Build: R8 - 4.1.1) Server Time: 03/08/2012 08:00:58 EST

Non-Covered with Oxygen, Ancillary – Service Line Claim example #4

CHAMPS My Inbox Admin Provider Claims Reference Member TPL Rate Setting PA Contract/MC

Welcome Boyce, Craig. You have logged-in with DCH domain and Submitter profile. Links: --Select--

Path: MyInbox/ Inquire Claims/ Submit Institutional Claim

Menu

Close Submit Claim Save as Template Reset

Does this claim have backup documentation? Yes No

SERVICE LINE ITEM INFORMATION

Service Line Items

Revenue Code: *

HCPCS Code: Modifiers: 1: 2: 3: 4:

Service Date: mm dd yyyy HCPCS Description: Characters Remaining: 80

Last Date of Service: mm dd yyyy

Service Units: *

Total Line Charges: \$ * Non-covered Line Charges: \$

Operating Physician ID: (If different from header) Type:

Other Operating Physician ID: (If different from header) Type:

Rendering Physician ID: (If different from header) Type:

Referring Physician ID: (If different from header) Type:

National Drug Code: Quantity: Unit: Qualifier: Prescription/Link No:

Add Service Line Item Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$4,600.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Revenue Code	HCPCS Code	Modifiers				Dates		Units	Charges	Non covered Charges	
			1	2	3	4	Service Date	Last DOS				
1	0120								31	4000.00		Insurance Info <input type="button" value="Copy"/> <input type="button" value="Delete"/>
2	0410						01/15/2011	01/15/2011	1	400.00		Insurance Info <input type="button" value="Copy"/> <input type="button" value="Delete"/>
3	0420	97110					01/03/2011	01/03/2011	1	200.00		Insurance Info <input type="button" value="Copy"/> <input type="button" value="Delete"/>

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Page ID: pgSubmitInstClaim(Claims) Environment: PRODUCTION (Server: wpw302.82 - Build: R8 - 4.1.1) Server Time: 03/08/2012 08:10:19 EST

Coinsurance Days

- * In Nursing Facility 10-1-2010 through 10-31-2010
- * Admit date 9-1-2010
- * First 20 days (9-1-10 through 9-20-10) are 100% Medicare responsibility. Therefore the entire month of October are coinsurance days and are reported with value code 82 and 80
- * Report CARC 2

Coinsurance Days Claim example # 4

CHAMPS My Inbox Admin Provider Claims Reference Member TPL Rate Setting PA Contract/MC

Welcome Boyce, Craig. You have logged-in with DCH domain and Submitter profile. Links: -Select-

Path: MyInbox/ Inquire Claims/ Submit Institutional Claim

Menu

Close Submit Claim Save as Template Reset

Type of Bill: * (Enter 4 digits with leading zero.)

Statement Dates: From: mm dd yyyy To: mm dd yyyy
10 01 2010 * 10 31 2010 *

Admission Date/Hour: mm dd yyyy - hh : mm
09 01 2010 - :

Admission Type:

Admission Source: *

Discharge Hour: hh : mm
:

Patient Status: *

Principal Diagnosis Code: * POA: Auto Accident State/Province:

CONDITION INFORMATION

OCCURRENCE INFORMATION

OCCURRENCE SPAN INFORMATION

1. Occurrence Span Code: 70 * ←

From Date: mm dd yyyy Through Date: mm dd yyyy * Add Another
08 27 2010 * → 08 30 2011 *

VALUE INFORMATION

1. Value Code: 80 * Value Amount: \$ 31 * Add Another
↔ ↔

2. Value Code: 82 * Value Amount: \$ 31 * Delete Row
↔ ↔

DELAY REASON

OTHER INSURANCE INFORMATION

PRIOR AUTHORIZATION/PRO/REFERRAL NUMBER

Prior Authorization Number: MDCH PA: Yes No PRO Number:

Referral Number:

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Page ID: pgSubmitInstClaim(Claims) Environment: PRODUCTION (Server: wpw302.82 - Build: R8 - 4.1.1) Server Time: 03/08/2012 08:10:19 EST

Non covered days

- * Patient in Nursing Facility 12-1-09 through 12-31-09
- * Date of admission 7-1-2007
- * Benefits exhausted 7-12-09, this is reported with the occurrence code A3 and the date Medicare exhausted
- * All days are non covered, and reported with the value code 81
- * Report CARC 96

Non-covered Claim Example # 5

CHAMPS My Inbox Admin Provider Claims Reference Member TPL Rate Setting PA Contract/MC

Welcome Boyce, Craig. You have logged-in with DCH domain and Submitter profile. Links: -Select-

Path: MyInbox/ Inquire Claims/ Submit Institutional Claim

Menu

Close Submit Claim Save as Template Reset

Type of Bill: * (Enter 4 digits with leading zero.)

Statement Dates: From: mm dd yyyy 12 01 2010 * To: mm dd yyyy 12 31 2010 *

Admission Date/Hour: mm dd yyyy hh : mm 07 01 2007 - :

Admission Type: 2

Admission Source: 4 *

Discharge Hour: hh : mm :

Patient Status: *

Principal Diagnosis Code: * POA: Auto Accident State/Province:

CONDITION INFORMATION

OCCURRENCE INFORMATION

1. Occurrence Code: A3 *  Occurrence Date: mm dd yyyy 07 12 2007 * Add Another

OCCURRENCE SPAN INFORMATION

VALUE INFORMATION

1. Value Code: 81 *  Value Amount: \$ 31 * Add Another

DELAY REASON

OTHER INSURANCE INFORMATION

PRIOR AUTHORIZATION/PRO/REFERRAL NUMBER

Prior Authorization Number: MDCH PA: Yes No PRO Number:

Referral Number:

DIAGNOSIS INFORMATION (Do not use decimals or spaces)

PROCEDURE INFORMATION

OPERATING PHYSICIAN INFORMATION

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Page ID: pgSubmitInstClaim(Claims) Environment: PRODUCTION (Server: wpw302.82 - Build: R8 - 4.1.1) Server Time: 03/08/2012 08:10:19 EST

Break in Stay

- * In Nursing Facility 11-1-11 through 11-30-2011
- * Direct admit from 3 day qualified medical stay
 - * Reported with Occurrence Span code 70 and dates
 - * *However patient didn't remain unskilled for 60 days, so previous SNF stay reported with Occurrence span code 78 and dates*
- * Medicaid continues count from original benefit plan which are coinsurance days reported with Value code 82 and 80
- * Report CARC 2

Break in Stay Claim Example #6

CHAMPS My Inbox Admin Provider Claims Reference Member TPL Rate Setting PA Contract/MC

Welcome Boyce, Craig. You have logged-in with DCH domain and Submitter profile. Links: --Select--

Path: MyInbox/ Provider List/ Enrollment List/ Enrl App General/ Submit Institutional Claim

Menu

Close Submit Claim Save as Template Reset

Type of Bill: * (Enter 4 digits with leading zero.)

Statement Dates: From: mm dd yyyy 11 01 2011 * To: mm dd yyyy 11 30 2011 *

Admission Date/Hour: mm dd yyyy - hh : mm 11 01 2011 - :

Admission Type:

Admission Source: *

Discharge Hour: hh : mm :

Patient Status: *

Principal Diagnosis Code: * POA: Auto Accident State/Province:

+ CONDITION INFORMATION

+ OCCURRENCE INFORMATION

OCCURRENCE SPAN INFORMATION

1. Occurrence Span Code: 70 ←

From Date: mm dd yyyy 10 27 2011 * ← Through Date → mm dd yyyy 10 31 2011 * Add Another

2. Occurrence Span Code: 78 ←

From Date: mm dd yyyy 09 01 2011 * ← Through Date → mm dd yyyy 10 27 2011 * Delete Row

VALUE INFORMATION

1. Value Code: 80 ← Value Amount: \$ 30 * Add Another

2. Value Code: 82 ← Value Amount: \$ 30 Delete Row

+ DELAY REASON

+ OTHER INSURANCE INFORMATION

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Page ID: pgSubmitInstClaim(Claims) Environment: PRODUCTION (Server: wpw301.80 - Build: R8 - 4.1.1) Server Time: 03/15/2012 09:25:42 EDT

Medicaid Only

- * Patient in Nursing Facility 12-1-09 through 12-31-09
- * Admitted 12-1-09
- * Medicaid is the only payer on TPL file, report the days as primary payer views them, covered value code 80
- * No CARC codes required

Medicaid Only Claim example # 7

CHAMPS My Inbox Admin Provider Claims Reference Member TPL Rate Setting PA Contract/MC

Welcome Boyce, Craig. You have logged-in with DCH domain and Submitter profile. Links: --Select--

Path: MyInbox/ Inquire Claims/ Submit Institutional Claim

Menu

Close Submit Claim Save as Template Reset

Type of Bill: * (Enter 4 digits with leading zero.)

Statement Dates: From: mm dd yyyy To: mm dd yyyy
12 01 2010 * 12 31 2010 *

Admission Date/Hour: mm dd yyyy - hh : mm
12 01 2010 - : :

Admission Type: 2

Admission Source: 4 *

Discharge Hour: hh : mm
: :

Patient Status: *

Principal Diagnosis Code: * POA: Auto Accident State/Province:

CONDITION INFORMATION

OCCURRENCE INFORMATION

OCCURRENCE SPAN INFORMATION

VALUE INFORMATION

1. Value Code: 80  Value Amount: \$ 31 * Add Another

DELAY REASON

OTHER INSURANCE INFORMATION

PRIOR AUTHORIZATION/PRO/REFERRAL NUMBER

Prior Authorization Number: MDCH PA: Yes No PRO Number:

Referral Number:

DIAGNOSIS INFORMATION (Do not use decimals or spaces)

PROCEDURE INFORMATION

OPERATING PHYSICIAN INFORMATION

OTHER OPERATING PHYSICIAN INFORMATION

REFERRING PHYSICIAN INFORMATION

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Page ID: pgSubmitInstClaim(Claims) Environment: PRODUCTION (Server: wpw302.82 - Build: R8 - 4.1.1) Server Time: 03/08/2012 08:10:19 EST

Reporting of Medicare

- CARC – 2, 96, 119
- CARC – 2 – number of days reported in Value Code 82 x Coinsurance Rate
- CARC – 96, 119 – number of days reported in Value Code 81 x Facility Per Diem Rate (amount not covered by primary insurance)
- Electronic CARC information – Loop 2320 – CAS segment

OTHER INSURANCE INFORMATION

Other Subscriber Information

Payer Responsibility Code: P-Primary * (circled in red)

Remittance Date: mm dd yyyy

Payer ID Number: 33333333 *

Subscriber Member ID:

Subscriber Last Name: Doe

First Name: John MI: Suffix:

Insured's Group or Policy Number: 123456789A *

Beneficiary's Relationship:

Claim Filing Indicator: MA-Medicare Part A * (circled in red)

Total COB Payer Paid Amount: \$ 4,000.00 *

1. Reason Code: 2 Amount: \$ Adjustment Quantity:

2. Reason Code: 96 Amount: \$ Adjustment Quantity: Add Another Reason Code

3. Reason Code: 119 Amount: \$ Adjustment Quantity: Delete



Billing Information

- Value codes (Report the days per Medicare policy)
 - 80 COVERED
 - 81 NON-COVERED
 - 82 COINSURANCE
- When billing coinsurance days, Value Code 82 along with Value Code 80 must be reported
- When billing Medicaid **only** claims report Value Code 80
- When billing Medicare exhausted , report Occurrence code A3 and date. When billing Medicare non-skilled days report Occurrence Code 22 with the appropriate date. Also, report CARC 96 or 119 for the other payer information at the header
- When billing for Hospital or Therapeutic Leave days with revenue code 0183 or 0185, report Occurrence code A3 with the Medicare exhaust date. Also, occurrence span code 74 must be reported with the from and through dates of the leave. For the claim service line(s) you must also report the from and through date in order for the claim to process correctly

New Edits for Nursing Homes when billing Covered, Non-Covered and/or Coinsurance Days to Medicaid

- * **Nursing Facility Medicare/OI exhausted**
 - * Reason Code 22 This care may be covered by another payer per COB
 - * Remark Code N177-We did not send this claim to patient's other insurer. They have indicated no additional payment can be made.
- * **Nursing Facility Primary Insurance Exhausted NOT reported**
 - * Reason code 22 This care may be covered by another payer per COB
 - * Remark code MA04 Secondary payment cannot be considered without the identity of or payment from the primary payer The information was either not reported or was illegible.
- * **Nursing Facility Non Crossover Covered Days Only**
 - * Reason Code 77 Covered Days
 - * Remark Code N219 Payment based on previous payers allowed
- * **Nursing Facility Coinsurance/Non-covered Pricing**
 - * Reason Code 22 This care may be covered by another payer per COB
 - * Remark Code N177 We did not send this claim to patient's other insurer
- * **Occurrence Span Code 70 not valid for Coinsurance Days Pricing**
 - * Reason Code 22 This care may be covered by another payer per COB
 - * Remark Code MA04 Secondary payment cannot be considered without the identity of or payment information from the primary payer.
- * **Covered Days and Coinsurance Days equal from date equals**
 - * Reason code 22 This care may be covered by another payer per cob
 - * Remark Code MA 32 Missing/incomplete /invalid number of covered days during the billing period
- * **Nursing Facility claim where Room and Board revenue codes reported and no value codes**
 - * Reason code 16 Claim lacks information which is needed for adjudication. At least one remark code must be provided.
 - * Remark code M49 Missing /incomplete invalid value code (s) or amounts(s)