

**Distribution:** Nursing Facilities 02-04  
Nursing Home Facilities (Provider Type 60)  
County Medical Care Facilities (Provider Type 61)  
Hospital Long Term Care Units (Provider Type 62)  
Hospital Swing Beds (Provider Type 63)  
Ventilator Dependent Units (Provider Type 63)  
Nursing Facilities for the Mentally Ill (Provider Type 72)  
Outpatient County Medical Care Facilities (Provider Type 64)

**Issued:** September 30, 2002

**Subject:** Uniform Billing  
Nursing Facilities Bulletin 02-02

**Effective:** As Indicated

**Programs Affected:** Medicaid

## PURPOSE

The purpose of this bulletin is to notify nursing facilities that the October 1, 2002 date for the conversion to the national claim formats (UB-92 and ASC X12N 837), as described in Nursing Facilities Bulletin 02-02 dated July 1, 2002, is being extended to **January 1, 2003**.

Nursing facilities are to continue using the Long Term Care Invoice and Adjustment (MSA-1073) or the MDCH proprietary electronic claim format for claims submitted through **December 31, 2002**. The 90-day delay in implementing the claim submission changes is being granted to allow nursing facilities and their affiliated software vendors additional time for provider claim testing. Nursing facility test claims may now be submitted through November 30, 2002.

### **Pen and Ink Change to Chapter IV and Billing Codes Appendix**

Nursing facilities should change the 10/01/02 date to 01/01/03 on the revised Chapter IV and Billing Codes Appendix pages that were sent with Nursing Facilities Bulletin 02-02.

### **Policy Changes Delayed Until January 1, 2003**

The only policies delayed until January 1, 2003 are the authorization/billing for physical/occupational therapy & speech pathology using CPT/HCPCS codes and the issuance of a nine-digit prior authorization number for Complex Care Memorandum of Understandings (MOUs).

### **Policy Changes Still in Effect October 1, 2002**

The following policy changes published in Nursing Facilities Bulletin 02-02 will be implemented October 1, 2002.

- The Elimination of Separate Reimbursement for Dialysis Transportation (see Nursing Facilities Bulletin 02-02, Page 4 of 6)

For dates of service on and after October 1, 2002, Medicaid will no longer make separate payment to a nursing facility for dialysis transportation for Medicaid beneficiaries. As published in Nursing Facilities Bulletin 02-02, effective October 1, 2002, reimbursement for dialysis transportation is included in the facility's routine nursing care per diem rate. Only nursing facilities that incurred and reported dialysis patient transportation costs in their cost report will be paid a reimbursement rate add-on transportation cost in the facility per diem reimbursement rate. This reimbursement will reflect the historical dialysis transportation payment.

### **Billing**

For dialysis transportation charges for dates of service PRIOR to October 1, 2002, the facility would continue to bill one of the following procedure codes: 699107, 699108, or 699109.

For dialysis transportation charges for dates of service prior to October 1, 2002, that the facility may still have outstanding charges after December 31, 2002, the facility must bill on the UB-92 claim formats using Revenue Code **0889** and one of the following procedure codes: 699107, 699108, or 699109 in Form Locator (F.L.) 44.

- The Elimination of Other Service Procedure Codes (see Nursing Facilities Bulletin 02-02, Page 3 of 6)

For dates of service on and after October 1, 2002, Medicaid will no longer make separate payment to a nursing facility for Other Service Procedure Codes. The only exception to this policy is pharmacy and oxygen services. Nursing Facilities Bulletin 02-02 details the specific policy on these changes. All aspects of the policy published in Nursing Facilities Bulletin 02-02 take effect for dates of service on and after October 1, 2002 (e.g., for pharmacy, only covered when billed by a hospital long term care unit - county medical care facilities must enroll as a pharmacy, Provider Type 50 or have a Medicaid-enrolled pharmacy bill Medicaid; for oxygen, this is only covered when billed by a county medical care facility or a hospital long term care unit, etc.).

### **Billing**

For Other Service Procedure Codes for dates of service PRIOR to October 1, 2002, the facility must bill the appropriate Other Service Procedure Code (e.g., Supplies – Procedure Code 59011, Oxygen – Procedure Code 59015) listed in the Appendix F, dated 10/02/91, of the Nursing Facility Manual.

For Other Service Procedure Codes for dates of service prior to October 1, 2002, that the facility may still have outstanding charges after December 31, 2002, the facility must bill on the UB-92 claim format using appropriate revenue code(s) listed on Page 4 of 6 of Nursing Facilities Bulletin 02-02.

- Prior Authorization to Offset the Patient-Pay Amount Form (see Nursing Facilities Bulletin 02-02, Page 5 of 6)

For dates of service on and after October 1, 2002, the Prior Authorization to Offset the Patient-Pay Amount form is eliminated. Instead of the submission of this form, the

provider must call the MDCH, Health Programs Administration, at (517) 241-4293 for approval.


## MANUAL MAINTENANCE

Retain this bulletin until January 1, 2003.

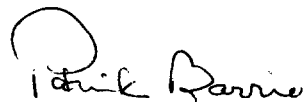
## QUESTIONS

Any questions regarding this bulletin should be directed to: Provider Support, P.O. Box 30479, Lansing, Michigan 48909-7979, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

## APPROVED



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