

Distribution: Hospice 02-01

Issued: January 1, 2002

Subject: Uniform Billing
Revised Chapter IV

Effective: February 1, 2002

Programs Affected: Medicaid, Children's Special Health Care Services

PURPOSE

Effective February 1, 2002, the Michigan Department of Community Health (MDCH) is implementing changes in coverage, reimbursement policies, and claim submission requirements for hospice providers as part of its Uniform Billing Project (UBP). These changes will align MDCH requirements with those of other major health insurers and are a step toward HIPAA (Health Insurance Portability and Accountability Act of 1996) compliance. This bulletin, and the accompanying revised Chapter IV, reflect these changes.

Copies of all draft and final policy bulletins, the electronic claim transaction set, and other information related to changes being made are available on the MDCH website at www.mdch.state.mi.us, click on Medical Services Administration, Information for Medicaid Providers.

CLAIM FORMATS

You may submit your claims electronically or on paper. However, electronic claim submission is the method preferred by MDCH. Claims submitted electronically are entered directly into the Claims Processing System resulting in faster payments, and fewer pends and rejects. Claims can be submitted by file transfer or through the data exchange gateway.

The preferred electronic format is the Michigan Medicaid Interim version of the National Electronic Data Interchange Transactions Set Health Care Claim: Institutional 837 (ASCX12N 837, version 4010). Up to the HIPAA (Health Insurance Portability and Accountability Act of 1996) compliance effective date, MDCH will also accept the Medicare Version 050 of the UB-92 electronic claim format.

For information on submission of electronic claims using the Michigan Medicaid Interim Institutional version 4010 (ASC X12N 837) format, see the User's Guide, transaction set, and envelope information documents on the DCH website at: www.mdch@michigan.gov.

If you intend to bill electronically, immediately contact the Automated Billing Coordinator for the MDCH. Until the revised Automated Billing Manual is available, use the billing instructions in the Medicaid Hospice Manual, Chapters III and IV.

For more information on electronic billing, contact:

Medicaid Automated Billing Coordinator
P.O. Box 30043
Lansing, MI 48909-7979
1-800-292-2550

E-Mail: AutomatedBilling@michigan.gov

Hospice providers must use the UB-92 paper claim form or one of the two associated electronic claim formats on and after February 1, 2002. These formats must be used for new claims. Claims that had been previously paid, and have a CRN (Claim Reference Number) assigned, must submit a replacement claim using the UB-92 paper form, or one of the two associated electronic claim formats. Claims that were previously paid, and not assigned a CRN, must be rebilled using the proprietary hospice paper claim form.

BILLING INSTRUCTIONS

Hospices must use the UB-92 Uniform Billing (UB) Manual for completing the UB-92 claim form. Medicaid billing instructions for completing the UB-92 will be incorporated into the UB-92 Uniform Billing Manual, along with Medicaid claim examples. Chapter IV of your Hospice Manual has been reformatted and updated to conform to Medicaid's current processes and information related to billing and reimbursement. In the event the hospice needs a UB-92 Uniform Billing Manual, one can be obtained as instructed in the attached Chapter IV, Section 1.

Until the UB-92 Manual is updated with Medicaid specific examples for hospice, use the following instructions for claim completion.

Form Locator 17 "Admission Date" Include the admission date for hospice care.

Form Locator 36 "Occurrence Span Code" Include occurrence span code M2 and complete the "from and through" dates for an episode of inpatient respite care.

Form Locator 39-41 "Value Codes" Include value code "61" in value code field 39(a). Additionally, report the MSA (Metropolitan Statistical Area) number followed by two zeros.

Form Locator 42 "Revenue Codes" Use the revenue codes in the table below.

650	General
651	Routine Home Care
652	Continuous Home Care
655	Inpatient Respite Care
656	General Inpatient Care
657	Physician Services
659	Other Hospice

- **To bill for room and board in a nursing home or licensed hospice long term care unit,** use the revenue code 659.
- **To bill the pharmacy co-pay** for Medicare-Medicaid eligible beneficiaries, use revenue code 650 "General."
- **Revenue Code 657 "Physician Services"** requires a HCPCS code be included on the claim line. Physician services with the same HCPCS code may be grouped and billed on the same claim line with the quantity provided.
- **Continuous Home Care** must be billed on separate claim lines.

MANUAL MAINTENANCE

The attached Chapter IV applies to dates of service for claims received on and after February 1, 2002, and should be inserted into the manual at that time. For dates of service prior to February 1, 2002, the provider may wish to retain the existing Chapter IV for reference.

QUESTIONS

Any questions regarding this bulletin should be directed to: Provider Inquiry, Medical Services Administration, P.O. Box 30479, Lansing, Michigan 48909-7979, or e-mail at 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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