



Arizona Skilled Nursing Facility

Billing Resource Guide

2016

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INTRODUCTION

We value our relationship with you, and sincerely appreciate the care you provide to UnitedHealthcare members.

We have developed this Billing Guide to provide you with a resource to assist you with claim submissions.

This guide outlines common billing practices and scenarios and is intended to be a reference tool. This does not supersede any requirements outlined within your contract with the Plan.

For additional information, please refer to our Administrative Manuals available at UHCCommunityPlan.com > (at bottom of page) > Find Plans By State > (click Arizona) > If You are a Health Professional > Provider Administrative Manual; or at UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides > UnitedHealthcare Administrative Guide – 2016.

If you have any questions regarding this guide or your contract, please contact your Provider Relations Advocate.

General Billing Guidance. Skilled Nursing Facilities must submit all claims on the UB04 form. The UB04 must be completed with required billing fields as indicated in this example:

1	Req. (Billing Provider Name) Req. (Street Address) Req. (City) (ST) (ZIP) Req. (Telephone) Req. Fax	2	3a PAT. CNTL. # b. MED. REC. #	4	TYPE OF BILL Required
5	FED. TAX NO.	6	STATEMENT COVERS PERIOD FROM	7	THROUGH Required
8	PATIENT NAME	a	Req. (Patient Name/ID) Req. (Patient Name)	9	PATIENT ADDRESS a. Req. (Patient Address - Street) b. Req. (City) c. (State) d. (Zip)
10	BIRTH-DATE	11	SEX	12	DATE
13	ADMISSION 13 HR	14	TYPE	15	SRC
16	DHR	17	STAT	18	19
20	21	22	23	24	25
26	27	28	29	30	ACDT STATE
31	OCCURRENCE DATE	32	OCCURRENCE DATE	33	OCCURRENCE DATE
34	OCCURRENCE DATE	35	OCCURRENCE DATE	36	OCCURRENCE DATE
37	OCCURRENCE DATE	38	OCCURRENCE DATE	39	OCCURRENCE DATE
39	RESPONSIBLE PARTY NAME/ADDRESS RESPONSIBLE PARTY NAME/ADDRESS RESPONSIBLE PARTY NAME/ADDRESS RESPONSIBLE PARTY NAME/ADDRESS	40	VALUE CODES AMOUNT	41	VALUE CODES AMOUNT
42	REV. CD.	43	DESCRIPTION	44	HCPCS / RATE / HIPPS CODE
45	SERV. DATE	46	SERV. UNITS	47	TOTAL CHARGES
48	NON-COVERED CHARGES	49		50	
1	Req.	Revenue code description	Required if applicable	Required	Required
2					Required
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23	PAGE	Req. OF	Req.	CREATION DATE	Req.
24	TOTALS	Req.	Required		
50	PAYER NAME	51	HEALTH PLAN ID	52	PBL INFO
53	54	55	56	57	58
A	Required (Payer identification- Primary)	Required	Req	Req (Required -if applicable)	Required
B	Required (Payer identification-Secondary)	Required	Req	Req (Required -if applicable)	Required
C	Required (Payer identification-Tertiary)	Required	Req	Req (Required -if applicable)	Required
59	INSURED'S NAME	60	INSURED'S UNIQUE ID	61	GROUP NAME
A	Required (Primary)	(Req. -if applicable)	Required	Required if applicable	Required if applicable
B	Required (Secondary)	(Req. -if applicable)	Required	Required if applicable	Required if applicable
C	Required (Tertiary)	(Req. -if applicable)	Required	Required if applicable	Required if applicable
63	TREATMENT AUTHORIZATION CODES	64	DOCUMENT CONTROL NUMBER	65	EMPLOYER NAME
A	Required if applicable	Required if applicable	Required if applicable	Required if applicable	Required if applicable
B					
C					
66	DX	67	68	69	70
A	Required	Required if applicable			
B					
C					
71	ADMIT DX	72	PATIENT REASON DX	73	74
75	76	77	78	79	80
A	Required	Req. -if applicable	Req. -if applicable	Req. -if applicable	Req. -if applicable
B	Req. -if applicable	Req. -if applicable	Req. -if applicable	Req. -if applicable	Req. -if applicable
C	Req. -if applicable	Req. -if applicable	Req. -if applicable	Req. -if applicable	Req. -if applicable
81	REMARKS	82	83	84	85
A	Req. if applicable-Remarks - lines 1-4	Req. if applicable---a- d			
B					
C					

Common Billing Practices



Provider Name/Service Address: **Field 1** Required
Tax Identification #: **Field 5** Required
NPI #: **Field 5** , Required

UnitedHealthcare Community Plan - AHCCCS/Medicaid	UnitedHealthcare Community Plan - Long Term Care	UnitedHealthcare Medicare Solutions
1. Field 1 – <u>Provider Name</u> Use the name under the AHCCCS registration. Field 1 – <u>Servicing Address</u> Use the street address. The field cannot be blank or a PO box. 2. Field 5 – <u>Tax Identification #</u> Use number that is certified with AHCCCS. 3. Field 56 – <u>NPI #</u> Use the NPI that is certified with AHCCCS as the servicing facility.	1. Field 1 – <u>Provider Name</u> Use the name under the AHCCCS registration. Field 1 – <u>Servicing Address</u> Use the street address. The field cannot be blank or a PO box. 2. Field 5 – <u>Tax Identification #</u> Use number that is certified with AHCCCS. 3. Field 56 – <u>NPI #</u> Use the NPI that is certified with AHCCCS as the servicing facility.	1. Field 1 - <u>Provider Name</u> Field 1 - <u>Servicing Address</u> Use the street address. The field cannot be blank or a PO box. 2. Field 5 - <u>Tax Identification #</u> 3. Field 56 - <u>NPI #</u>

1 Provider Name		2		3a PAT. CNTL. #		4 TYPE OF BILL	
Address				b MED. REC. #			
City	ST	Zip		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	7 THROUGH	
Phone	Fax			Provider TIN #			

PAGE ___ OF ___		CREATION DATE		TOTALS			
50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	NPI (BOX #1)
						57	

Notes:

Patient Control Number: Field 3

UnitedHealthcare Community Plan- AHCCCS/Medicaid	UnitedHealthcare Community Plan- Long Term Care	UnitedHealthcare Medicare Solutions
<p align="center">Field 3 Patient Control Number</p> <ul style="list-style-type: none"> This number will appear on your provider remit and will allow for easier cash posting and reconciliation. 	<p align="center">Field 3 Patient Control Number</p> <ul style="list-style-type: none"> This number will appear on your provider remit and will allow for easier cash posting and reconciliation. 	<p align="center">Field 3 Patient Control Number</p> <ul style="list-style-type: none"> This number will appear on your provider remit and will allow for easier cash posting and reconciliation.

1	2	3a PAT. CNTL # Patient Control #	4 TYPE OF BILL
		b. MED. REC. #	
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH
			7

Notes:

Bill Type: Field 4 Required

UnitedHealthcare Community Plan - AHCCCS/Medicaid	UnitedHealthcare Community Plan - Long Term Care	UnitedHealthcare Medicare Solutions
<p>Bill Types are required:</p> <ul style="list-style-type: none"> Allowed AHCCCS Bill Types/Revenue codes are listed in the chart below. *** Initial Claims – <ul style="list-style-type: none"> Use Bill Type xx1-xx4 Corrected Claims - <ul style="list-style-type: none"> Use Bill Type xx7 A corrected claim type xx7 must have initially been billed with Bill Type xx1-xx4 	<p>Bill Types are required:</p> <ul style="list-style-type: none"> Allowed AHCCCS Bill Types/Revenue codes are listed in the chart below. *** Initial Claims – <ul style="list-style-type: none"> Use Bill Type xx1-xx4 Corrected Claims - <ul style="list-style-type: none"> Use Bill Type xx7 A corrected claim type xx7 must have initially been billed with Bill Type xx1-xx4 	<p>Bill Types are required:</p> <ul style="list-style-type: none"> Initial claims – <ul style="list-style-type: none"> Use Bill Type xx1-xx4 Corrected Claims - <ul style="list-style-type: none"> Use Bill Type xx7 A corrected claim type xx7 must have initially been billed with Bill Type xx1-xx4

1	2	3a PAT. CNTL. #		4 TYPE OF BILL
		b. MED. REC. #		TOB
		5 FED. TAX NO.	8 STATEMENT COVERS PERIOD FROM THROUGH	7

***UnitedHealthcare Community Plans (AHCCCS/Medicaid, LTC)

Revenue Codes	Allowable Bill Types
190 Subacute General	86X, 650-608
191 Subacute Care Level I	110 – 179, 211 – 228, 650-668
192 Subacute Care Level II	110 – 179, 211 – 228, 650-668
193 Subacute Care Level III	110 – 179, 211 – 228, 650-668
194 Subacute Care Level IV	110 – 179, 211 – 228, 650-668
199 Other Subacute Care	650-668
183 LOA – Therapeutic (For home visit by recipient)	211 – 228, 650-668
185 LOA – Bed hold (For short-term hospitalization)	211 – 228, 650-668

When billing revenue codes 183 and 185, providers must split bill and submit claims on separate UB-04 claim forms using the appropriate bill types and patient status codes.

Notes:

Statement Covers Period: Field 6 **Required**
 Admission Date: Field 12 **Required**
 Service Dates: Field 45 **Required**

UnitedHealthcare Community Plan - AHCCCS/Medicaid	UnitedHealthcare Community Plan -Long Term Care	UnitedHealthcare Medicare Solutions
<p>1. Field 6 – <u>Statement Covers Period</u> is the period of time for which you are billing</p> <p>2. Field 12 – Admission Date The date the member was admitted to the facility.</p> <p>3. Field 45 – Service Dates</p> <ul style="list-style-type: none"> The service dates must be within the dates the member was eligible with the health plan, and The service dates must be within the statement period date. 	<p>1. Field 6 – <u>Statement Covers Period</u> is the period of time for which you are billing</p> <p>2. Field 12 – Admission Date The date the member was admitted to the facility.</p> <p>3. Field 45 – Service Dates</p> <ul style="list-style-type: none"> The service dates must be within the dates the member was eligible with the health plan, and The service dates must be within the statement period date. 	<p>1. Field 6 – <u>Statement Covers Period</u> is the period of time for which you are billing</p> <p>2. Field 12 – Admission Date The date the member was admitted to the facility.</p> <p>3. Field 45 – Service Dates</p> <ul style="list-style-type: none"> The service dates must be within the dates the member was eligible with the health plan, and The service dates must be within the statement period date.

1		2		3a PAT. CNTRL #		4 TYPE OF BILL		
				b. MED. REC. #				
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH		
						01/19/13 01/27/13		
8 PATIENT NAME		a		8 PATIENT ADDRESS				a
b								
10 BIRTH-DATE	11 SEX	12 DATE	ADMISSION 13 HR 14 TYPE 15 SRC	16 DHR	17 STAT	18	19	
		1/19/13				20	21	
22		23		24		25		
26		27		28		29 ACDT STATE		
30		31		32		33		
34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM THROUGH		37		
38		39		40		41		
		a		b		c		
		b		c		d		
		c		d				
		d						
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	
1				1/19-1/27				
2								
3								
4								

Patient Name: Field 8 - a, b **Required**
Address: Field 9 - a, b, c, d **Required**
DOB: Field 10 **Required**
Gender: Field 11 **Required**

UnitedHealthcare Community Plan -AHCCCS/Medicaid	UnitedHealthcare Community Plan -Long Term Care	UnitedHealthcare Medicare Solutions
Use the Patient Name, Address, DOB, and Gender that matches AHCCCS eligibility.	Use the Patient Name, Address, DOB, and Gender that matches AHCCCS eligibility.	Use the Patient name (enter exactly as it appears on their health care ID card), Address, DOB (dd/mm/yyyy) and Gender.

1		2		3a PAT. CNTRL #		4 TYPE OF BILL	
				b. MED. REC. #			
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
8 PATIENT NAME		a Patient Name/ID		9 PATIENT ADDRESS		a Patient Address – Street)	
b Patient Name		b City		c State		d Zip	
10 BIRTH-DATE	11 SEX	12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR	17 STAT
DOB	S						
31 OCCURRENCE CODE DATE		32 OCCURRENCE CODE DATE		33 OCCURRENCE CODE DATE		34 OCCURRENCE CODE DATE	
35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37			

Notes:

Admit: Field 13 **Required**
Admit Types: Field 14 **Required**
Admit Source: Field 15 **Required**
Discharge Times: Field 16 **Required**

UnitedHealthcare Community Plan -AHCCCS/Medicaid	UnitedHealthcare Community Plan -Long Term Care	UnitedHealthcare Medicare Solutions
<p>1. Field 13 – <u>Admit</u> For interim claims, discharge times are not applicable</p> <p>2. Field 14 – <u>Admit Types</u></p> <ul style="list-style-type: none"> • Common Admit Types: <ul style="list-style-type: none"> ○ 1-emergency ○ 3-elective <p>See a UB Editor for complete list</p> <p>3. Field 15 - <u>Admit Source</u></p> <ul style="list-style-type: none"> • Common Admit Sources: <ul style="list-style-type: none"> ○ 4-transfer from hospital. <p>See a UB Editor for a complete list</p> <p>4. Field 16 – Discharge times for interim claims discharge times is not applicable</p>	<p>1. Field 13 – <u>Admit</u> For interim claims, discharge times are not applicable</p> <p>2. Field 14 – <u>Admit Types</u></p> <ul style="list-style-type: none"> • Common Admit Types: <ul style="list-style-type: none"> ○ 1-emergency ○ 3-elective <p>See a UB Editor for complete list</p> <p>3. Field 15 - <u>Admit Source</u></p> <ul style="list-style-type: none"> • Common Admit Sources: <ul style="list-style-type: none"> ○ 4-transfer from hospital <p>See a UB Editor for a complete list</p> <p>4. Field 16 – Discharge times for interim claims discharge times is not applicable</p>	<p>1. Field 13 – <u>Admit</u> For interim claims, discharge times are not applicable</p> <p>2. Field 14 – <u>Admit Types</u></p> <ul style="list-style-type: none"> • Common Admit Types: <ul style="list-style-type: none"> ○ 1-emergency ○ 3-elective <p>See a UB Editor for complete list</p> <p>3. Field 15 - <u>Admit Source</u></p> <ul style="list-style-type: none"> • Common Admit Sources: <ul style="list-style-type: none"> ○ 4-transfer from hospital <p>See a UB Editor for a complete list</p> <p>4. Field 16 – Discharge times for interim claims discharge times is not applicable</p>

1		2		3a PAT. CNTRL. #		4 TYPE OF BILL	
				b MED. REC. #			
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM	
						7 THROUGH	
8 PATIENT NAME a				9 PATIENT ADDRESS a			
b							
10 BIRTH-DATE	11 SEX	12 DATE	13 ADMISSION HR	14 TYPE	15 SRC	16 DHR	17 STAT
							18 19 20 21
CONDITION CODES							
22 23 24 25 26 27 28 29 ACCT STATE 30							
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE SPAN FROM	37 OCCURRENCE SPAN THROUGH	38

Notes:

Authorization Number: Field 63 **Required**

UnitedHealthcare Community Plan -AHCCCS/Medicaid	UnitedHealthcare Community Plan -Long Term Care	UnitedHealthcare Medicare Solutions
<p>Field 63: <u>Authorization Number</u> is required.</p>	<p>Field 63: <u>Authorization Number</u> is required.</p>	<p>Field 63: <u>Provide Authorization Number</u>, if available.</p>

Attending Physician: Field 76 **Required**

UnitedHealthcare Community & State -AHCCCS/Medicaid	UnitedHealthcare Community & State -Long Term Care	UnitedHealthcare Medicare Solutions
<p>Field 76 <u>Attending Physician</u> Use the name and NPI as filed with AHCCCS.</p>	<p>Field 76 <u>Attending Physician</u> Use the name and NPI as filed with AHCCCS.</p>	<p>Field 76 <u>Attending Physician</u> Use the name and NPI as filed with National Plan and Provider Enumeration System (NPPES).</p>

Notes:

Payor ID for Electronic Claim Submissions **Required**

UnitedHealthcare Community Plan -AHCCCS/Medicaid	UnitedHealthcare Community Plan -Long Term Care	UnitedHealthcare Medicare Solutions
Payor ID #03432 UnitedHealthcare – Dual Complete (HMO SNP) Payor ID: # 03432	Payor ID #87726	Payor ID #87726

Notes:

Room and Board - Revenue Codes **Required**

UnitedHealthcare Community Plan -AHCCCS/Medicaid	UnitedHealthcare Community Plan -Long Term Care	UnitedHealthcare Medicare Solutions
Billing in accordance with AHCCCS rules is required unless otherwise specified in your provider agreement. See chart below. ***	Billing in accordance with AHCCCS rules is required unless otherwise specified in your provider agreement. See chart below. *** Include specific ICD10 procedure codes when applicable, following terms of your provider agreement.	Billing is required in accordance with current provider agreement. Please refer to your contract for appropriate revenue codes.

*** UnitedHealthcare Community Plans (AHCCCS/Medicaid, LTC)

Revenue Codes	Allowable Bill Types
190 Subacute General	86X , 650-608
191 Subacute Care Level I	110 – 179, 211 – 228, 650-668
192 Subacute Care Level II	110 – 179, 211 – 228, 650-668
193 Subacute Care Level III	110 – 179, 211 – 228, 650-668
194 Subacute Care Level IV	110 – 179, 211 – 228, 650-668
199 Other Subacute Care	650-668
183 LOA – Therapeutic (For home visit by recipient)	211 – 228, 650-668
185 LOA – Bed hold (For short-term hospitalization)	211 – 228, 650-668

When billing revenue codes 183 and 185, providers must split bill and submit claims on separate UB-04 claim forms using the appropriate bill types and patient status codes.

Notes:

Value Codes Required

UnitedHealthcare Community Plan - AHCCCS/Medicaid	UnitedHealthcare Community Plan - Long Term Care	UnitedHealthcare Medicare Solutions
<p>1. Value Codes are required on inpatient claims.</p> <ul style="list-style-type: none"> • UB04 Field 39 <p>2. Common Value Codes:</p> <ul style="list-style-type: none"> • 80 for covered days • 81 for non-covered days • Include the number of days appropriate. <p>See a UB Editor for a complete listing of codes.</p>	<p>1. Value Codes are required on inpatient claims.</p> <ul style="list-style-type: none"> • UB04 Field 39 <p>2. Common Value Codes:</p> <ul style="list-style-type: none"> • 80 for covered days • 81 for non-covered days • 23 for Share of Cost. <p>See a UB Editor for a complete listing of codes.</p>	<p>1 N/A</p>

Below are specific scenarios when Value Codes are required on the claim.

Example A

1. Billing UnitedHealthcare Community Plan – Long Term Care as secondary for coinsurance and coordination of payment:
2. UB04 Information
 - a. Field 39 - value code 80 must be billed on the claim indicating the total billed days (ex. 31).
 - b. Field 39 – enter value code 23 to indicate SOC.
 - c. Field 40 - enter value code 82 to indicate the coinsurance days (ex. 10).
 - d. Field 41 - enter value code 09 to indicate the coinsurance amount due.
 - e. All other required fields must be entered on the UB04 claim.
 - f. The primary Medicare EOB must be submitted with the claim.

09 UHC Community Plan - LTC P.O. Box 30995 Salt Lake City, UT 84130				39 VALUE CODES CODE AMOUNT a 80 31 b 23 1500.00 c d		40 VALUE CODES CODE AMOUNT 82 10		41 VALUE CODES CODE AMOUNT 09 1556.50	
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49		
1	0191 Room and Board	177	3/1/13	31	5487.00				
2									
3									

Example B

1. Billing UnitedHealthcare Community Plan – Long Term Care as primary payor.
2. UB04 Information
 - a. Field 39 - enter value code 81 to indicate non-covered days by the primary.
 - b. Field 40 - enter value code 23 to indicate SOC
 - c. Field 42 - enter the approved Medicaid revenue code (e.g. 191), from the notification given by the UnitedHealthcare Community Plan Case Manager.

<small>99</small> UHC Community Plan - LTC P.O. Box 30995 Salt Lake City, UT 84130			<small>39</small> VALUE CODES CODE AMOUNT a 81 31	<small>40</small> VALUE CODES CODE AMOUNT b 23 1500 00	<small>41</small> VALUE CODES CODE AMOUNT c d		
<small>42</small> REV. CD.	<small>43</small> DESCRIPTION	<small>44</small> HCPCS / RATE / HIPPS CODE	<small>45</small> SERV. DATE	<small>46</small> SERV. UNITS	<small>47</small> TOTAL CHARGES	<small>48</small> NON-COVERED CHARGES	<small>49</small>
0191	Room and Board	177	3/1/12	31	5487 00		

Example C

1. Billing UnitedHealthcare Medicare Solutions as the primary coverage for Skilled stay.
2. UB04 Information
 - a. A Value Code is not required.
 - b. All other required UB04 fields must be included on the claim.

<small>99</small> UHC Medicare and Retirement P.O. Box XXX City, State, Zip			<small>39</small> VALUE CODES CODE AMOUNT a b c d	<small>40</small> VALUE CODES CODE AMOUNT a b c d	<small>41</small> VALUE CODES CODE AMOUNT a b c d		
<small>42</small> REV. CD.	<small>43</small> DESCRIPTION	<small>44</small> HCPCS / RATE / HIPPS CODE	<small>45</small> SERV. DATE	<small>46</small> SERV. UNITS	<small>47</small> TOTAL CHARGES	<small>48</small> NON-COVERED CHARGES	<small>49</small>
0191	Room and Board	177	3/1/13	31	5487 00		

Notes:

Common Billing Questions

Question 1

How should I bill the secondary payor for services not covered under the member's primary payor?

UnitedHealthcare Community Plan -AHCCCS/Medicaid	UnitedHealthcare Community Plan -Long Term Care	UnitedHealthcare Medicare Solutions
<ul style="list-style-type: none"> When UnitedHealthcare Community Plan - AHCCCS/Medicaid is the secondary plan and the benefit is not covered under the primary payor, an EOB is not required. Bill with all required fields and include occurrence codes of 76 or 77 with applicable rev code. 	<ul style="list-style-type: none"> When UnitedHealthcare Community Plan - LTC is the secondary plan and the benefit is not covered under the primary payer, an EOB is not required. Value Code 81 is required in Field 39. *** Value Code 23 is required in Field 40. *** 	N/A

*** UnitedHealthcare Community Plans (LTC)

1		2		3a PAT. CNTL #		4 TYPE OF BILL	
				b. MED. REC. #			
5 FED. TAX NO.				6 STATEMENT COVERS PERIOD FROM		7 THROUGH	
8 PATIENT NAME		a		9 PATIENT ADDRESS		a	
b				c		d	
10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR 14 TYPE 15 SRC	16 DHR	17 STAT	18 19 20 21	
						CONDITION CODES 22 23 24 25 26 27 28	
						29 ACCT STATE 30	
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37 OCCURRENCE CODE	38 OCCURRENCE DATE
39 VALUE CODES CODE				40 VALUE CODES CODE		41 VALUE CODES CODE	
a 81				31		23	
b				1500:00			
c							
d							

Notes:

Question 2

How do I bill for custodial services when a UnitedHealthcare Community Plan – AHCCCS/Medicaid member residing in my Skilled Nursing Facility has exhausted their Part A skilled benefit?

UnitedHealthcare Community Plan -AHCCCS/Medicaid	UnitedHealthcare Community Plan -Long Term Care
Bill with all required fields and include occurrence codes of 76 or 77 with only the 19X rev code.	N/A

Notes

Question 3 - Part B Therapy Claims

How should I bill when the member is receiving therapy services and not on a skilled stay?

UnitedHealthcare Community Plan -AHCCCS/Medicaid	UnitedHealthcare Community Plan -Long Term Care	UnitedHealthcare Medicare Solutions
<p>The UB04 must include:</p> <ol style="list-style-type: none"> 1. All required UB04 fields 2. Valid Part B services (therapy codes) billed on subsequent lines to include the appropriate revenue codes (42x series) and HCPC combination. <p>Note – For DOS beginning April 1, 2014, a room and board code of 19x billed with \$0.00 is no longer required when billing your therapy claims.</p>	<p>The UB04 must include:</p> <ol style="list-style-type: none"> 1. All required UB04 fields 2. Valid Part B services (therapy codes) to include the appropriate revenue code (42x series) and HCPC combination. 	<p>The UB04 must include:</p> <ol style="list-style-type: none"> 1. All required UB04 fields 2. Valid Part B services (therapy codes) to include the appropriate revenue code (42x series) and HCPC combination.

Notes:

Question 4

How are skilled stays reviewed?

UnitedHealthcare Community Plan -AHCCCS/Medicaid	UnitedHealthcare Community Plan -Long Term Care	UnitedHealthcare Medicare Solutions
<p>The Prior Authorization Department will make decisions on authorization requests and will notify requesters of approval or denial of authorization within the following time frames:</p> <ul style="list-style-type: none"> • URGENT (STAT) requests - decision and notification within 3 (three) business days • ELECTIVE Routine (non-urgent) requests - review and decision will be completed within 14 (fourteen) days (including weekends and holidays) of receiving the request. 	<ul style="list-style-type: none"> • UnitedHealthcare Community Plan - LTC Case Managers send notifications to providers when a dual Medicare member is admitted for skilled services. • The Case Manager can provide updates on number of remaining skilled bed days. • A Medi-fax can be run to validate number of skilled bed days. • For a Medicaid-only member admitted for skilled services, the initial bed days approved at a specific level of care are provided by the Case Manager. <ul style="list-style-type: none"> ○ Weekly review is completed to determine medical necessity. 	<ul style="list-style-type: none"> • SNF's are responsible for completing the Admission Notification process. Please refer to the Administrative Guide (unitedhealthcareonline.com) for the complete process. • Admission Notifications can be accomplished via phone, fax, or online.

Notes:

UnitedHealthcare Community Plan-Specific Questions

Question 1

Is a Group Number required? (Field 62)

UnitedHealthcare Community Plan - Long Term Care

- The member's Group Number is required.
- The member's Group Number is located on the member's eligibility card.
- The member's eligibility can also be located by logging in at UnitedHealthcareOnline.com > Patient Eligibility & Benefits > Patient Eligibility.
 - Search for member by Member number and/or name.
 - Click the Details link associated with the patient.
 - The patient's group number will be listed.
- Field 62 - The Group Number must be entered into Field 62 on the UB04.

PAGE ____ OF ____		CREATION DATE				TOTALS			
50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASS BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI			
A						57		A	
B						OTHER		B	
C						PRV ID		C	
58 INSURED'S NAME		59 P. REL.	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.		
A							Group ID		
B									
C									

Notes:

Question 2

How can I verify the member's Share of Cost (SOC)?

- The member's Share of Cost can be verified by utilizing AHCCCS online at azweb.statemedicaid.us/Home.asp

Question 3

How should the SOC be entered when billing twice per month (split billed claims)?

- The full SOC should be entered on both claims: *If one or more claims are submitted for the same dates of service within the same month and the SOC amounts are different than the first claim, the subsequent claim(s) will be denied*

Question 4

If billing twice per month and the SOC changes after billing the first claim, does the SNF submit the second claim with the updated SOC amount or the same SOC amount that was submitted on the first claim?

- The SOC needs to be the same on both claims or a denial will occur.
If the provider identifies that a SOC adjustment is needed, a reconsideration form must be submitted to:
UnitedHealthcare Community Plan – Long Term Care Claims
PO Box 30995
Salt Lake City, UT 84130.

Notes:

Question 5

Is Value Code 23 and the SOC required on claims where Medicare/Medicare Advantage Insurance is primary and there is co-insurance to be billed to UnitedHealthcare Community Plan – Long Term Care?

- Value Code 23 is required when UnitedHealthcare Community Plan – Long Term Care is secondary and the facility is billing for coinsurance days.

Question 6

When submitting separate claims for residents who are only Medicaid eligible and are receiving approved therapy, is value code "23" and SOC required on these claims? Will they reject if the value code 23 is billed on these claims?

- The Value code 23 and share of cost would not be required on Non Room and Board claims. If value code 23 and share of cost happens to be submitted on a claim for therapy services, our system would not deny it – it would process as normal.

Notes

Glossary

AHCCCS (pronounced “access”) – This is the acronym for the Arizona Health Care Cost Containment System, the state agency that manages the state Medicaid program.

AHCCCSA – Arizona Health Care Cost Containment System Administration. The state agency, which acts as the contracting and regulatory body for the State.

Arizona Long Term Care System (ALTCS) – Arizona Long Term Care System is a program administered under AHCCCSA. ALTCS provides long term, acute, behavioral health care and case management services to eligible enrollees. Enrollees are primarily the elderly and/or physically disabled who meet financial eligibility criteria and are at risk for institutionalization.

Authorization - A process whereby services are reviewed prospectively to determine if they are medically necessary and appropriate.

Billed Charges - Charges billed by a provider for rendering services to a member.

Case Manager – The individual responsible for coordinating the treatment plan for the member, the member’s representative and the member’s primary health care provider.

Clean Claim – A claim that can be processed without needing to obtain additional information from the health care provider or third party provider, with the exception of claims under investigation for fraud, abuse or medical necessity.

Centers for Medicare and Medicaid Services (CMS) – CMS is the federal agency that administers Medicaid, Medicare and State Children’s Health Insurance programs.

EOB – Explanation of Benefits.

Medicaid – A federal/state medical assistance program authorized by Title XIX of the Social Security Act for recipients of federally aided public assistance, SSI benefits and medically indigent assistance.

Medically Necessary – Covered services provided by a physician or other licensed practitioner, within the scope of their practice under state law, to preserve and maintain the health status of a member, prevent death, treat/cure disease, ameliorate disabilities or other adverse health conditions, and/or prolong life. Only services that are deemed to be medically necessary and covered will be authorized.

Medicare – A federal program authorized by Title XVIII of the Social Security Act that provides health insurance for persons aged sixty-five (65) and older and for other specified groups. Part A is for hospitalization and is compulsory; Part B is for outpatient services and is voluntary; Part D is a prescription benefit and is voluntary.

Medicare Part A – Hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care and some home health care.

Medicare Part B – Medical insurance that helps pay for doctors' services, outpatient hospital care, durable medical equipment, and some medical services that are not covered by Part A.

Medicare Part D - Prescription Drug coverage available through Medicare Advantage Prescription Drug Plans (MA-PD) and stand-alone Prescription Drug Plans (PDP).

NPI - National Physician Identifier - Required by CMS for all providers who bill, prescribe or refer for health care services, and is to be used on all electronic transactions. It is a unique identifier assigned to a provider.

Room and Board - The amount paid for food and/or shelter. Medicaid funds can be expended for room and board only when a person lives in an institutional setting (nursing facility, ICF/MR). Medicaid funds cannot be expended for room and board when a member resides in an alternative residential setting (e.g. Assisted Living Facilities, Behavioral Health Level 2) or an apartment-like setting that may provide meals. The member is responsible for payment of room and board in these settings.

Share of Cost - ALTCS members are required to contribute toward the cost of their care based on their income and type of placement. Generally, only institutionalized ALTCS members have a share of cost. Some members, either because of their limited income or the methodology used to determine the share of cost, have a zero share of cost. The ALTCS Eligibility Office determines the amount of a member's share of cost.

UB-04 - A universal billing form for claims. Skilled nursing facilities, and hospital inpatient, outpatient, and emergency rooms file claims on this form. The UB-04 is not to be confused with a 'universal claim form' for filing pharmacy claims.

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