# How to Bill for Nursing Facility Add-On Code S0315 (Also known as “Weekend Admission Add-On”)

**Nursing Facilities Billing for Add-On Services Provided in a Nursing Facility**

Beginning *December 1, 2021*, a nursing facility will be eligible for a Medicaid add-on of $200 per member per day for up to 2 days of a Fee-for-Service (FFS) member’s nursing facility stay, if the FFS member meets all the following criteria:

1. MassHealth is the FFS member’s primary payer for nursing facility services at the time of admission. This includes members enrolled in the Primary Care Clinician (PCC) Plan or enrolled in a Primary Care Accountable Care Organization (PCACO).
2. The FFS member was transferred to the nursing facility directly from an inpatient hospital in Massachusetts between 12:00 a.m. on Saturday and 11:59 p.m. on Sunday on or after December 1, 2021.
3. The FFS member is not returning to the nursing facility from a medical leave of absence.

Nursing facilities will need to submit one claim for the member to be reimbursed for add-on services. Claims should be submitted directly to MassHealth as indicated below.

## BILL NURSING FACILITY ADD-ON RATE USING AN INSTITUTIONAL 837I OUTPATIENT CLAIM

**These are the values that are different than what a Nursing Facility normally bills for.**

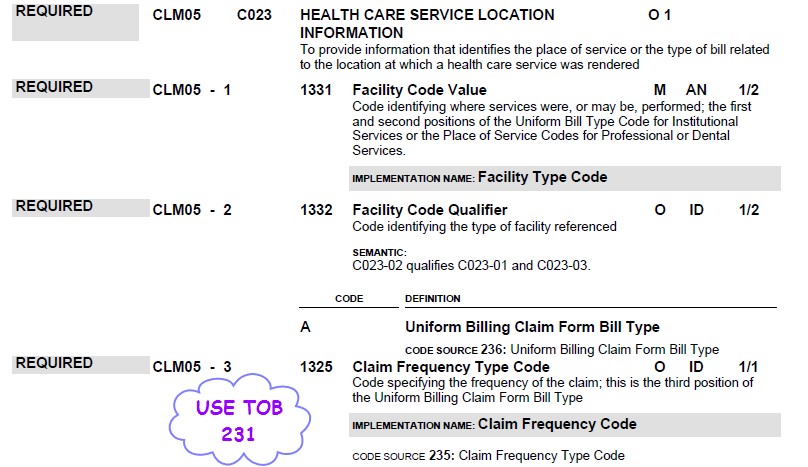
On the 837I transaction enter a Type of Bill TOB: **231**

From and through dates of claim: **Should be inclusive of the entire admitting weekend and cannot exceed 2 days. Claims may span multiple months.**

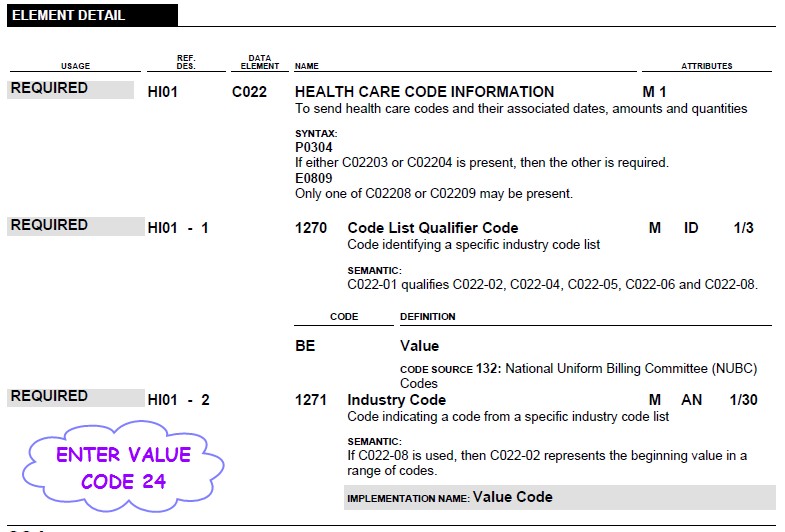
Use a Revenue Code:  **0220 Special Charges General Classification**

With a HCPCS Code: **S0315 DISEASE MANAGEMENT PROGRAM**

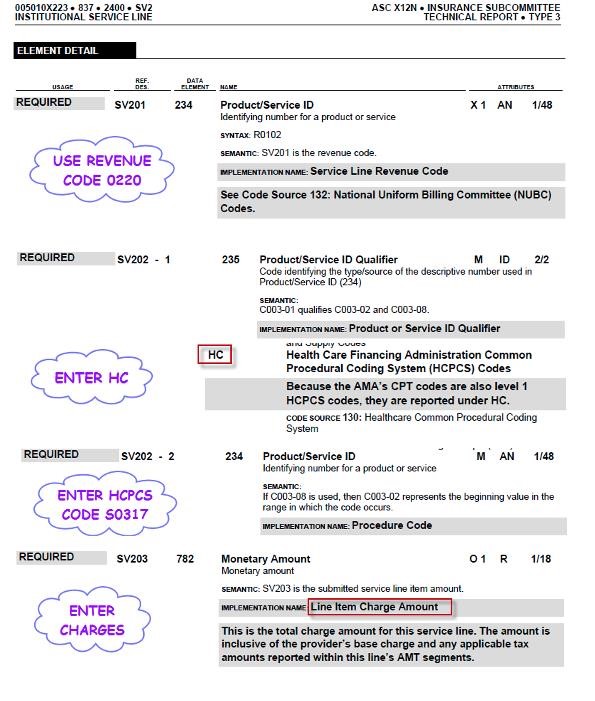
## Image from page 145 of the 837I Guide, annotated to instruct billers to use Type of Bill Code 231



## Image from page 284 of the 837I Guide to instruct billers on the use of Value Code 24

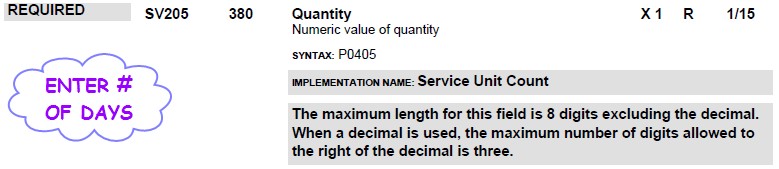
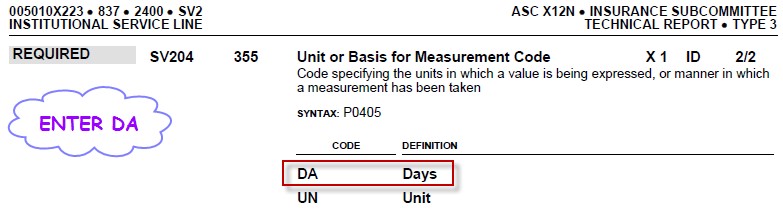


## Image from pages 424, 425, and 426 of the 837I Guide, annotated to instruct billers on the use of Revenue Code 220 and corresponding HCPCS code

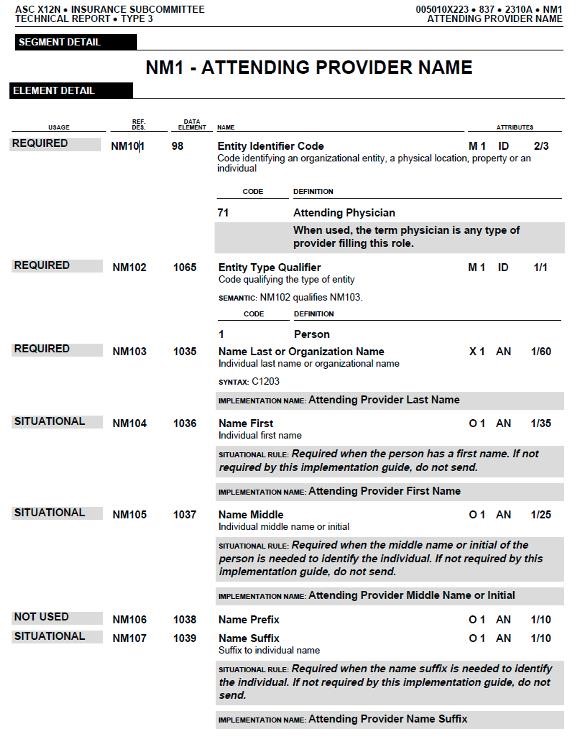


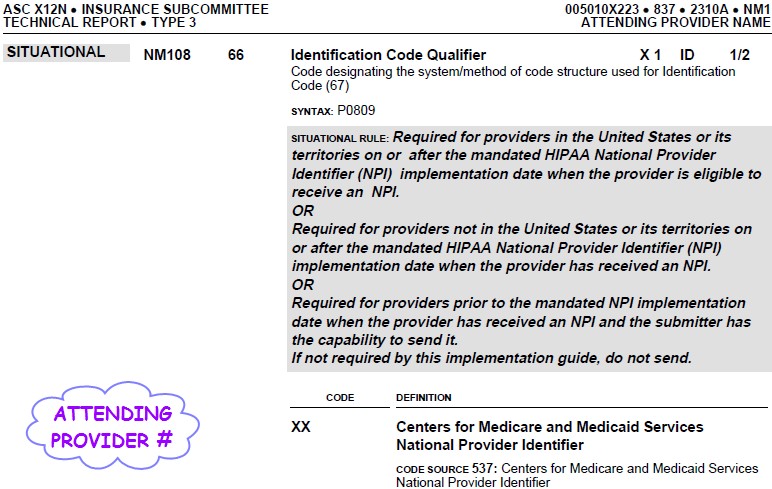
**S0315**

## Image from page 428 of the 837I Guide, annotated to instruct Billers on inputting of required Days

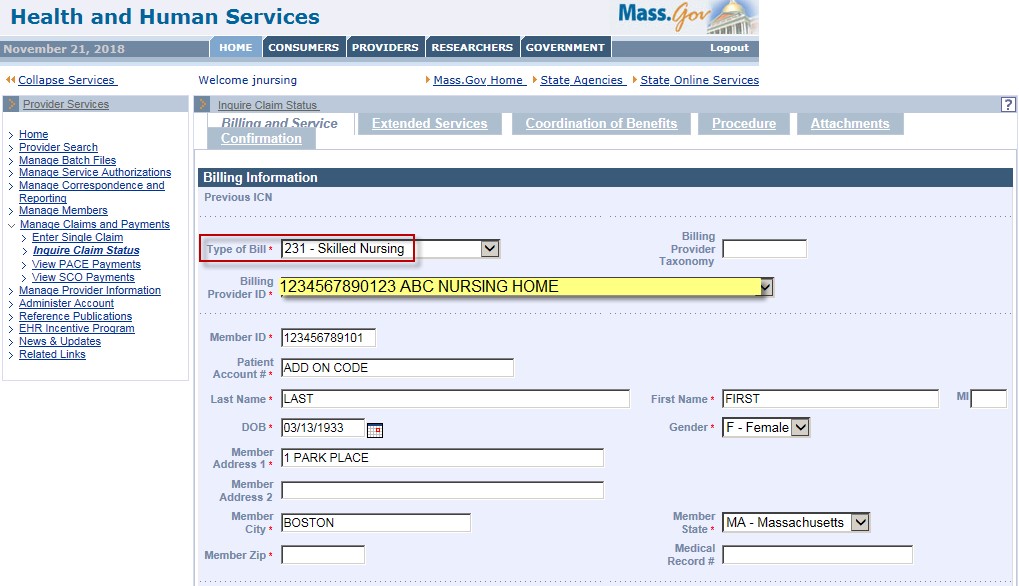


## Image from pages 319-321 of the 837I Guide on the NPI requirements for Billers

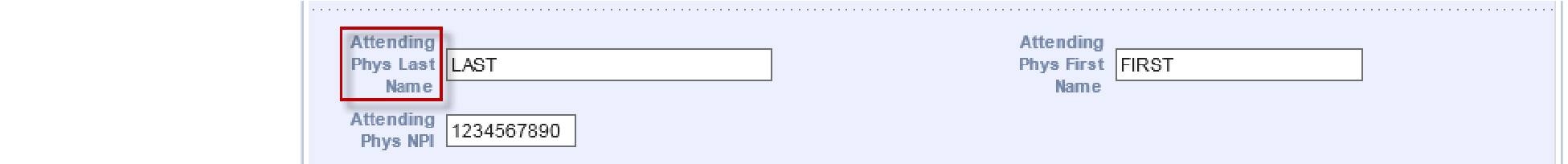




## POSC SCREEN SHOTS IF MANUALLY BILLING VIA DIRECT DATA ENTRY (DDE)[[1]](#footnote-1)



MUST INDICATE ATTENDING PROVIDER



Graphical user interface, application

Description automatically generated

Background pattern

Description automatically generated

Graphical user interface, application

Description automatically generated

1. \* Patient Account Number field: type in the Patient Account Number [↑](#footnote-ref-1)