# How to Bill for Nursing Facility Add-On Code So316 (Also known as "Temporary Add-On")

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

Beginning October 1, 2021, a nursing facility will be eligible for a Medicaid temporary add-on of \$130 per member per day for up to 30 days of the FFS member's nursing facility stay, not including any leaves of absence, if the FFS member meets all the following criteria:

- (a) MassHealth is the FFS member's primary payer for nursing facility services at the time of admission;
- (b) The FFS member was transferred to the nursing facility directly from **their** home on or after October 1,2021; and
- (c) The FFS member is **discharged** from the nursing facility to their home setting within 30 calendar days.

Nursing facilities will need to submit <u>one claim</u> for the member's entire stay 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 8371 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 member's entire inpatient NF stay and cannot exceed 30 days. Claims may span multiple months.

Use Patient status: 01 Discharge to home or self-care

Use Admit or Visit Source: 01 Non-Healthcare Facility Point of Origin

Use a Revenue Code: 0220 Special Charges General Classification

With a HCPCS Code: S0316 DISEASE MANAGEMENT PROGRAM; PER DIEM

### IF BILLING ELECTRONICALLY ON THE INSTITUTIONAL 837I

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ASC X12N • INSURA TECHNICAL REPOR	ANCE SUBCOMMITTEE RT • TYPE 3			005010X223 • 837 • 2300 • CLI CLAIM INFORMATIO
REQUIRED	CLM05 C023	INFOR To prov	TH CARE SERVICE LOCATION RMATION vide information that identifies the place of sociation at which a health care service was	
REQUIRED	CLM05 - 1	1331	Facility Code Value Code identifying where services were, or and second positions of the Uniform Bill Services or the Place of Service Codes f Services.	Type Code for Institutional
			IMPLEMENTATION NAME: Facility Type Co	ode
REQUIRED	CLM05 - 2	1332	Facility Code Qualifier Code identifying the type of facility refere semantic: C023-02 qualifies C023-01 and C023-03	
		c	ODE DEFINITION	
		Α	Uniform Billing Claim Forr	,,
REQUIRED	USE TOB 231	1325	Claim Frequency Type Code Code specifying the frequency of the clai the Uniform Billing Claim Form Bill Type	O ID 1/1
			IMPLEMENTATION NAME: Claim Frequence	y Code
		)	CODE SOURCE 235: Claim Frequency Type	e Code

### 

## **ELEMENT DETAIL**

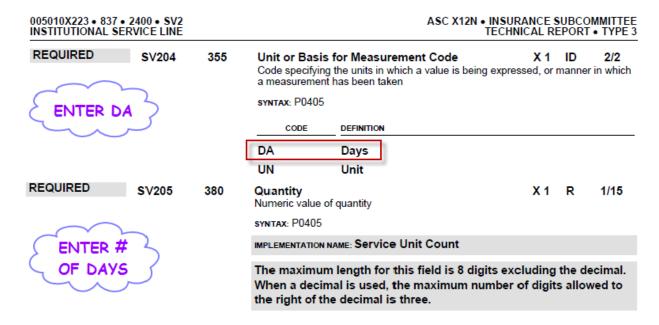
USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES		
REQUIRED	HI01	C022		TH CARE CODE INFORMATION M 1 d health care codes and their associated dates, amounts		intities	
			E0809	: r C02203 or C02204 is present, then the other is required ne of C02208 or C02209 may be present.			
REQUIRED HI01 -	HI01 - 1		1270	Code List Qualifier Code M	ID	1/3	
				Code identifying a specific industry code list			
			0	SEMANTIC:   C022-01 qualifies C022-02, C022-04, C022-05, C022-05	6 and C	022-08.	
			c BE	SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-0			
REQUIRED	HI01 - 2		0	SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-05  DEFINITION  Value  CODE SOURCE 132: National Uniform Billing Cor	nmittee AN		
	HI01 - 2 VALUE E 24	)	BE	SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-05  DEFINITION  Value  CODE SOURCE 132: National Uniform Billing Core Codes Industry Code M	nmittee AN	(NUBC) 1/30	

### 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

005010X223 • 837 • 2400 • SV2 INSTITUTIONAL SERVICE LINE ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

USAGE	REF. DES.	DATA	NAME		ATTRIBUTES				
REQUIRED	SV201	234	Product/Service ID Identifying number for a product or service		X 1	AN	1/48		
			SYNTAX:	R0102					
USE REVENUE CODE 0220			SEMANTIC: SV201 is the revenue code.						
			IMPLEMENTATION NAME: Service Line Revenue Code						
			See Code Source 132: National Uniform Billing Committee (NUBC) Codes.						
REQUIRED SV202 - 1	1	235	Product/Service ID Qualifier Code identifying the type/source of the descriptiv Product/Service ID (234)	M e numb	ID er used	2/2 in			
			SEMANTIC: C003-01 qualifies C003-02 and C003-08.						
			IMPLEMENTATION NAME: Product or Service ID Qualifier						
ENTE	2	H	C	Health Care Financing Administra Procedural Coding System (HCP)			n		
ENTER HC			Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.						
				cope source 130: Healthcare Common 6 System	Procedu	ral Cod	ing		
REQUIRED	SV202 -	2	234	Product/Service ID Identifying number for a product or service	M	AŃ	1/48		
ENTER HCPCS CODE S0316	5		SEMANTIC: If C003-08 is used, then C003-02 represents the beginning value in the range in which the code occurs.						
2000	50310			IMPLEMENTATION NAME: Procedure Code					
REQUIRED	SV203	782		tary Amount ary amount	01	R	1/18		
		SEMANT	nc: SV203 is the submitted service line item amoun	t.					
ENT	ER 3		IMPLEME	ENTATION NAME Line Item Charge Amount					
CHAR	GES			s the total charge amount for this service I					

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



ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 005010X223 • 837 • 2310A • NM1 ATTENDING PROVIDER NAME

### SEGMENT DETAIL

# NM1 - ATTENDING PROVIDER NAME

### ELEMENT DETAIL

USAGE	REF. DES.	DATA	HAME			ATTRIBUTES		
REQUIRED	NM10/1	98	Entity Identifier Code Code identifying an organizational entity, a physical location individual		M 1 ation, prop	ID erty or	2/3 an	
			CODE	DEFINITION				
			71	Attending Physician				
				When used, the term physician provider filling this role.	is any t	ype of		
REQUIRED NM102	1065	Entity Type Code qualifyin	Qualifier g the type of entity	M 1	ID	1/1		
			SEMANTIC: NM	102 qualifies NM103.				
			CODE	DEFINITION				
			1	Person				
REQUIRED NM103	NM103	3 1035		or Organization Name name or organizational name	X 1	AN	1/60	
			SYNTAX: C1203	3				
			IMPLEMENTATION NAME: Attending Provider Last Name					
SITUATIONAL NM104	NM104	1036	Name First Individual first	name	01	AN	1/35	
				LE Required when the person has this implementation guide, do not		me. If	not	
			IMPLEMENTATIO	N NAME: Attending Provider First Na	me			
SITUATIONAL NM105	1037	Name Middl Individual mid	e dle name or initial	01	AN	1/25		
			SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send.					
			IMPLEMENTATION NAME: Attending Provider Middle Name or Initial					
NOT USED	NM106	1038	Name Prefix		01	AN	1/10	
SITUATIONAL NM10	NM107	M107 1039	Name Suffix Suffix to indivi		01	AN	1/10	
			SITUATIONAL RULE. Required when the name suffix is needed to identify the individual. If not required by this implementation guide, do not send.					
				N NAME: Attending Provider Name S				

### SITUATIONAL

NM108

66

#### Identification Code Qualifier

X1 ID

1/2

Code designating the system/method of code structure used for Identification Code (67)

**SYNTAX:** P0809

SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI.

OR

Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI.

Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it.

If not required by this implementation guide, do not send.



CODE

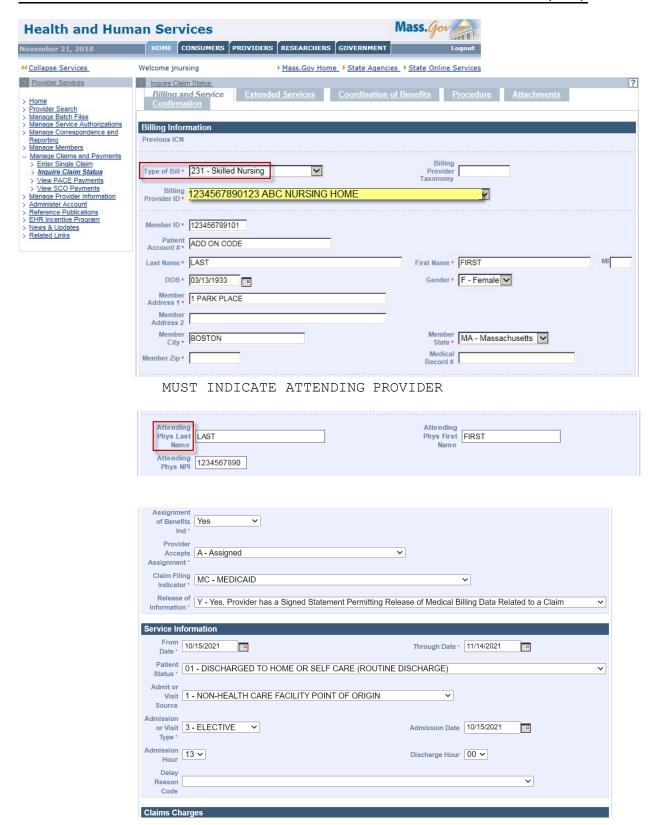
DEFINITION

XX

Centers for Medicare and Medicaid Services National Provider Identifier

CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier

#### POSC SCREEN SHOTS IF MANUALLY BILLING VIA DIRECT DATA ENTRY (DDE)



\* Patient Account Number field: type in the Patient Account Number

