

How to Bill for Nursing Facility Add-On Code S0316 (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 one claim 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 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 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

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

ASC X12N • INSURANCE SUBCOMMITTEE
TECHNICAL REPORT • TYPE 3

005010X223 • 837 • 2300 • CLM
CLAIM INFORMATION

REQUIRED	CLM05	C023	HEALTH CARE SERVICE LOCATION INFORMATION	O 1
To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered				

REQUIRED	CLM05 - 1	1331	Facility Code Value	M AN 1/2
Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services.				

IMPLEMENTATION NAME: Facility Type Code

REQUIRED	CLM05 - 2	1332	Facility Code Qualifier	O ID 1/2
Code identifying the type of facility referenced				

SEMANTIC:
C023-02 qualifies C023-01 and C023-03.

CODE	DEFINITION
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A	Uniform Billing Claim Form Bill Type
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CODE SOURCE 236: Uniform Billing Claim Form Bill Type

REQUIRED	CLM05 - 3	1325	Claim Frequency Type Code	O ID 1/1
Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type				

USE TOB
231

IMPLEMENTATION NAME: Claim Frequency Code

CODE SOURCE 235: Claim Frequency Type Code

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

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	HI01	C022	HEALTH CARE CODE INFORMATION	M	1	
To send health care codes and their associated dates, amounts and quantities						
SYNTAX:						
P0304						
If either C02203 or C02204 is present, then the other is required.						
E0809						
Only one of C02208 or C02209 may be present.						
REQUIRED	HI01 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
SEMANTIC:						
C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.						
			CODE	DEFINITION		
			BE	Value		
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes						
REQUIRED	HI01 - 2	1271	Industry Code	M	AN	1/30
Code indicating a code from a specific industry code list						
SEMANTIC:						
If C022-08 is used, then C022-02 represents the beginning value in a range of codes.						
IMPLEMENTATION NAME: Value Code						

ENTER VALUE
CODE 24





ENTER 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

005010X223 • 837 • 2400 • SV2
INSTITUTIONAL SERVICE LINE

ASC X12N • INSURANCE SUBCOMMITTEE
TECHNICAL REPORT • TYPE 3

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	SV201	234	Product/Service ID Identifying number for a product or service SYNTAX: R0102 SEMANTIC: SV201 is the revenue code. IMPLEMENTATION NAME: Service Line Revenue Code See Code Source 132: National Uniform Billing Committee (NUBC) Codes.	X 1 AN 1/48
				
REQUIRED	SV202 - 1	235	Product/Service ID Qualifier Code identifying the type/source of the descriptive number used in Product/Service ID (234) SEMANTIC: C003-01 qualifies C003-02 and C003-08. IMPLEMENTATION NAME: Product or Service ID Qualifier and Supply Codes Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC. CODE SOURCE 130: Healthcare Common Procedural Coding System	M ID 2/2
				
REQUIRED	SV202 - 2	234	Product/Service ID Identifying number for a product or service SEMANTIC: If C003-08 is used, then C003-02 represents the beginning value in the range in which the code occurs. IMPLEMENTATION NAME: Procedure Code	M AN 1/48
				
REQUIRED	SV203	782	Monetary Amount Monetary amount SEMANTIC: SV203 is the submitted service line item amount. IMPLEMENTATION NAME: Line Item Charge Amount This is the total charge amount for this service line. The amount is inclusive of the provider's base charge and any applicable tax amounts reported within this line's AMT segments.	O 1 R 1/18
				

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

355

X1 ID 2/2

ENTER DA

SYNTAX: P0405

CODE	DEFINITION
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DA	Days
----	------

UN	Unit
----	------

SV205

380

Quantity

X1 R 1/15

Numeric value of quantity

SYNTAX: P0405

IMPLEMENTATION NAME: **Service Unit Count**

ENTER #
OF DAYS

The maximum length for this field is 8 digits excluding the decimal. When a decimal is used, the maximum number of digits allowed to the right of the decimal is three.

SEGMENT DETAIL

NM1 - ATTENDING PROVIDER NAME

ELEMENT DETAIL

USAGE	REF DES	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1	ID	2/3				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>71</td><td>Attending Physician When used, the term physician is any type of provider filling this role.</td></tr></table>	CODE	DEFINITION	71	Attending Physician When used, the term physician is any type of provider filling this role.			
CODE	DEFINITION									
71	Attending Physician When used, the term physician is any type of provider filling this role.									
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M 1	ID	1/1				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Person</td></tr></table>	CODE	DEFINITION	1	Person			
CODE	DEFINITION									
1	Person									
REQUIRED	NM103	1035	Name Last or Organization Name Individual last name or organizational name SYNTAX: C1203 IMPLEMENTATION NAME: Attending Provider Last Name	X 1	AN	1/60				
SITUATIONAL	NM104	1036	Name First Individual first name SITUATIONAL RULE: <i>Required when the person has a first name. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Attending Provider First Name	O 1	AN	1/35				
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial SITUATIONAL RULE: <i>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.</i> IMPLEMENTATION NAME: Attending Provider Middle Name or Initial	O 1	AN	1/25				
NOT USED	NM106	1038	Name Prefix	O 1	AN	1/10				
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name SITUATIONAL RULE: <i>Required when the name suffix is needed to identify the individual. If not required by this implementation guide, do not send.</i> IMPLEMENTATION NAME: Attending Provider Name Suffix	O 1	AN	1/10				

SITUATIONAL

NM108

66

Identification Code Qualifier

X 1 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.

OR

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.

ATTENDING
PROVIDER #

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)

Health and Human Services

Mass.gov

November 21, 2018

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Billing Information

Previous ICN

Type of Bill * 231 - Skilled Nursing

Billing Provider Taxonomy

Billing Provider ID * 1234567890123 ABC NURSING HOME

Member ID * 123456789101

Patient Account # * ADD ON CODE

Last Name * LAST

First Name * FIRST

DOB * 03/13/1933

Gender * F - Female

Member Address 1 * 1 PARK PLACE

Member Address 2

Member City * BOSTON

Member State * MA - Massachusetts

Member Zip *

Medical Record #

MUST INDICATE ATTENDING PROVIDER

Attending Phys Last Name

LAST

Attending Phys First Name

FIRST

Attending Phys NPI

1234567890

Assignment of Benefits Ind * Yes

Provider Accepts Assignment * A - Assigned

Claim Filing Indicator * MC - MEDICAID

Release of Information * Y - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim

Service Information

From Date * 10/15/2021

Through Date * 11/14/2021

Patient Status * 01 - DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)

Admit or Visit Source * 1 - NON-HEALTH CARE FACILITY POINT OF ORIGIN

Admission or Visit Type * 3 - ELECTIVE

Admission Date * 10/15/2021

Admission Hour * 13

Discharge Hour * 00

Delay Reason Code

Claims Charges

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

List of Values	
There is a maximum of 24 value codes.	
Code	Value
→ MEDICAID RATE CODE	3900
New Item	
Value Code Details	
Value Code *	24 - MEDICAID RATE CODE
Value *	3900

List of Institutional Services						
There is a maximum of 999 institutional service detail records.						
Detail	Rev Code	Service Date Range	HCPCS Procedure	Units	Charges	
→ 01	0220	10/15/2021 - 11/14/2021	S0316	30	\$3,900.00	
New Item						
Institutional Service Detail						
Detail 01						
Revenue Code * p220						
HCPCS Procedure Code		S0316	Modifier 1		Modifier 2	
			Modifier 3		Modifier 4	
From Date of Service		10/15/2021	To Date of Service		11/14/2021	
Units *		30				
Units of Measurement *		DA - Days				
Charges *		\$3,900.00	Co-pay		\$0.00	