

## **How to Bill for Nursing Facility Add-On Code S0317** **(Also known as “Medicaid Transitional Add-On”)**

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

Beginning *January 25, 2021*, a nursing facility will be eligible for a Medicaid Transitional add-on of \$130 per member per day for the first 30 days of the FFS member’s nursing facility stay, not including any leaves of absence, if the FFS member meets all of 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 an acute inpatient hospital on or after January 25, 2021; and
- (c) The FFS member is not returning to the nursing facility from a medical leave of absence.

Nursing facilities should submit claims for the add-on services 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**

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

With a HCPCS Code: **S0317 DISEASE MANAGEMENT PROGRAM; PER DIEM**

Enter the total number of Days

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

|   |              |             |   |            |
|---|--------------|-------------|---|------------|
| <b>REQUIRED</b>   | <b>CLM05</b> | <b>C023</b> | <b>HEALTH CARE SERVICE LOCATION INFORMATION</b> | <b>O 1</b> |
| 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 |              |             |   |            |

|  |                  |             |                            |                 |
|--|------------------|-------------|----------------------------|-----------------|
| <b>REQUIRED</b>  | <b>CLM05 - 1</b> | <b>1331</b> | <b>Facility Code Value</b> | <b>M AN 1/2</b> |
| 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

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

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

|      |            |
|------|------------|
| CODE | DEFINITION |
|------|------------|

|          |   |
|----------|---|
| <b>A</b> | <b>Uniform Billing Claim Form Bill Type</b> |
|----------|---|

CODE SOURCE 236: Uniform Billing Claim Form Bill Type

|  |                  |             |                                  |                 |
|--|------------------|-------------|----------------------------------|-----------------|
| <b>REQUIRED</b>  | <b>CLM05 - 3</b> | <b>1325</b> | <b>Claim Frequency Type Code</b> | <b>O ID 1/1</b> |
| 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.<br>DES.  | DATA<br>ELEMENT | NAME   | ATTRIBUTES |            |      |   |  |  |  |
|----------|---|-----------------|--|------------|------------|------|---|--|--|--|
| REQUIRED | HI01  | C022            | <b>HEALTH CARE CODE INFORMATION</b><br>To send health care codes and their associated dates, amounts and quantities<br><br>SYNTAX:<br>P0304<br>If either C02203 or C02204 is present, then the other is required.<br>E0809<br>Only one of C02208 or C02209 may be present. | M          | 1          |      |   |  |  |  |
| REQUIRED | HI01 - 1  | 1270            | <b>Code List Qualifier Code</b><br>Code identifying a specific industry code list<br><br>SEMANTIC:<br>C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.  | M          | ID         | 1/3  |   |  |  |  |
|          |   |                 | <table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>BE</td><td><b>Value</b><br/>CODE SOURCE 132: National Uniform Billing Committee (NUBC)<br/>Codes</td></tr></table>   | CODE       | DEFINITION | BE   | <b>Value</b><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC)<br>Codes |  |  |  |
| CODE     | DEFINITION  |                 |  |            |            |      |   |  |  |  |
| BE       | <b>Value</b><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC)<br>Codes |                 |  |            |            |      |   |  |  |  |
| REQUIRED | HI01 - 2  | 1271            | <b>Industry Code</b><br>Code indicating a code from a specific industry code list<br><br>SEMANTIC:<br>If C022-08 is used, then C022-02 represents the beginning value in a range of codes.   | M          | AN         | 1/30 |   |  |  |  |
|          |   |                 | 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          | <b>Product/Service ID</b><br>Identifying number for a product or service<br><br>SYNTAX: R0102<br>SEMANTIC: SV201 is the revenue code.<br><b>IMPLEMENTATION NAME: Service Line Revenue Code</b><br><br><b>See Code Source 132: National Uniform Billing Committee (NUBC) Codes.</b>  | X 1 AN 1/48 |
|                 |           |              |   |             |
| REQUIRED   | SV202 - 1 | 235          | <b>Product/Service ID Qualifier</b><br>Code identifying the type/source of the descriptive number used in Product/Service ID (234)<br><br>SEMANTIC: C003-01 qualifies C003-02 and C003-08.<br><b>IMPLEMENTATION NAME: Product or Service ID Qualifier</b><br>and Supply Codes<br><b>Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes</b><br><b>Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.</b><br>CODE SOURCE 130: Healthcare Common Procedural Coding System | M ID 2/2    |
|  <div>HC</div> |           |              |   |             |
| REQUIRED   | SV202 - 2 | 234          | <b>Product/Service ID</b><br>Identifying number for a product or service<br><br>SEMANTIC: If C003-08 is used, then C003-02 represents the beginning value in the range in which the code occurs.<br><b>IMPLEMENTATION NAME: Procedure Code</b>  | M AN 1/48   |
|               |           |              |   |             |
| REQUIRED   | SV203     | 782          | <b>Monetary Amount</b><br>Monetary amount<br><br>SEMANTIC: SV203 is the submitted service line item amount.<br><b>IMPLEMENTATION NAME: Line Item Charge Amount</b><br><br><b>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.</b>  | O 1 R 1/18  |
|               |           |              |   |             |



## SEGMENT DETAIL

## NM1 - ATTENDING PROVIDER NAME

## ELEMENT DETAIL

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

**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 23, 2018 **HOME** **CONSUMERS** **PROVIDERS** **RESEARCHERS** **GOVERNMENT** **Logout**

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**Provider Services** **Inquiry Claim Status** **Billing and Service Confirmation** **Extended Services** **Coordination of Benefits** **Procedures** **Attachments**

**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** NI

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 \* **12/01/2020** Through Date \* **12/30/2020**

Patient Status \* **30 - STILL PATIENT**

Admit or Visit Source \* **4 - Transfer from a hospital**

Admission or Visit Type \* **3 - ELECTIVE** Admission Date **12/01/2020**

Admission Hour \* Discharge Hour **00**

Delay Reason Code \*

**Claims Charges**

Total Charges \* **\$3,900.00** Patient Responsibility

\* 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 |

- > [Manage Service Authorizations](#)
- > [Manage Correspondence and Reporting](#)
- > [Manage Members](#)
- > [Manage Claims and Payments](#)
  - > [Enter Single Claim](#)
  - > [Inquire Claim Status](#)
  - > [View PACE Payments](#)
  - > [View SCO Payments](#)
- > [Manage Provider Information](#)
- > [Administer Account](#)
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| 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     | 12/01/2020 - 12/30/2020 | S0317           | 30    | \$3,900.00 |
| New Item  |        |          |                         |                 |       |            |

| Institutional Service Detail |              |
|------------------------------|--------------|
| Detail 01                    |              |
| Revenue Code *               | 0220         |
| HCPCS Procedure Code         | S0317 🔍      |
| From Date of Service         | 12/01/2020 📅 |
| To Date of Service           | 12/30/2020 📅 |
| Units *                      | 30           |
| Units of Measurement *       | DA - Days ▼  |
| Charges *                    | \$3,900.00   |
| Modifier 1                   | Modifier 2   |
| Modifier 3                   | Modifier 4   |
| Co-pay                       |              |