

How to Bill for Nursing Facility Add-On Code S0317 (Revised 01/15/2022)
(Also known as “Medicaid Transitional Add-On”)

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

Beginning *January 15, 2022*, a nursing facility will be eligible for a Medicaid Transitional add-on of \$200 per member per day for the first 60 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 an acute or a *non-acute* inpatient hospital on or after January 15, 2022; 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

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.													
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>A</td><td>Uniform Billing Claim Form Bill Type</td></tr><tr><td colspan="2">CODE SOURCE 236: Uniform Billing Claim Form Bill Type</td></tr></table>								CODE	DEFINITION	A	Uniform Billing Claim Form Bill Type	CODE SOURCE 236: Uniform Billing Claim Form Bill Type	
CODE	DEFINITION												
A	Uniform Billing Claim Form Bill Type												
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													
IMPLEMENTATION NAME: Claim Frequency Code													
CODE SOURCE 235: Claim Frequency Type Code													

USE TOB
231

USE TOB
231

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 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.	M	1					
REQUIRED	HI01 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: 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>Value CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes</td></tr></table>	CODE	DEFINITION	BE	Value CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes			
CODE	DEFINITION									
BE	Value CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes									
REQUIRED	HI01 - 2	1271	Industry Code 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	M	AN	1/30				

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. OPS.	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
				

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

005010X223 • 837 • 2400 • SV2
INSTITUTIONAL SERVICE LINE

ASC X12N • INSURANCE SUBCOMMITTEE
TECHNICAL REPORT • TYPE 3

REQUIRED	SV204	355	Unit or Basis for Measurement Code	X 1	ID	2/2
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken						

ENTER DA

SYNTAX: P0405

CODE	DEFINITION
------	------------

DA	Days
----	------

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

REQUIRED	SV205	380	Quantity	X 1	R	1/15
Numeric value of quantity						

ENTER #
OF DAYS

SYNTAX: P0405

IMPLEMENTATION NAME: Service Unit Count

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
			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
			CODE	DEFINITION
			1	Person
REQUIRED	NM103	1035	Name Last or Organization Name Individual last name or organizational name SYNTAX: C1203	X 1 AN 1/60
			IMPLEMENTATION NAME: Attending Provider Last Name	
SITUATIONAL	NM104	1036	Name First 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	Name Middle 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	Name Prefix	O 1 AN 1/10
SITUATIONAL	NM107	1039	Name Suffix 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



November 21, 2018

HOME

CONSUMERS

PROVIDERS

RESEARCHERS

GOVERNMENT

Logout

« Collapse Services

Welcome njnursing

» Mass.Gov Home

» State Agencies

» State Online Services

Provider Services

Inquire Claim Status

Billing and Service Confirmation

Extended Services

Coordination of Benefits

Procedure

Attachments

- > Home
- > Provider Search
- > Manage Batch Files
- > 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
- > Reference Publications
- > EHR Incentive Program
- > News & Updates
- > Related Links

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 MI

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](#)
- > [Reference Publications](#)
- > [EHR Incentive Program](#)
- > [News & Updates](#)
- > [Related Links](#)

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

Modifier 1

Modifier 2

Modifier 3

Modifier 4

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

Co-pay