

Nursing Facility Rate Add-ons Billing Guidance

Effective 10/1/2026

Updates:

- **Beginning October 1, 2026**, the SUD Induction Period add-on will no longer be billable. The code previously assigned to the SUD Induction Period add-on (S0320) will instead be used for the new MOUD (Medications for Opioid Use Disorder) add-on, effective October 1, 2026, at the rate of \$100 per day. Please review page 5 of this guidance for more information about the MOUD add-on.
- **Beginning October 1, 2026**, member-based eligibility for the Tracheostomy add-on is dependent on the member's most recent MDS 3.0 assessment. Please review page 4 of this guidance for more information.
- **Beginning October 1, 2026**, the SUD add-on rate is updated to \$45.
- **Beginning October 1, 2026**, the Bariatric add-on rate is updated to \$200.00.

Background Information:

- Nursing facility rate add-ons are directly billable to MassHealth for MassHealth members covered by the following plans.
 - MassHealth Standard (FFS)
 - MassHealth CommonHealth
 - MassHealth Family Assistance
 - MassHealth CarePlus
- Questions about add-ons for MassHealth members enrolled in managed care plans (e.g., ACO Model "A", MCO, SCO, PACE, or OneCare plans) should be forwarded directly to the managed care plans.
- Nursing facility rate add-ons are not billable for any medical or non-medical leave days.
- Nursing facility rate add-ons are not billable for MassHealth members covered by hospice.

Rate Add-ons:

- **101 CMR 206.10(7) Medicaid Transitional Add-on:** As of January 15, 2022, nursing facilities may bill an additional \$200 per member per day for the first 60 days of a nursing facility admission, not including any leaves of absence, if the MassHealth member was transferred directly from an acute or non-acute inpatient hospital setting, is not returning from a medical leave of absence, and MassHealth is the primary payer at the time of the admission.
 - HCPCS code S0317
 - May be billed in conjunction with the following add-ons:
 - Only one of the following: SUD add-on **or** MOUD add-on **or** Behavioral Indicator add-on (BH add-on)
 - Tracheostomy add-on
 - Dialysis den add-on **or** Dialysis services add-on
 - May not be billed with the following add-ons:
 - Temporary resident add-on
 - Homelessness add-on
 - Bariatric add-on

- **101 CMR 206.10(13) Homelessness Rate Add-on:** As of January 15, 2022, nursing facilities may bill an additional \$200 per member per day for up to the first 6 months (180 days) of admission if a MassHealth member is admitted from any setting, the member's homelessness status has been verified and approved by EOHHS, and MassHealth is the primary payer at the time of admission.
 - HCPCS code S0311
 - May be billed in conjunction with the following add-ons:
 - Dialysis den add-on **or** Dialysis services add-on
 - Trach add-on
 - May not be billed with the following add-ons:
 - BH add-on
 - SUD add-on
 - MOUD add-on
 - Bariatric add-on
 - Temporary resident add-on
 - Transitional add-on
- **101 CMR 206.10(1)(a) Temporary Resident Add-on:** As of October 1, 2022, nursing facilities may bill an additional \$130 per member per day for the first 30 days of admission if a MassHealth member is admitted directly from their home and subsequently discharges to their home within a 30-calendar day window.
 - HCPCS code S0316
 - May be billed in conjunction with the following add-ons:
 - Bariatric add-on
 - Dialysis den add-on **or** Dialysis services add-on
 - Only one of the following: SUD add-on **or** MOUD add-on **or** BH add-on
 - Trach add-on
 - May not be billed with the following add-ons:
 - Homelessness add-on
 - Transitional add-on
 - Enhanced temporary resident add-on (b)
- **101 CMR 206.10(1)(b) Enhanced Temporary Resident Add-on:** As of October 1, 2022, nursing facilities may bill an additional \$250 per member per day for the first 30 days of admission if a MassHealth member is admitted directly from their home and subsequently discharges to their home within a 30-calendar day window, and the *MassHealth member is younger than 22 years of age*.
 - HCPCS code S0315
 - May be billed in conjunction with the following add-ons:
 - Bariatric add-on
 - Dialysis den add-on **or** Dialysis services add-on
 - Only one of the following: SUD add-on **or** MOUD add-on **or** BH add-on
 - Trach add-on
 - May not be billed with the following add-ons:
 - Temporary resident add-on (a)
 - Homelessness add-on
 - Transitional add-on

- **101 CMR 206.10(15)(b) and (c) Den Dialysis Add-ons:**

- 206.10(15)(b) Add-on Rate of \$85 Per Member Per Dialysis Treatment: As of October 1, 2022, nursing facilities with an approved on-site home dialysis services program in accordance with 101 CMR 206.10(15)(b) may receive a rate add-on of \$85 per MassHealth member residing and receiving home dialysis services in the nursing facility, for each instance of home dialysis services received for which the following two conditions are concurrently met: a) MassHealth is not the primary payer for the member's home dialysis services received in the nursing facility; and b) MassHealth is the primary payer for the member's nursing facilities services at the time the home dialysis services are received in the nursing facility.
 - HCPCS code S0353
- 206.10(15)(c) Add-on Rate of \$379 per Member per Dialysis Treatment: As of October 1, 2022, nursing facilities with an approved on-site home dialysis services program in accordance with 101 CMR 206.10(15)(a) may receive a rate add-on of \$379 per MassHealth member residing and receiving home dialysis services in the nursing facility for each instance of home dialysis received for which the following two conditions are concurrently met: a) MassHealth would be the primary payer for the dialysis services if they were received outside of the nursing facility; and b) MassHealth is the primary payer for the member's nursing facilities services at the time the home dialysis services are received in the nursing facility.
 - HCPCS code S0354
- Either of the above Dialysis den add-ons may be billed in conjunction with the following:
 - Bariatric add-on
 - Transitional add-on **or** temporary resident add-on
 - Only one of the following: SUD add-on **or** MOUD add-on **or** BH add-on
 - Trach add-on
- **Or** may be billed in conjunction with the following add-on:
 - Homelessness add-on

- **101 CMR 206.10(17)(b) and (c) Dialysis Services Provided at an Affiliated Inpatient Chronic Disease and Rehabilitation Hospital Add-ons:**

- 206.10(17)(b) Add-on Rate of \$85 Per Member Per Dialysis Treatment: As of October 1, 2024, nursing facilities may receive a rate add-on of \$85 per member residing in the nursing facility and receiving dialysis services in a setting that meets the criteria specified in 101 CMR 206.10(17)(a) for each instance of dialysis services received in the affiliated facility for which the following two conditions are concurrently met: 1) MassHealth is not the primary payer for the member's dialysis services received in the affiliated facility; and 2) MassHealth is the primary payer for the member's nursing facility services at the time of dialysis services received in the affiliated facility.
 - HCPCS code S0353
- 206.10(17)(c) Add-on Rate of \$379 Per Member Per Dialysis Treatment: As of October 1, 2024, nursing facilities may receive a rate add-on of \$379 per member residing in the nursing facility and receiving dialysis services in a setting that meets the criteria specified in 101 CMR 206.10(17)(a), for each instance of dialysis services received in the affiliated facility for which the following two conditions are concurrently met: 1) MassHealth would be the primary payer for the dialysis services if they were

received outside of the nursing facility; and 2) MassHealth is the primary payer for the member's nursing facility services at the time of dialysis services received in the affiliated facility.

- HCPCS code S0354
- Either of the above Dialysis services add-ons may be billed in conjunction with the following.
 - Bariatric add-on
 - Transitional add-on **or** temporary resident add-on
 - Only one of the following: SUD add-on **or** MOUD add-on **or** BH add-on
 - Trach add-on
- **Or** may be billed in conjunction with the following add-on:
 - Homelessness add-on
- **101 CMR 206.10(6) Tracheostomy Add-on:** Beginning October 1, 2026, nursing facilities that provide tracheostomy services to tracheostomy dependent MassHealth members for whom MassHealth is the primary payer may bill a \$220 per member per day add-on while the member requires and receives tracheostomy services and whose most recent MDS assessment demonstrates that the resident meets the clinical criteria under Section O – Special Treatments, Procedures, and Programs, Item O0100E1 (Tracheostomy Care) with response A (“On Admission”), B (“While a Resident”), or C (“At Discharge”) selected, as applicable to the MDS assessment type.
 - HCPCS code S0342
 - May bill in conjunction with the following add-ons:
 - Bariatric add-on
 - Dialysis den add-on **or** Dialysis services add-on
 - Transitional add-on **or** Temporary Resident add-on
 - Only one of the following: SUD add-on **or** MOUD add-on **or** BH add-on
 - **Or** may be billed in conjunction with the following add-ons:
 - Dialysis den add-on **or** Dialysis services add-on
 - Homelessness add-on
 - **May not be billed with the following add-ons:**
 - Ventilator add-on, as described in 101 CMR 206.10(2); communication-limited ventilator add-on, as described in 101 CMR 206(3); or any special contract rate executed with the Executive Office of Health and Human Services related to ventilator or tracheostomy services.
 - If a member receiving the tracheostomy add-on has a subsequent MDS assessment completed that does not meet the add-on criteria, the nursing facility may no longer bill for the add-on **as of the first day of the month following the most recent MDS assessment reference date (ARD)**.
 - If a member not currently receiving the add-on has a subsequent MDS assessment completed that **does** meet the add-on criteria, the nursing facility may begin to bill for the add on **as of the first day of the month following the most recent MDS assessment reference date (ARD)**.
 - For new admissions to a nursing facility of members who qualify for the add-on, the tracheostomy add-on may be billed beginning on the day the member is admitted to the facility.
- **101 CMR 206.10(16) Behavioral Indicator Add-on:** As of October 1, 2022, nursing facilities may bill for an additional \$50 per member per day for MassHealth members residing in a nursing facility and whose most recent MDS was coded as 2 or 3 on one or more of the following Minimum data set 3.0 (MDS 3.0) indicators: Behavioral Health (E0200A, E0200B, or E0200C), Rejection of Care (E0800), or Wandering (E0900). As of October

1, 2025, nursing facilities may bill for an additional \$45 per member per day for MassHealth members residing in a nursing facility and whose most recent MDS was coded as 2 or 3 on one or more of the following Minimum data set 3.0 (MDS 3.0) indicators: Behavioral Health (E0200A, E0200B, or E0200C), Rejection of Care (E0800), or Wandering (E0900).

- HCPCS code S0340
 - May be billed in conjunction with the following add-ons:
 - Bariatric add-on
 - Dialysis den add-on **or** Dialysis services add-on
 - Transitional add-on **or** Temporary Resident add-on
 - Trach add-on
 - May not be billed with the following add-ons:
 - SUD add-on **or** MOUD add-on
 - Homelessness add-on
 - If a member receiving the behavioral indicator add-on has a subsequent MDS assessment completed that does not meet the add-on criteria, the nursing facility may no longer bill for the add-on **as of the first day of the month following the most recent MDS assessment reference date (ARD)**.
 - If a member not currently receiving the add-on has a subsequent MDS assessment completed that **does** meet the add-on criteria, the nursing facility may begin to bill for the add on **as of the first day of the month following the most recent MDS assessment reference date (ARD)**.
 - For new admissions to a nursing facility of members who qualify for the add-on, the behavioral indicator add-on may be billed beginning on the day the member is admitted to the facility.
- **101 CMR 206.10(14)(a)1 SUD Add-on**: Beginning October 1, 2026, a nursing facility that has submitted to EOHHS an attestation confirming that the facility has processes in place to provide services to residents with SUD, and has also submitted to EOHHS an attestation certifying that the facility has executed an appropriate agreement to share data and collaborate with at least one Opioid Treatment Program (OTP) may bill an additional \$45 per member per day for MassHealth members residing in the nursing facility who receive at least one SUD service or treatment **and** who have a documented diagnoses in ICD-10 diagnosis groups F10 (alcohol-related disorders) and/or F19 (other psychoactive substance use-related disorders **and** who have a BIMS score between 8 and 15 based on the members most recent MDS 3.0 assessment.
 - HCPCS code S0341
 - May be billed in conjunction with the following add-ons:
 - Bariatric add-on
 - Dialysis den add-on **or** Dialysis services add-on
 - Transitional add-on **or** Temporary Resident add-on
 - Trach add-on
 - May not be billed with the following add-ons:
 - MOUD add-on
 - Homelessness add-on
 - Behavioral Indicator add-on
 - **101 CMR 206.10(14)(a)2 Medications for Opioid Use Disorder (MOUD) Add-on**: Beginning October 1, 2026, a nursing facility that has submitted to EOHHS an attestation confirming that the facility has processes in place to provide services to residents with SUD and has also submitted to EOHHS an attestation certifying that the facility

has executed an appropriate agreement to share data and collaborate with at least one Opioid Treatment Program (OTP) may bill an additional \$100 per member per day for MassHealth members residing in the nursing facility who have a documented diagnosis in ICD-10 diagnosis group F11 (opioid-related disorders) **and** are currently prescribed and receiving MOUD.

- HCPCS code S0320
- May be billed in conjunction with the following add-ons:
 - Bariatric add-on
 - Dialysis den add-on **or** Dialysis services add-on
 - Transitional add-on **or** Temporary Resident add-on
 - Trach add-on
- May not be billed with the following add-ons:
 - SUD add-on
 - Homelessness add-on
 - Behavioral Indicator add-on
- **101 CMR 206.10(21) Bariatric Add-on:** Beginning October 1, 2026, nursing facilities may bill an additional \$200 per member per day for MassHealth members residing in a facility for whom MassHealth is the primary payer, and when all the following conditions are met.
 1. Prior to the member's admission, the facility must receive approval from MassHealth to bill the add-on based on the clinical profile of the member.
 2. The member has a Body Mass Index (BMI) greater than 40 that can be supported by an ICD-10 code after admission.
 3. The member is dependent, as defined by MDS, for at least one activity of daily living that requires a service listed in 130 CMR 456.409(B).
 4. The member requires a minimum of two staff members to assist with transfers, personal care, and/or bed mobility.
 - HCPCS code S0310
- May be billed in conjunction with the following add-ons:
 - Dialysis den add-on **or** Dialysis services add-on
 - Temporary Resident add-on
 - Only one of the following: SUD add-on **or** MOUD add-on **or** BH add-on
 - Tracheostomy add-on
- May not be billed with the following add-ons:
 - Medicaid Transitional add-on
 - Homelessness add-on
- **206.15 Add-on for Members with Complicated High-cost Care Needs:** Nursing facilities may receive a member-based rate add-on, in addition to the facility's standard *per diem* rate established under 101 CMR 206.00, for any member (for example, a resident requiring 1:1 staffing) for whom reasonable and allowable direct care costs associated with providing for such member's clinical care needs are significantly greater than the standard nursing facility rate (for example, because the member's care needs necessitate the purchase or rental of specialized equipment or hiring of additional staff). The facility may receive an add-on for such member, as calculated according to 101 CMR 206.15(2), provided that all of the following conditions are met.

1. Prior to admission, the facility certified that the direct care costs associated, or, if prior to admission, expected to be associated with providing services to such member, are necessary to provide the services recommended by the member's physician and care team, and are documented in the member's care plan.
 2. The facility submitted a summary of expected direct care costs associated with providing services to such member to demonstrate that the requirements of 101 CMR 206.15 have been met.
 3. The facility provides the MassHealth agency with any additional or clarifying documentation in support of the actual or expected direct care costs associated with the resident's care needs.
 4. The facility receives approval from the MassHealth agency for the add-on.
- For general questions regarding the complicated high-cost care needs add-on or any of the nursing facility rate - add-ons, please email LTSSPLACEMENTSUPPORT@Mass.gov.

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 the following Type of Bill (TOB): **231**

From and through dates of claim: You should include the entire month for which you are billing, excluding any units for medical or non-medical leaves of absence a member may have had in the month for which an outpatient claim is being submitted.

Use Revenue Code: 0220 Special Charges General Classification

Use the appropriate HCPCS Code below for each add-on that you are seeking reimbursement for.

HCPC	Long Description	Which Providers may bill?	Add-on per Day	Effective Dates
S0310	Bariatric Add-on	Requires Prior Approval -Facility Specific	\$200	10/1/2026
S0311	Homelessness Add-on	Requires Prior Approval -Facility Specific	\$200	1/15/2022
S0315	Enhanced Temporary Resident Add-on	All Nursing facilities may bill	\$250	10/1/2022
S0316	Temporary Resident Add-on	All Nursing facilities may bill	\$130	10/1/2022
S0317	Transitional Add-on	All Nursing facilities may bill	\$200	1/15/2022
S0320	Medications for Opioid Use Disorder (MOUD) Add-on	Nursing facilities may bill if they have complied with the requirements as outlined in applicable Nursing Facility bulletins	\$100.00	10/1/2026
S0340	Behavioral Indicator Add-on	All Nursing facilities may bill	\$45	10/1/2025
S0341	SUD Add-on	Nursing facilities may bill if they have complied with the requirements as outlined in applicable Nursing Facility Bulletins	\$45	10/1/2026
S0342	Tracheostomy Add-on	All Nursing facilities may bill	\$220	10/1/2022

HCPC	Long Description	Which Providers may bill?	Add-on per Day	Effective Dates
S0353	Dialysis Den - Fee Add-on	Nursing Facilities with a Den Dialysis = that provides dialysis services to residents may bill	\$85	10/1/2022
S0354	Dialysis Den - MH FFS Treatment Add-on	Nursing Facilities with a Den Dialysis = that provides dialysis services to residents may bill	\$379	10/1/2022
S0353	Dialysis Service – Fee Add-on	Nursing Facilities with an affiliated inpatient CDRH that provides dialysis services to residents may bill	\$85	10/1/2024
S0354	Dialysis Service - MH FFS Treatment Add-on	Nursing Facilities with an affiliated inpatient CDRH that provides dialysis services to residents may bill	\$379	10/1/2024

EXAMPLE OF PROCESS 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
		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

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



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
				

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

SYNTAX: P0405

ENTER DA

CODE	DEFINITION
DA	Days
UN	Unit

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

SYNTAX: P0405

ENTER #
OF DAYS

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.

Image from pages 319–321 of the 837I Guide on the NPI requirements for Billers.

ASC X12N • INSURANCE SUBCOMMITTEE
TECHNICAL REPORT • TYPE 3005010X223 • 837 • 2310A • NM1
ATTENDING PROVIDER NAME

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</td></tr><tr><td colspan="2">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	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.



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

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

Health and Human Services Mass.gov

November 21, 2018 HOME CONSUMERS PROVIDERS RESEARCHERS GOVERNMENT Logout

« Collapse Services Welcome jnursing » [Mass.Gov Home](#) » [State Agencies](#) » [State Online Services](#)

Provider Services

- > 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

Inquire Claim Status

Billing and Service Confirmation Extended Services Coordination of Benefits Procedure 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** 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 ID

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
→ <u>MEDICAID RATE CODE</u>	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

Which Add-ons can be combined?

Nursing Facility Add-on Billing Combinations as of <u>10/1/2026</u>	Homelessness Add-on	Enhanced Temporary Resident Add-on	Temporary Resident Add-on	Transitional Add-on	Behavioral Add-on	SUD Add-on	MOUD Add-on	Tracheostomy Add-on	Den Dialysis Service Fee Add-on	Den Dialysis - MH FFS Treatment Add-on	Bariatric Add-on
	S0311	S0315	S0316	S0317	S0340	S0341	S0320	S0342	S0353	S0354	S0310
Homelessness Add-on		X	X	X	X	X	X	✓	✓	✓	X
Enhanced Temporary Resident Add-on	X		X	X	✓ OR ✓	OR ✓	✓	✓	✓	✓	✓
Temporary Resident Add-on	X	X		X	✓ OR ✓	OR ✓	✓	✓	✓	✓	✓
Transitional Add-on	X	X	X		✓ OR ✓	OR ✓	✓	✓	✓	✓	X
Behavioral Add-on	X	✓ OR ✓	OR ✓	✓		X	X	✓	✓	✓	✓
SUD Add-on	X	✓ OR ✓	OR ✓	✓	X		X	✓	✓	✓	✓
MOUD Add-on	X	✓ OR ✓	OR ✓	✓	X	X		✓	✓	✓	✓
Tracheostomy Add-on	*✓	✓ OR ✓	OR ✓	✓	✓ OR ✓	OR ✓	✓		✓	✓	✓
Den Dialysis Service fee Add-on	*✓	✓ OR ✓	OR ✓	✓	✓ OR ✓	OR ✓	✓	✓		X	✓
Den Dialysis - MH FFS Treatment Add-on	*✓	✓ OR ✓	OR ✓	✓	✓ OR ✓	OR ✓	✓	✓	X		✓
Bariatric Add-on	X	✓ OR ✓	✓	X	✓ OR ✓	OR ✓	✓	✓	✓	✓	

Legend:**✓ - Can be billed together*****✓ - If billing for the homeless add-on, may not bill for additional add-ons, with the exception of Tracheostomy or Den Dialysis add-ons****X - Cannot be billed together**