

Highlights

- Only accepting HCFA form for Hospice NF R&B
- Only accepting UB form for HCIC and ventilator and ventilator weaning
- Must include diagnosis code Z99.11 for ventilator and ventilator weaning services

Re: Notice Related to Hospice Billing for Nursing Facility Room and Board (T2046), Health Care Isolation Centers and Ventilator/Ventilator Weaning Services

I. Nursing Facility Room and Board (T2046)

Hospice providers billing for nursing facility room and board must bill using the HCFA (CMS 1500). The name **of the nursing facility** in which the services were delivered must be placed in Box 32 and the NPI related to the nursing facility must be placed in 32a.

25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT (For govt. claims, set) <input type="checkbox"/> YES <input type="checkbox"/> NO	Nursing Facility Name
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION Nursing Home USA, LLC		33.
SIGNED _____ DATE _____	a. 1234567890	b.	Nursing Facility NPI

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE

II. Health Care Isolation Center (HCIC) and Ventilator and Ventilator Weaning Claims

HCIC (i.e. 167, 241, 242, 243 or 249), Ventilator and Ventilator Weaning (i.e. 0410, 0419) claims must be billed using the UB04 Institutional form.

When billing HCIC and Ventilator Weaning claims, the provider is required to include the Name and NPI of the nursing facility in which the services were delivered in Box 80 (Remark code). In addition, when billing for Ventilator and/or Ventilator Weaning services, the diagnosis code **Z99.11** must be included.

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	77 01
80 REMARKS				LAST
Nursing Home USA, Inc.				78 01
1234567890				LAST
				79 01
				LAST

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC National Uniform Billing Committee THE C

Name and NPI of Nursing Facility where service were provided

Any claims for Nursing Faculty Room & Board, HCIC, or Ventilator/Ventilator Weaning that do not meet the instructions in this guidance may be denied and require the submission of an adjusted claim.

Note: The current listing of facilities with Medicaid IDs can be found on the Ohio Department of Medicaid website <https://medicaid.ohio.gov/Provider/ProviderTypes/LongTermCareFacilities> under "Nursing Facility Rates". This information will allow claims to be properly priced avoiding backend work and delay.