

Nursing Facilities: Private Room Billing Guidance Ohio Administrative Code Rule 5160-3-16.3

Program Summary:

In accordance with Ohio Revised Codes 5165.01 and 5165.158, the Ohio Department of Medicaid (ODM) will begin reimbursing for private rooms at qualifying nursing facilities (NFs). Reimbursement for approved private rooms will begin in January 2025 for claims with dates of service (DOS) that include the effective date of December 18, 2024, and will apply to individuals covered by fee-for-service (FFS) Medicaid, Medicaid managed care, and MyCare.

Total funding for NF private rooms is capped at \$160 million for each state fiscal year (SFY) beginning with SFY 2025. Once the aggregate annual cap is reached, NFs will not receive additional Medicaid private room incentive payments for the remainder of the fiscal year.

Application Process:

ODM began accepting private room applications January 1, 2024, for Category 1 rooms, defined as having unshared access to a toilet and sink. Private room applications for Category 2 rooms, defined as having shared access to a toilet and sink shared by no more than one other resident, have been accepted since March 1, 2024. ODM has reviewed private room applications and issued approval and denial notices based on each NF's demonstrated ability to meet Revised Code and Administrative Code requirements. ODM will continue to review newly submitted applications on an ongoing basis until the expenditure cap projection is reached.

NFs approved as a private room provider will be assigned a provider specialty code by ODM that allows them to bill for Category 1 private rooms, Category 2 private rooms, or both, based on their application approval. NFs are approved for a specified number of Category 1 and/or Category 2 private room beds and may not bill for more than the number identified in their approval letter.

NFs interested in newly applying for private rooms or increasing the number of Medicaid private rooms in their facility may submit an application at any time at:

- Nursing Facility Category 1 Private Rooms [Application](#)
- Nursing Facility Category 2 Private Rooms [Application](#)

Special Note: Beginning July 1, 2025, approved facilities must do both of the following to retain ongoing private room eligibility:

- Have a policy in place to prioritize placement in a private room based on the medical and psychological needs of the resident; and
- Participate in the resident or family satisfaction survey performed each year by the Ohio Long-Term Care Ombudsman Program.

Payment:

- **Category 1 private rooms** (those rooms with a private bath meaning unshared access to toilet and sink) will be eligible for an incentive payment of \$30 per day in addition to the NF's routine per diem reimbursement.
- **Category 2 private rooms** (those rooms with shared access to a toilet and sink shared by no more than one other resident) will be eligible for an incentive payment of \$20 per day in addition to the NF's routine per diem reimbursement.
- Private Room add-on incentive payments will be paid in addition to the routine room and board payments for covered days billed with Revenue Center Codes 0101, 0160, 0169, and 0220.
- Private Room add-on payments will not be eligible for dates of service billed as non-covered days.
- Private Room add-on incentive payments will not be eligible for bed-hold/leave days.
- Private Room add-on payments will not be eligible for days covered under an enhanced ventilator rate.

Private Room add-on incentive payments will be eligible for NF Medicaid residents enrolled in Hospice, through the Hospice Room and Board claim. The Private Room add-on payment will be available to the Hospice provider of record at 95% of the private room daily rate.

Billing Information:

NFs are responsible for accurately billing for private room days following policy and the information summarized in this document. The new private room revenue center codes for billing approved private rooms are identified in the chart below. Routine revenue center billing codes are posted on Medicaid's website [here](#).

Private Room Service	Provider Specialty Code	Revenue Center Code	Rate Effective with 12/18/2024 DOS
Category 1	86A	0119	\$30 add-on per day
Category 2	86B	0129	\$20 add-on per day

Private Room Billing Examples:

Example 1: Claim for Room & Board (31-day month):

Detail 1) Rev Code 0101 (covered) Units Billed = 31

Detail 2) Rev Code 0119 Units Billed = 31 (Billed Charges = \$930)

Example 2: Claim for Room & Board with discharge:

Detail 1) Rev Code 0160 (waiver resident covered day) Units Billed = 10

Detail 2) Rev Code 0160 (waiver resident non-covered date of discharge) Units Billed = 1

Detail 3) Rev Code 0129 Units Billed = 10 (Billed Charges = \$200)

Example 3: Claim Including Leave Days (31-day month):

Detail 1) Rev Code 0101 (covered) Units Billed = 22

Detail 2) Rev Code 0185 (covered or non-covered) = 9

Detail 3) Rev Code 0129 Units Billed = 22 (Billed Charges = \$440)

IMPORTANT: Example 4: Claim for December 2024 DOS:

Detail 1) DOS 12/1-12/17/2024 Rev Code 0101 (covered) Units Billed = 17

Detail 2) DOS 12/18-12/31/2024 Rev Code 0101 (covered) Units Billed = 14

Detail 3) DOS 12/18-12/31/2024 Rev Code 0119 Units Billed = 14 (Billed Charges = \$420)

Special Billing Note: *Private Room add-on days must not be included in the NF's Value Day reporting of Covered and Non-Covered Days on a claim.*

Questions?

Contact NF_PrivateRoom@medicaid.ohio.gov with questions about the application process or the status of your application. To expedite, please include provider name and number, as well as date of application submission.

Contact NF_Policy@medicaid.ohio.gov with Private Room billing questions. To expedite, please indicate "Private Room Billing" in the subject line of the e-mail.