Billing Guidelines for:

19 Nursing Facility

A Nursing Facility (NF) provides 24-hour skilled and intermediate nursing services to individuals who, due to medical disorders, injuries, developmental disabilities and/or related cognitive and behavioral impairments, exhibit the need for medical, nursing, rehabilitative and psychosocial management above the level of room and board.

For State policy regarding NFs, refer to MSM, Chapter 500 online at http://dhcfp.state.nv.us.

If you have questions, please contact the DHCFP Continuum of Care Unit at (775) 684-3759.

Billing Authorization

All NF providers must submit the Nursing Facility Tracking form to DHCFP in order to receive a billing authorization. This form is on the DHCFP web site and can be submitted online or submitted by fax using the paper version of the form.

After DHCFP processes the form, a billing authorization letter is mailed to the provider and the authorized dates can be viewed on the Electronic Verification System (EVS) eligibility screens.

Submit the Nursing Facility Tracking form to the DHCFP within 72 hours of any:

- Admission
- Discharge
- Death
- Service level change
- Payment continuation
- New or retro eligibility determination
- Hospice disenrollment
- Medicaid Managed Care disenrollment

Prior Authorization Requirements (Out-of-State Providers)

In order for an out-of-state NF to receive reimbursement for a differential rate, the provider must also request prior authorization (PA) from the DHCFP. The DHCFP will issue an authorization number for the request. When billing, enter this authorization number in Field 63 of the UB-92 claim.

Each claim must reflect only the dates of service authorized on one PA. If one PA ends on the 15th of the month and a second PA begins on the 16th of that month, the provider must submit a separate UB-92 claim; one for each PA.

To request approval for out-of-state NF placement, the in-state provider must complete the Out-of-State Questionnaire and submit it with the necessary information to DHCFP.

Special Billing Instructions

Leave of Absence (LOA) days

Use revenue code 0183 to bill for up to 24 LOA days per calendar year. On the first claim line, enter revenue code 0101 or 0123 and the number of days the recipient spent in the nursing facility. On the second claim line, enter revenue code 0183 and the number of LOA days for the billing period. The sum of the days shown on these two claim lines must equal the total number of service days entered in Field 7.

Free–standing NFs

Use the following revenue codes for the recipient's specific level of care:

- Revenue code 0101: NF Standard or NF Ventilator Dependent
- Revenue code 0123: NF Pediatric Specialty Care I or NF Pediatric Specialty Care II
- Revenue code 0183: LOA days

Out-of-state NFs, Veteran's Nursing Home and Hospital-based NFs

Use revenue code 0101 exclusively for the recipient's room and board charges.

Hospital-based NFs

List and use the appropriate revenue codes to bill for ancillary services/items (excluding pharmacy).

Additional Notes

- The UB-92 claim form instructions are available on the First Health Services web site.
- All recipients must receive a **Level of Care (LOC)** and **Pre-Admission Screening and Resident Review (PASRR)** prior to their admission to the NF. See MSM Chapter 500, for State requirements.
- A NF cannot bill Medicaid for recipients enrolled in the Medicaid **hospice program**.
- If a recipient was enrolled in **Medicaid Managed Care** upon admission to the NF, the Medicaid Managed Care HMO is responsible for the first 45 days of NF payment before the recipient converts to the Medicaid Fee For Service (FFS) benefit plan.
- **Patient Liability (PL)** does not apply during the first 20 days of a NF stay when the recipient is also eligible for Medicare benefits. Medicare coinsurance and deductibles are not to exceed the Medicaid maximum allow.