



Network Notification

Notice Date: September 10, 2019
To: Ohio Medicaid and MyCare Providers
From: CareSource
Subject: Important Inpatient Covered Days Billing Reminder
Effective Date: October 10, 2019

Reminder

Inpatient service billed with missing or invalid covered days information will be denied for payment effective Oct. 10, 2019, per NUBC (National Unified Billing Committee), Ohio Department of Medicaid (ODM) billing guidelines. A separate communication will be sent out to address remediation of historical claims billed with missing/invalid covered days.

Please see following section on guidelines for submission of covered days on forms UB-04 and X12 837 Institutional file.

OAC 5160-2-05 as reference for Inpatient Hospital services

Guidelines for Reporting Covered Days on UB-04:

UB-04 data field requirements

Field location UB-04	Description	Inpatient	Outpatient
1	Provider Name and Address	Required	Required
2	Pay-To Name and Address	Situational	Situational
3a	Patient Control Number	Required	Required
3b	Medical Record Number	Situational	Situational
4	Type of Bill	Required	Required
5	Federal Tax ID Number	Required	Required
6	Statement Covers Period	Required	Required
7	Future Use	N/A	N/A
8a	Patient ID	Situational	Situational
8b	Patient Name	Required	Required
9a-e	Patient Address	Required	Required
10	Patient Birthdate	Required	Required
11	Patient Sex	Required	Required
12	Admission Date	Required	Required, if applicable
13	Admission Hour	Required	Required, if applicable
14	Type of Admission/Visit	Required	Required
15	Source of Admission	Required	Required
16	Discharge Hour	Required	N/A
17	Patient Discharge Status	Required	Required
18-28	Condition Codes	Required, if applicable	Required, if applicable
29	Accident State	Situational	Situational
30	Future Use	N/A	N/A
31-34	Occurrence Codes and Dates	Required, if applicable	Required, if applicable
35-36	Occurrence Span Codes and Dates	Required, if applicable	Required, if applicable
37	Future Use	N/A	N/A
38	Responsible Party Name and Address	Required, if applicable	Required, if applicable
39-41	Value Codes and Amounts	Required, if applicable	Required, if applicable
42	Revenue Code	Required	Required

APPENDIX G – VALUE CODES

Value Codes should be used in accordance with the following guidelines for Ohio Medicaid.

Please note: Valid codes not used by Medicaid for adjudication are not listed here but will not cause claims to deny when correctly submitted.

Code	Description	Used in Medicaid Claims Adjudication	
		IP	OP
01	Most common semi-private rate	Yes	Not Applicable
02	Hospital has no semi-private rooms (do not list dollar amounts)	Yes	Not Applicable
06	Medicare Part A Blood Deductible	Yes	Not Applicable
23	Recurring monthly income (Patient's monthly spend-down responsibility)	Yes	Yes
31	Patient Liability Amount (Required when a patient chooses a private room and agrees to pay the room differential. Differential must also be reported as non-covered charges for revenue code 011X)	Yes	Not Applicable
54	Newborn birth weight in grams Please note: Providers should include decimal points when reporting birth weight. For example, if the birth weight is 1000 grams, then the provider should report 1000.00 along with value code 54	Yes	Not Applicable
80	Covered Days	Yes	Not Applicable
81	Non-Covered Days	Yes	Not Applicable
82	Co-Insurance Days	Yes	Not Applicable
83	Lifetime Reserve Days	Yes	Not Applicable

Inpatient

1 Any Hospital 123 Any Street Philadelphia PA 19103		2 Any Hospital 456 Any Street Philadelphia PA 19103		IN PAT DATE: 1234	TYPE OF BILL: 0111
3 Patient Name: Doe, John		4 Patient ID: 1234 Main Street		5 STATE TAX NO: 221234567	6 STATEMENT PERIOD: 11 03 06 - 11 04 06
7 DOB: 03 20 1971		8 SEX: M		9 CONDITION CODES: PA RESERVED	
10 OCCURRENCE DATE: 11 03 06		11 OCCURRENCE TIME: 08 3 3 12 01		12 OCCURRENCE FROM: PA RESERVED	
13 Occurrence and Occurrence Span Codes may be used to define a significant event that may affect payer processing FUTURE USE					
14 Patient Address: John Doe, 1234 Main Street, Philadelphia, PA 19111		15 Value Codes and amounts required when necessary to process claim		16 Value Codes and amounts required when necessary to process claim	
17 0129 Semi-Private	200.00	18 0250 Pharmacy	50.00	19 0360 OR Services	100.00
20 TOTALS		550.00		0.00	
21 PAYER NAME: Independence Blue Cross		22 HEALTH PLAN ID: Report HIPAA National Health Plan Identifier when mandatory		23 PRIOR PAYMENTS: Y Y	
24 INSURED'S NAME: Doe, John		25 INSURED'S UNIQUE ID: ABC1234567800		26 GROUP NAME: Watch Repair, Inc.	

Red = Required
Black = Situational/Required, if applicable/Optional

Guidelines for Reporting Covered Days using EDI- X12 - 837 Institutional:

HI Value Information

Pos: 231 Max: 2
 Detail - Optional
 Loop: 2300 Elements: 1

User Option (Usage): Situational

To supply information related to the delivery of health care

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HI01	C022	Health Care Code Information	M	Comp		Required	1
	1270	Code List Qualifier Code	M	ID	1/3	Required	1
		<u>Code Name</u>					
		BE Value					
	1271	Industry Code	M	AN	1/30	Required	1
		<u>Industry: Value Code</u>					
		Medi-Cal Note: Coinsurance, deductible, blood pints, blood deductible. Medicare requires that Co-insurance and deductible amounts be reported in the CAS segment of Loop 2430. Medicare will reject claims submitted with values codes in this segment for co-insurance and deductibles effective with July 1, 2007 dates of service. A list of valid values may be found in the NUBC manual field locator 39-41. A subset of this list may be found in the Medi-Cal Outpatient Provider Manual. Medi-Cal will only use the first 2 characters. UB-04 claim form field number 39-41.					
		<u>ExternalCodeList</u>					
		Name: 132					
		Description: National Uniform Billing Committee (NUBC) Codes					
	782	Monetary Amount	O	R	1/18	Required	1
		<u>Industry: Value Code Associated Amount</u>					
		Medi-Cal Note: Medi-Cal will use only the first 9 characters. UB-04 claim form field number 39-41.					

Example:
HI'BE:08:::1740~

Loop	Segment ID	Segment Name/ Data Element Name	Format	Length	DE Ref #	Req Des.	Value
							Note: Can be up to 12 HI0x-1 through HI0x-4 elements separated by *
		Segment End	B	1			~
2300	HI	Value Information Codes	ID	2		S	HI
		Element Separator	AN	1			*
	HI01-1	Code List Qualifier Code	ID	1/3	1270	R	BE - Value Code
		Component Element Separator		1			:
	HI01-2	Industry Code	AN	1/30	1271	R	Value Code
							Note: Can be up to 12 HI0x-1 through HI0x-2 elements separated by *
		Segment End	B	1			~

Questions?

For questions around this issue, please visit:

<https://medicaid.ohio.gov/Portals/0/Resources/Publications/Guidance/BillingInstructions/HospitalBillingGuidelines-20180701.pdf>