Facility Billing Guide

American Health Advantage of Pennsylvania (the “Health Plan”) provides this information as a guide for your billing staff and departments in submitting claims for services provided to Health Plan members. This will include information on filing claims for services provided by the facility, regardless of contractual reimbursement provisions. All claims will be processed according to CMS guidelines, the American Health Advantage of Pennsylvania, and your provider contract.

Guidelines for the following types of claims are included in this guide.

- Part A Skilled Services
  - Post-acute Skill (SNF)
- Part B Therapy
- Immunization/Vaccine Services
- Supplemental Benefits
  - In-Home Support Services
  - Other Transportation

PART A SERVICES

PART A Skilled Services - American Health Advantage of Pennsylvania members that reside in your facility.

- Skilled Stay (SNF) – paid monthly by contractual capitation rate

DEFINITIONS:

Skilled Stay (SNF) - nursing or rehabilitation services provided by licensed health professionals, as ordered by a physician, to be provided within a skilled nursing facility after an Acute Inpatient stay, Observation stay, or Emergency Department transfer.

Capitation Payment – monthly payment for each Health Plan member (per member per month - PMPM) to cover costs of any Health Plan member's Part A Skilled services (SNF).

A member is using his/her Medicare Part A Skilled benefit when on a Skilled Stay (SNF). All CMS guidelines should be followed; for instance, facilities are required to follow CMS guidelines for the delivery of the Notice of Medicare Non-Coverage (NOMNC).

THREE-DAY HOSPITAL STAY REQUIREMENT IS WAIVED FOR SNF SERVICES.

AUTHORIZATION REQUIREMENTS

An advance determination or prior authorization IS REQUIRED for a post-acute (inpatient, observation, or emergency department visit) Skilled Nursing Stay (SNF).

Please see your Facility Quick Tip Guide or Plan's website, or contact your ISNP Case Manager, APP, or your Provider Relations Representative for authorization instructions.

BILLING GUIDELINES:

(1) Submit claims via EDI PA901 transaction (preferred) or on traditional UB04 form.
(2) Ensure the proper Type of Bill of 21X.
(3) Using new PDPM guidelines, bill with most appropriate HIPPS code for services/days rendered on the revenue code 0022 line or the default HIPPS code "ZZZZZ".
(4) Revenue code 0120 should contain total billed days for statement period.
(5) All applicable diagnosis codes for the patient stay should be filed on claim.
(6) Include Authorization number provided by health plan utilization management team.

PART A SERVICES, continued

PART A Skilled Services - American Health Advantage of Pennsylvania members that DO NOT reside in your facility

- Skilled Stay (SNF) – paid by contractual per diem rate

On unique occasions the facility may provide Part A services for a American Health Advantage of Pennsylvania member that does not reside in your facility. For these cases the facility is expected to follow the plans prior authorization and billing protocols; the facility will be reimbursed based on the contracted per diem basis.

THREE-DAY HOSPITAL STAY REQUIREMENT IS WAIVED FOR SNF SERVICES.

AUTHORIZATION REQUIREMENTS

An advance determination or prior authorization **IS REQUIRED** for a post-acute Skilled Nursing Stay (SNF).

Please see your Facility Quick Tip Guide or the Plan's website, or contact your ISNP Case Manager, APP, or your Provider Relations Representative for authorization instructions.

BILLING GUIDELINES:

(1) Facilities are required to follow CMS Billing Guidelines as found in the current version of the Medicare Claims Processing Manual – Chapter 6.
(2) Submit claims via EDI PA901 transaction (preferred) or on traditional UB04 form.
(3) Ensure the proper Type of Bill of 21X.
(4) Using new PDPM guidelines, bill with most appropriate HIPPS code for services/days rendered on the revenue code 0022 line.
(5) Revenue code 0120 should contain total billed days for statement period.
(6) All applicable diagnosis codes for the patient stay should be filed on claim.
(7) Include Authorization number provided by health plan utilization management team

PART B THERAPY SERVICES

PART B Therapy Services

- Physical, Occupational, Speech Therapy – paid monthly by contractual capitation rate.

AUTHORIZATION REQUIREMENTS

An advance determination or prior authorization **is not required** for PT/OT/ST services rendered to American Health Advantage of Pennsylvania members. Any need for therapy for American Health Advantage of Pennsylvania members should be communicated to the ISNP APP and/or Case Manager. Facilities are required to bill for all services rendered.

BILLING GUIDELINES:

(1) Facilities are required to follow CMS Billing Guidelines as found in the current version of the Medicare Claims Processing Manual – Chapter 5.

(2) Bill therapy services separately from any other Part B or Supplemental services (i.e., vaccinations and administration of vaccine, in-home support services).

IMMUNIZATION AND VACCINE SERVICES

For all immunization and vaccine services, submit billing as follows. Reimbursement is based on the Medicare fee schedule. Currently roster billing is not allowed for mass immunizations.

BILLING GUIDELINES:

(1) Submit claims via EDI PA901 Institutional transaction (preferred) or on traditional UB04 form.

(2) Ensure proper Type of Bill of 221.

(3) Use revenue code 0636 and applicable CPT/HCPCS code for vaccine/immunization.

(4) Administration services should be billed utilizing revenue code 0771 and the applicable HCPCS code based on the type of vaccine administered (G0008, G0009, or G0010).

(5) Primary diagnosis code of Z23 (encounter for immunization).

SUPPLEMENTAL BENEFITS

Supplemental Benefit – In Home Support Services
This benefit enriches the lives of American Health Advantage of Pennsylvania members who are struggling with challenges of the aging process. Members with conditions due to dementia, Alzheimer's and other medical impairments that limit mobility and safety are of primary concern.

A companion may assist with medical appointments outside the nursing facility or supervised visits during behavioral, wandering or acute medical episodes within the nursing facility. The companion provides one-on-one care when needed. Members at risk of further injury or falls can receive additional assistance that include re-training on safety measures to reduce the risk for a negative outcome. A Certified Nursing Assistant (CNA), or an individual with proper medical certification, may aid the member as needed to assist with ADL's and/or comfort.

This benefit for each American Health Advantage of Pennsylvania plan member allows up to 40 hours (160 total units) per calendar year. Reimbursement to the facility is up to $15 per hour. Services must be ordered by PCP or Health Plan Care team.

BILLING GUIDELINES:

(1) Bill support services rendered in facility via EDI PA901 Institutional transaction (preferred) or on traditional UB04 with Type of Bill 22X.
(2) Bill with revenue code 3109, HCPCS code S5135 – 1 unit is 15 minutes.
(3) Bill claims separately from any Part A or Part B capitated services.

SUPPLEMENTAL BENEFIT – OTHER TRANSPORTATION

This benefit offers routine (non-emergent) transportation services by facility owned van/medical transport to any health-related location for up to thirty-six (36) one-way trips per benefit year for each American Health Advantage of Pennsylvania member. The facility is reimbursed up to $45 per one-way trip.

BILLING GUIDELINES:

(1) Bill routine transportation rendered by facility via EDI PA901 Institutional transaction (preferred) or on traditional UB04 with Type of Bill 22x or 24x.
(2) Bill with revenue code 0542, HCPCS code A0130 – 1 unit is 1 one-way trip
(3) Bill transportation claims independently of all other services