LTC Quick Reference Guide

DO NOT SUBMIT CLAIM UNLESS:

- ☐ Submission is within 180 days of service
- ☐ Units match the number of days billed
- ☐ Report bed holds on a separate line of service
- ☐ Authorization on file for ALL days billed
- ☐ Claim is NOT rebilled for prior PCF denial
- ☐ Data aligned properly in the fields on the UB 04

CLAIMS SUBMISSION

- Submit claims within 180 days of the date of service.
- Register on the secure Provider Portal to submit multiple recurring claims easily. Submit single or batch claims through the secure Provider Portal or Clearinghouse for fastest and most accurate payment. Payor ID#s can be found at mmp.MeridianTotal.com.
- Paper claims **MUST**:
  - Be on a red, original UB-04 form
  - Typed in black or blue ink 9-point or greater font
  - Include all other insurance information (policy holder, carrier name, ID number and address) when applicable
- Request for Reconsideration must be submitted within 180 days of the date of service.
- Appeals can be submitted in writing within 365 days of the date of service once provider has exhausted the Request for Reconsideration.

MMP SKILLED

- Submit one claim for both Medicare and Medicaid
- Coverage for Skilled Nursing is up to 100 days
- If there is a break in care that lasts for more than 30 days a new 3-day hospital stay is required to qualify for additional SNF care
  - The new hospital stay doesn't need to be for the same condition
  - If the break in skilled care lasts for at least 60 days in a row, this ends the current benefit period and renews the SNF benefits.

SMART ACT

Bed holds are not reimbursable under the **2012** SMART Act but the hold days MUST be billed if included in the overall days.

If you have any questions please contact **MeridianTotal (Medicare-Medicaid Plan)** Provider Services at: 877.941.0482

THERAPY SERVICES

ICP and FHP

Therapy services are covered in the per diem rate. Services are covered **ONLY** if rendered and billed by an entity other than the long term care facility and are deemed medically necessary.

MMP

If the member is an MMP member and the therapy is considered a Part B service, then therapy claims should be billed to MeridianTotal.

- Services must be pre-authorized and are subject to service limitations
- If this is not a Part B service or if Part B has been exhausted, LTC facilities will not be reimbursed for therapy. Services are covered ONLY if rendered and billed by an entity other than the long term care facility and are deemed medically necessary

OXYGEN – SUBMIT ON A CMS 1500 CLAIM FORM NOT AN UB-04

- LTC facilities are responsible for providing the 1st tank of oxygen on a monthly basis and are not allowed to bill for the 1st tank
- LTC facilities must be registered as a DME provider type 63 with the State
- Oxygen claims must be billed separately from the Room & Board claim and submitted on a CMS 1500 professional claim form

PATIENT CREDIT FILE

- MeridianTotal can only pay claims for members and days on the State's Patient Credit File (PCF).
- All custodial care claims refer to the patient credit file to deduct member funds accordingly.
- Ex code on the Explanation of Payment (EOP): Hf
  - Description: "DENY": Mbr not currently on PT Credit File – will reconsider once on file."
  - Claim does NOT need to be resubmitted.
  - Claims will be paid as soon as member appears on patient credit.

REVENUE CODES

SUB-ACUTE CARE: 0191,0192, 0193, 0194, 0199 or other
CUSTODIAL CARE: 0120 or 190 general classification
BED HOLDS: 185 – Nursing Home (for hospitalization)