

November 12, 2009

## Correction Regarding Use of Appropriate Bill Type and Revenue Codes

Dear Long Term Care Provider,

In April, 2009, Keystone Mercy sent correspondence containing DPW's guidance on how Long Term Care facilities should submit claims to the plan. Please disregard the April 2009 guidance and replace with this letter. The April 2009 guidance incorrectly instructed you to use revenue code 100 in Field 42 of the UB-04 Claim Form to report LTC room and board days. That guidance is being revised. LTC facilities should not use revenue code 100, but instead continue to utilize the revenue codes that you billed prior to the April 2009 notification. The only change to the billing requirement for LTC facilities is that you now bill for services using bill type 26X instead of 21X or 22X. ICF/MR facilities should bill using bill type 65X.

Keystone Mercy is required to submit detailed encounter information to the Department of Public Welfare for all claims that you submit to the plan. We have been informed that DPW is unable to differentiate Long Term Care (LTC) encounters from State Mental Retardation Centers, ICF/MR and ICF/ORC facility encounters because providers are not submitting claims with the appropriate Bill Type. DPW has requested that we provide instructions to our LTC and ICF/MR and ICF/ORC facility providers that will resolve this issue.

All Long term care (LTC) claims should use Bill Type 26X, and all State Mental Retardation Centers, ICF/MR and ICF/ORC facility claims should use Bill Type 65X. The following information provides a breakdown of facility types, followed by key billing guidelines:

**Bill Type 26:**

County Nursing Facilities  
  
 General Nursing Facilities  
 State Restoration Centers  
 Long Term Care

**Bill Type 65:**

State Mental Retardation Centers  
 (OMR)  
 ICF/MR Facilities (Private)  
 ICF/ORC Facilities (OSP)

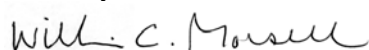
### UB-04 Billing Guide

Field Number	Bill Type 26X – Nursing Facilities for County and Non-Public Nursing Facilities and State Restoration Centers	Bill Type 65X – ICF/MR, ICF/ORCs and State MR Centers
<b>4 – Type of Bill</b>	Enter the appropriate 3-character code to identify the type of bill being submitted. <ol style="list-style-type: none"> <li>1. First character: Type of facility – always enter “2” to indicate nursing facility</li> <li>2. Second character: Bill classification – always enter “6” to indicate Intermediate Care, Level II</li> <li>3. Third character: Frequency – Enter 0, 1, 2, 3, 4, 7, or 8</li> </ol>	Enter the appropriate 3-character code to identify the type of bill being submitted. <ol style="list-style-type: none"> <li>1. First character: Type of facility – always enter “6” to indicate nursing facility</li> <li>2. Second character: Bill classification – always enter “5” to indicate Intermediate Care, Level I</li> <li>3. Third character: Frequency – Enter 0, 1, 2, 3, 4, 7, or 8</li> </ol>

	<b>Type of Bill Codes (3 digits)</b> <b>First 2 digits</b> 26 Nursing Facility  <b>Third Digit</b> 0 Non Payment/Zero Claim 1 Admit through Discharge Claim 2 Interim – First Claim 3 Interim – Continuing Claim 4 Interim – Last Claim 7 Replacement of Prior Claim 8 Void/Cancel of Prior Claim	<b>Type of Bill Codes (3 digits)</b> <b>First 2 digits</b> 65 ICF/MR or ICF/ORC Facility  <b>Third Digit</b> 0 Non Payment/Zero Claim 1 Admit through Discharge Claim 2 Interim – First Claim 3 Interim – Continuing Claim 4 Interim – Last Claim 7 Replacement of Prior Claim 8 Void/Cancel of Prior Claim
<b>The following Guidance applies to Bill Types 26X and 65X</b>		
<b>17 – Patient Status</b>	Enter the appropriate patient status code 1. When submitting interim bills, enter Patient Status Code 30 2. If patient was discharged during the service month, enter the appropriate code to identify the reason for discharge.  <b>Patient Status Codes:</b> 01 – Discharge to Home or self-care – Routine Discharge 02 – Discharged/transferred to another hospital for inpatient care 03 – Discharged/transferred to Skilled Nursing Facility 04 – Discharged/transferred to an Intermediate Care Facility 05 – Discharged/transferred to another type of Institution for Inpatient Care 20 – Expired 30 – Still a Patient	
<b>42 – Revenue Code</b>	Enter the appropriate Revenue Codes for the services provided. Please refer to the NUBC Reference manual for instructions on how to complete Field 42 of the UB-04. <b>Please resume using the Revenue codes (room and board) that you reported prior to the April 2009 guidance.</b>	
<b>43 – Description</b>	Enter the appropriate narrative description (in parenthesis above) to the related Revenue Codes found in Field 42.	
<b>44 – HCPCS Codes/Rates /HIPPS Code</b>	Enter your contracted rate	

Complete billing guidelines are available in the Provider Center of the Keystone Mercy Health Plan Web site at [www.keystonemercy.com](http://www.keystonemercy.com). Please contact Provider Services at 1-800-521-6007, or contact your Provider Account Executive if you have questions about these guidelines. We appreciate your continued participation in the Keystone Mercy network, and your commitment to our members.

Sincerely,



William C. Morsell  
 Senior Vice President  
 Provider Network Management