

7.18.23



Notice Related to Hospice Billing for Nursing Facility Room and Board (HCPC T2046) and Ventilator/Ventilator Weaning Services

Highlights

- Only accepting HCFA form (CMS-1500) for Hospice Nursing Facility Room and Board (NF R&B)
- Only accepting UB04 form for ventilator and ventilator weaning
- Must include diagnosis code Z99.11 for ventilator and ventilator weaning services (does not have to be primary)

I. Hospice Nursing Facility Room and Board (HCPC T2046)

Hospice providers billing for nursing facility room and board must bill using the HCFA form (CMS 1500). The name **of the nursing facility** in which the services were delivered must be placed in Box 32 and the National Provider Identifier (NPI) related to the nursing facility must be placed in 32a.

25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT For govt. claims, etc.	Nursing Facility Name
	<input type="checkbox"/> <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SERVICE FACILITY LOCATION INFORMATION		Nursing Facility NPI
		Nursing Home USA, LLC		
SIGNED	DATE	32a. 1234567890		

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE

II. Hospice Ventilator and Ventilator Weaning Claims

Ventilator Dependent and Ventilator Weaning (i.e. 0410, 0419) claims must be billed using the UB04 Institutional form.

Type of Bill – 81X/081X: If the claim is billed with the incorrect Type of Bill, the claim will deny as incorrect billing.

When billing Ventilator Dependent and Weaning claims, the hospice provider is required to include the Name and NPI of the nursing facility in which the services were delivered in Box 80 (Remark code). In addition, when billing for Ventilator and/or Ventilator Weaning services, the diagnosis code **Z99.11** must be included.

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	80 REMARKS	LAST
				Nursing Home USA, Inc.	LAST
				1234567890	LAST

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE

Any claims for Nursing Facility Room & Board or Ventilator/Ventilator Weaning that do not meet the instructions in this guidance may be denied and require the submission of an adjusted claim. Nursing facility hospice (T2046) and vent/vent weaning services are not billable on the same date of service.

Note: The current listing of facilities with Medicaid IDs can be found on the Ohio Department of Medicaid website <https://medicaid.ohio.gov/resources-for-providers/enrollment-and-support/provider-types/nursing-facilities/nursing-facilities> under "Nursing Facility Rates". This information will allow claims to be properly priced avoiding backend work and delay.