



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

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 (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 <input type="checkbox"/> <input type="checkbox"/>	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT For govt. claims, set <input type="checkbox"/> YES <input type="checkbox"/> NO	Nursing Facility Name
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 Home USA, LLC	33.	
SIGNED _____ DATE _____	32a. 1234567890		Nursing Facility NPI

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

II. Private Room Add-On Payment (effective for DOS on or after 12/18/24)

If a Hospice provider is billing for room and board for a SNF, and the member was placed in a Private Room where the SNF is approved by ODM as a Category 1 or Category 2 Private Room Service provider, Hospice providers are eligible for 95% of the Category 1 Add-On payment of \$30, and Category 2 Add-on payment of \$20 (as applicable).

Hospice providers should bill utilizing the following Code/Modifier combinations to receive this Add-On Payment. Category 1 & Category 2 should be billed on individual claim lines (i.e., do not bill both modifiers on the same claim line).

Private Room	Bill Code	Modifier	95% of SNF Add-On
Category 1	T2046	XP	\$28.50
Category 2	T2046	XU	\$19.00

Example 1: Member transitioned from a Category 1 room to Category 2 room mid-month:

Service Type	Bill Code	Modifier	Units billed	Dates of Service	95% of SNF
Hospice Care Room & Board	T2046		31	1/1-1/31/2025	\$6,200.00
Private Room, Category 1	T2046	XP	17	1/1-1/17/2025	\$484.50
Private Room, Category 2	T2046	XU	14	1/18-1/31/2025	\$266.00

Example 2: Member remained in the Category 1 room for the entire month:

Service Type	Bill Code	Modifier	Units billed	Dates of Service	95% of SNF
Hospice Care Room & Board	T2046		31	1/1-1/31/2025	\$6,200.00
Private Room, Category 1	T2046	XP	31	1/1-1/31/2025	\$883.50

Example 3: Member remained in the Category 2 room for the entire month:

Service Type	Bill Code	Modifier	Units billed	Dates of Service	95% of SNF
Hospice Care Room & Board	T2046		31	1/1-1/31/2025	\$6,200.00
Private Room, Category 2	T2046	XU	31	1/1-1/31/2025	\$589.00

Exceptions: SNFs that are receiving the enhanced ventilator rate are excluded from this program. If the SNF's NPI is not recognized by ODM as having the appropriate specialty code of 86A (Category 1) and/or 86B (Category 2), the Add-on payment is subject to post-payment review/recoupment. These services are add-on payments and will not be reimbursed if the nursing facility stay is not approved or denied.

III. 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.

The image shows a portion of a UB04 Institutional form. A callout box points to the '80 REMARKS' section, which contains the text 'Nursing Home USA, Inc. 1234567890'. The callout box contains the text 'Name and NPI of Nursing Facility where service were provided'. The form also shows columns for 'OTHER PROCEDURE CODE' and 'DATE', and a 'STCC' column with sub-rows 'a', 'b', 'c', and 'd'. On the right side, there are labels for 'LAST', '77 OF', '78 OF', '79 OF', and 'THE C'. At the bottom, there is a logo for 'NUBC' and the text 'APPROVED OMB NO. 0938-0997'.

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.