



Kansas Medical Assistance Program



January 2010

Provider Bulletin Number 10003

Nursing Facility Providers

Revenue Code Change

Effective with dates of service on and after February 1, 2010, revenue code 120 will replace revenue code 101 when billing for regular long term care (LTC) room and board days. When using revenue code 120 for LTC regular days, claims will automatically cross over from Medicare without denying.

There is no change for providers billing LTC reserve days. Please refer to Section 7000 of the *Nursing/Intermediate Care Facility Provider Manual* for specific revenue codes to be used for reserve day billings.

Information about the KHPA Medical Plans as well as provider manuals and other publications are available at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, please view the *Hospital Provider Manual*, Section 7000, page 7-5, and the *Nursing/Intermediate Care Facility Provider Manual*, Section 7020, page 7-5.

If you have any questions, please contact Customer Service at 1-800-933-6593 (in-state providers) or 785-274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

HP Enterprise Services is the fiscal agent and administrator of the KHPA Medical Plans.

FL 31-34 Occurrence Codes/Dates: OCCURRENCE CODES CAN ONLY BE SUBMITTED ON LINE A.

The following occurrence codes **must** be indicated if reporting information on type of accident, crime victim, other insurance denial or date of TPR termination, or aborted surgery, false labor or nondelivery claim where associated services are indicated.

- 01 Accident/medical coverage
- 02 No fault insurance involved – including auto accident/other
- 03 Accident/tort liability
- 04 Accident/employment related
- 05 Accident/no medical or liability coverage
- 06 Crime victim
- 24 Date insurance denied
- 25 Date benefits terminated by primary payer
- A3 Benefits exhausted, Payer A
- B3 Benefits exhausted, Payer B
- C3 Benefits exhausted, Payer C

All State of Kansas Department of Social and Rehabilitation Services (SRS) guidelines remain the same regarding attachments required for TPR proof and SSA/Medicare EOMBs.

FL 35-36 Occurrence span codes and dates.

FL 37 Reserved for assignment by NUBC.

FL 38 Responsible party name and address (claim addressee) – situational.

FL 39-41 Value Codes/Amount – Required if applicable.

- Enter D3 for nonpatient obligation as the value code. Enter the nonpatient obligation dollar amount in the “Amount” field. Examples of nonpatient obligation are Parental, Spousal, and Trust.
- Enter 80 for covered days and enter the number of covered days in the Amount field.

Note: Count the date of admission but not the date of discharge.

FL 42 Revenue Code – Required – Inpatient Only. Enter the three-digit number identifying the type of accommodation and ancillary service(s). **DO NOT INDICATE REVENUE CODE(S) IF THE SERVICE IS NONCOVERED.** Reference the *National Uniform Billing Committee (NUBC) Manual*.

Note: Revenue codes are not to be indicated for outpatient services.

FL 43 Revenue Description/IDE Number/Medicaid Drug Rebate – Required on paper bills only.

7020. Updated 01/10

- FL 17 Patient Discharge Status.** Enter the two-digit code to indicate the patient status.
- FL 18-28 Condition Codes.** Enter one of these two-digit codes to indicate a condition(s) relating to inpatient or outpatient claims, special programs or procedures. This is not a complete list.
- FL 31-34 Occurrence Codes/Dates. Occurrence codes can only be submitted on Line A.** The following occurrence codes must be indicated if reporting information on type of accident, crime victim, other insurance denial or date of TPR termination, or aborted surgery, false labor or nondelivery claim where associated services are indicated.
- FL 39 Value Codes/Amount.** Enter 80 for covered days and enter the number of covered days in the Amount field.
- FL 42 Revenue Code – Required. Inpatient Only.** Enter the three-digit number identifying the type of accommodation and ancillary service(s).
Use only the revenue codes listed below:
101 All inclusive room and board
120 Room-board/semi
180 NF/MH inpatient psychiatric hospital stay (21-day limit per admission)
181 NF/MH home therapeutic reserve days (21 days per calendar year)
183 NF home therapeutic reserve days (18 days per calendar year)
185 NF hospital reserve days (10-day limit per admission)
189 Noncovered days
- FL 45 Date of Service.** Enter the date services were provided in MM/DD/CCYY format.
- FL 46 Service Units.** Enter the number of days for each revenue code.
- FL 47.23 Total Charges.** Enter the total charges.
- FL 50 Payer Name – Required.** Enter all third party resources (TPR).
Line A – Use to indicate primary insurance.
Line B – Use to indicate secondary insurance.
Line C – Use to indicate tertiary insurance.
- FL 54 Prior Payments – Required if other insurance is involved. Do not enter patient liability amount. It is deducted automatically during claims processing.**
Line A – Use to indicate primary payment.
Line B – Use to indicate secondary payment.
- FL 56 National Provider Identifier (NPI).**
- FL 57 Other Provider ID.** Enter the billing provider's taxonomy code or KMAP provider ID.
- FL 58 Patient Name – Optional.**