May 2006   **Provider Bulletin Number 619b**

Adult Care Home Providers

Patient Status, Occurrence, Condition, and Admission Type Codes

Effective with dates of service on and after April 7, 2006, patient status, occurrence, condition, and admission type codes were updated to reflect Medicare's approved lists.

Condition codes 81, A7, A8, X0, and Z1 are no longer covered. The codes that replaced them are as follows:
- AI (sterilization) replaced 81
- AA (abortion performed due to rape) replaced A7
- AB (abortion performed due to incest) replaced A8
- D9 (any other change) replaced the XO swing bed condition code
- 67 (beneficiary elects not to use lifetime reserve (LTR) days) replaced the Z1 Medicare Part A benefits exhausted condition code
  - The verbiage in the explanation of condition code 67 means the patient's benefits are exhausted.

Occurrence code 50 is no longer covered. This code will not be replaced and is no longer required to be used by providers.

Updated manual pages for this bulletin are attached.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at https://www.kmap-state-ks.us. For the changes resulting from this provider bulletin, select the *Adult Care Home Provider Manual*, pages 7-4 through 7-7.

If you have any questions, please contact the KMAP Customer Service Center 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.

EDS is the fiscal agent and administrator of the Kansas Medical Assistance Program for the Division of Health Policy and Finance.

Page 1 of 5

7020. Updated 5/06

FL 14 **Birth Date - Required**. Enter patient's date of birth in MM/DD/YYYY format.
(October 1, 1957 would be listed as 10/01/1957.)

FL 17 **Admission Date – Required.** Enter date patient was admitted to the facility in MM/DD/CCYY format.

FL 22 **Patient Status - Required - Inpatient Only**. Enter a two-digit code to indicate status of patient:

01 Discharged to home or self care (routine discharge)
02 Discharged/transferred to another short-term general hospital for inpatient care
03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification (For hospitals with an approved swing bed arrangement, use Code 61 Swing Bed. For reporting discharges/transfers to a non certified SNF, use Code 04 ICF.)
04 Discharged/transferred to an Intermediate Care Facility (ICF)
05 Discharged/transferred to a non-Medicare PPS children's hospital or non-Medicare PPS cancer hospital for inpatient care. to another type of institution (including distinct parts). Transfers from acute care institutions to Children's Hospital.
06 Discharged/transferred to a home under care of organized home health service organization
07 Left against medical advice or discontinued care
08 Discharged/transferred to home under care of a home IV drug therapy provider. This is not a certified Medicare provider.
09 Admitted as an inpatient to this hospital (for use on Medicare Outpatient Hospital claims only)
20 Expired (or did not recover - Christian Science Patient)
30 Still patient
40 Expired at home (Hospice claims only)
41 Expired in a medical facility, such as a hospital, SNF, ICF, or freestanding hospice (Hospice claims only)
42 Expired - place unknown (Hospice claims only)
43 Discharge/transferred to a Federal Health Care Facility
50 Discharge to hospice - home
51 Discharge to hospice - medical facility
61 Discharged/transferred within this institution to a hospital based, Medicare approved, swing bed
62 Discharged/transferred to another rehabilitation facility an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital
63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
64 Discharge/transferred to a nursing facility certified under Medicaid but not certified under Medicare
65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (for future use). Providers shall continue to use Patient Status Code 05 until further notice

7020.

66	Discharged/transferred to a Critical Access Hospital (CAH) for discharge dates on or after January 1, 2006
71	~~Discharged/transferred/referred to another institution for outpatient services as specified by the discharge plan of care~~
72	~~Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care~~

FL 23   **Medical Record No.-Desired.** Enter the patient's medical record number. (This number will appear on the provider's Remittance Advice.)

FL 24-30   **Condition Codes** - Enter one of these two-digit codes to indicate a condition(s) relating to inpatient or outpatient claims, special programs or procedures (e.g., KAN Be Healthy, sterilization, etc.)

Note: This is not a complete list. For a complete list of Condition Codes contact EDS Customer Service.

     01   Military service related
     02   Condition is employment related
     03   Patient covered by insurance not reflected here
     67* Beneficiary elects not to use life time reserve (LTR) days
        *This will now replace the Z1 Medicare Part A benefits exhausted condition code. The verbiage in the explanation of condition code 67 means the patient's benefits are exhausted.
     80   ~~Sterilization~~ Home Dialysis – Nursing Facility
     81   ~~Hysterectomy~~
     A1   KAN Be Healthy (EPSDT)
     A4   Family Planning
     AA   Abortion performed due to rape
     AB   Abortion performed due to incest
     AI   Sterilization
     D9* Any other change
        *This will now replace the XO swing bed condition code
     ~~A7   Abortion - danger to life~~
     ~~A8   Abortion - rape/incest~~
     ~~X0   Swing bed~~
     ~~Z1   Medicare Part A benefits exhausted~~

FL 32-35   **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 non-delivery claim where associated services are indicated.

Note: This is not a complete list. For a complete list of Occurrence Codes contact EDS Customer Service.

> 01 Accident/medical coverage ~~Auto accident~~
> 02 No fault insurance involved – including auto accident/other ~~Auto accident/no fault insurance~~
> 03 Accident/tort liability
> 04 Accident/employment related
> 05 Accident/no medical or liability coverage ~~Other accident~~
> 06 Crime victim
> 24 Date insurance denied
> 25 Date benefits terminated by primary payer
> ~~50 Aborted surgery/False labor/Patient did not deliver~~
> A3 Benefits exhausted, Payer A
> B3 Benefits exhausted, Payer B
> C3 Benefits exhausted, Payer C

FL 39   **Value Codes/Amount – Required if applicable (for State Institutions Only).** Enter D3 for non-patient obligation as the value code. Enter the non-patient obligation dollar amount in the "Amount" field. Examples of non-patient obligation are Parental, Spousal, Trust.

*FL 42   **Revenue Code – Required.** Enter the three-digit code identifying the type of accommodation services. Use only the revenue codes listed below:
101 All inclusive room and board
108 ICF/MH reserve days
181 Home therapeutic reserve days ICF/MH – 21 days per calendar year
182 Home leave days / Therapeutic leave days
185 Hospital leave days
189 Non-covered days

*FL 45   **Service Date Required** – Enter first date of service for the detail line.

*FL 46   **Service Units Required** – Enter the total number of days for each detail line.

FL 47   **Total Charges - Required -** Enter total charges billed.

FL 50   **Payer - Required** - Enter all third party resources (TPR). If TPR does exist, it must be billed first. Lines B and C should indicate secondary and tertiary coverage. Medicaid will be either the secondary or tertiary coverage and the last payer. When B and C are completed, the remainder of this line must be completed as well as FL 58-62. Medicare needs to always be the last entry.

FL 51   **Provider No. - Required** - Enter your 10-digit Medicaid provider number.

FL 54   **Prior Payments - Required if other insurance is involved** - Enter amount paid by other insurance. Medicare needs to always be the last entry. **Do not enter patient liability amount. It is automatically deducted during claim processing.**

FL 57   **Previous ICN** If this is a resubmission of a claim, enter the previous ICN.

7020. <mark>**Updated 5/06**</mark>

    FL 60   **Cert. - SSN/HIC - ID No. - Required -** Enter the 11-digit ID number from the beneficiary's medical card on line C.

    FL 61-62   **Group Name/Insurance Group No. - Required if Medicaid is not primary payer. Enter the primary insurance information on line A and Medicare on line C.**

    FL 67   **Prin. Diag. Cd. - Required -** Enter the ICD-9-CM diagnosis code indicating the primary diagnosis.

    FL 68-75   **Code -** Required if applicable. Enter the ICD-9-CM code to indicate additional diagnoses.

    Fl 82   **Attending Physician** optional
            a. Attending physicians Kansas Mediciad provider number.
            b. Attending physicians name.

    FL 84   **Remarks** - Specify additional information as necessary.

    FL 85   **Provider Representative - Required - Provider Signature:**
        Read statement on back of claim form, sign and date.
            o Phrase "signature on file" is acceptable.
            o Providers name typed/stamped is acceptable.

    FL 86   **Date - Desired -** Enter date of provider representative signature.

*Example: Resident in home for six days with the first date of service March 1, 2005:
        Revenue code equals 180
        Field 45 equals 03/01/05
        Field 46 equals 6

Submission of Claim:

Send completed first page of claim and necessary attachments to:

    Kansas Medical Assistance Program
    Office of the Fiscal Agent
    P.O. Box 3571
    Topeka, Kansas 66601-3571