TEXAS
Department of Aging
and Disability Services

COMMISSIONER
Jon Weizenbaum

December 17, 2014

To: Nursing Facilities

Subject: Information Letter 14-68
Nursing Facility Transition: Nursing Facility Changes to the Medicaid Claims Submission Process - REVISED

The Department of Aging and Disability Services is re-issuing this letter to provide updated information about effective dates for the changes discussed in the original letter. The original letter (Information Letter 2014-68, Nursing Facility Transition: Nursing Facility Changes to the Medicaid Claims Submission Process) was posted on October 21, 2014. This letter replaces the previously published letter.

In conjunction with the transition of nursing facilities (NFs) to STAR+PLUS managed care on March 1, 2015, the following information must be included on NF claims submitted to Texas Medicaid & Healthcare Partnership (TMHP) as indicated in this letter.

Updates to institutional claim templates and/or batches will be required to accommodate these changes. Additionally, third-party submitters must be informed of these changes for claims to be successfully submitted. Providers are responsible for notifying third-party submitters regarding the changes outlined in this letter.

Taxonomy Required on NF Claims – Effective February 1, 2015

NFs will be required to enter the appropriate Healthcare Provider Taxonomy Code associated to the National Provider Identifier (NPI) of the billing entity on all Long Term Care (LTC) NF institutional claims submitted to TMHP using TexMedConnect or Electronic Data Interchange (EDI). Taxonomy codes further define the type, classification, and/or specialization of the health care provider. If a provider attempts to submit a claim to TMHP without a valid taxonomy code, regardless of the date of service, the claim will be rejected and providers will receive an error message.

According to the Centers for Medicare and Medicaid Services, all health care providers must select a taxonomy code(s) when applying for an NPI. NF claim submitters should enter the taxonomy code which best describes the service being billed on the claim. The most common NF taxonomy codes are:

- 314000000X = Skilled NFs; and
- 313M00000X = Other NFs.

Providers can access the National Plan & Provider Enumeration System website at https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistrySearch.do?subAction=reset&searchType=ind to determine what taxonomy code(s) are associated with a provider's NPI.

To obtain additional information about taxonomy codes, providers can visit the Centers for Medicare and Medicaid Services website at www.cms.gov/ .

Revenue Code for Medicare Skilled Changing – Effective February 1, 2015

To distinguish Medicare Skilled (Service Group 1, Service Code 3) from NF Daily Care (Service Group 1, Service Code 1), use revenue code 0101 when submitting claims for Medicare Skilled services for dates of service February 1, 2015, and beyond. Providers must use revenue code 0101 instead of revenue code 0100 to avoid claim rejections. NF Daily Care claims will continue to be submitted using revenue code 0100.

Additional Modifiers Being Added to Bill Code Crosswalk for Add-on Services – Effective February 1, 2015

Additional modifiers will be required on claims submitted to TMHP for dates of service February 1, 2015, and beyond for the following Add-on services:

- Ventilator
- Occupational Therapy
- Speech Therapy
- Physical Therapy

Add-on services are services provided in addition to Daily Care services (Service Code 1). A value of "U1" will be required in the Modifier 1 field and a value of "UA" will be required in the Modifier 2 field. To view the complete LTC bill code crosswalk which will be in effect on February 1, 2015, click the icon below.

LTC Bill
Crosswalk_02.01.201

Claims submitted to TMHP without a correct modifier in the Modifier 1 and Modifier 2 fields will be rejected and providers will receive an error message. The current LTC bill code crosswalk is available at www.dads.state.tx.us/providers/hipaa/billcodes.

Daily Care and Add-on Services to be Submitted on Separate Claims

This change applies **only** to claims submitted for individuals enrolled in a **managed care plan**. NF Daily Care (Service Code 1) will no longer be billable on the same claim as any other NF service; for example Add-ons. Beginning March 1, 2015, any claim submitted to TMHP with both Daily Care and Add-on line items will be rejected.

For questions about how to submit claims using TexMedConnect or EDI, please contact TMHP at 1-800-626-4117, Option 1. For more information on all upcoming managed care initiatives, visit the Expansion of Medicaid Managed Care web page on the Health and Human Services Commission website at www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml. If you have questions about these changes, send them to: Managed_Care_Initiatives@hhsc.state.tx.us.

Sincerely,

[signature on file]

David Cook
Chief Financial Officer

DC:sjw