

## Claims Process for Medicaid-Sponsored Long-Term Complex and Ventilator Care Nursing Facility Claims

To improve the claims payment accuracy and turnaround time for Medicaid-sponsored long-term complex and ventilator care nursing facility claims submitted to First Choice VIP Care Plus, we are providing you with information on the proper claim submission process. Please use the following process when submitting complex care nursing facility claims:

- ✓ Hold all claims until Section III of the SCDHHS Notice of Admission, Authorization, and Change of Status for Long-Term Care form (SCDHHS Form 181) is completed by the state indicating the eligibility effective date for the member to receive Medicaid long-term care benefits along with the patient liability amount, if applicable.
- ✓ When completing the UB-04 please include the following information:
  - Field 39a –
    - Value Code = 23
    - Value Amount = Patient liability amount **for the month** being billed. The Value Amount must be represented as follows – #.##. A zero-patient liability amount must also be submitted as 0.00.

39 CODE	VALUE CODES AMOUNT
a 23	Pt. Liability

- Field 42 –
  - Complex Care Revenue Code = 0194
  - Ventilator Care Revenue Code = 0199
- Field 43 – Room and Board
- Fields 44 and 45 – Leave Blank
- Field 46 – Number of Units (days)
- Field 47 – Total Charges

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0194	Room and Board	Use Revenue Code 194 for Complex Care		# of units	Total charges
0199	Room and Board	Use Revenue Code 199 for Ventilator Care		# of units	Total charges

- Field 63 –
  - Treatment Authorization Codes = The members Medicaid long-term care eligibility effective (181) date in MM/DD/YYYY, MM-DD-YYYY formats, or MMDDYYYY.

63 TREATMENT AUTHORIZATION CODES
Eligibility Effective Date in MM/DD/YYYY format

If you have any questions about this process, please contact your Provider Network Management Account Executive or First Choice VIP Care Plus Provider Services at 1-888-978-0862.

UB-04 CMS-1450 OMB APPROVAL PENDING

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Billing Committee LIC9213257

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.