

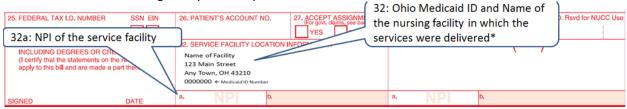
## **Highlights**

- Only accepting HCFA form for Hospice NF R&B
- Only accepting UB form for HCIC, Ventilator and Ventilator Weaning
- Must include diagnosis code Z99.11 for Ventilator and Ventilator Weaning services

Re: Notice Related to Hospice Billing for Nursing Facility Room and Board (T2046), Health Care Isolation Centers and Ventilator Weaning Services

## I. Nursing Facility Room and Board (T2046)

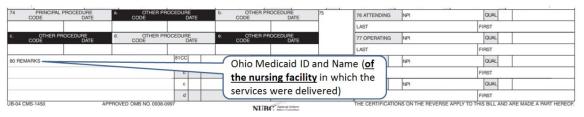
Hospice providers billing for nursing facility room and board must bill using the HCFA (CMS 1500). The Ohio Medicaid ID and Name of the nursing facility in which the services were delivered must be placed in Box 32 and the NPI related to the nursing facility must be placed in 32a.



## II. Health Care Isolation Center (HCIC) and Ventilator and Ventilator Weaning Claims

HCIC (i.e. 167, 241, 242, 243 or 249), Ventilator and Ventilator Weaning (i.e. 0410, 0419) claims must be billed using the UB04 Institutional form.

When billing HCIC, Ventilator and Ventilator Weaning claims, the provider is required to include the Ohio Medicaid ID and Name 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 primary diagnosis code **Z99.11** must be included.



Any claims for Nursing Faculty Room & Board, HCIC, or Ventilator/Ventilator Weaning that do not meet the instructions in this guidance may be denied and require the submission of an adjusted claim.

Note: The current listing of facilities with Medicaid IDs can be found on the Ohio Department of Medicaid website <a href="https://medicaid.ohio.gov/Provider/ProviderTypes/LongTermCareFacilities">https://medicaid.ohio.gov/Provider/ProviderTypes/LongTermCareFacilities</a> under "Nursing Facility Rates". This information will allow claims to be properly priced avoiding backend work and delay.