Residential Claim Submission Tip Sheet

Effective for dates of service on and after 10/1/2024

Overview

Prior to 10/1/2024, Inclusa authorized a single authorization for a combined daily rate which included Care and Supervision and Room and board. These authorizations included 4-digit revenue code. This is the code you included on your claim submissions through 9/30/24.

Effective 10/1/2024, Residential providers receive **two** authorizations as follows:

- **Care and Supervision**
    - Care and Supervision authorizations reflect the same 4-digit Revenue code that was on your authorizations through 9/30/24.
    - The authorization now also includes a 5 -character Procedure code which is also referred to as a "HCPCS" code,
    - The authorization also has a 2-character modifier(s). Your authorization will have at least one modifier listed but could have up to four.
    - The Revenue code, Procedure/HCPC code, and modifiers must be listed on the claim line for Care and Supervision for the claim to be processed and paid.
        - Please note that modifiers should be listed on the claim in the same order they appear on your authorization.

- **Room and Board**
    - The Room and Board authorization reflects a 4-digit Revenue code, which you will indicate on your claim when billing.
        - Unlike the Care and Supervision authorization, the Room and Board authorizations do **NOT** have any additional Procedure codes or modifiers to be included on your Room and Board claim lines.

- ✓ Providers **CAN** continue to utilize the same claim method they used through 9/30/24 to submit claims for dates on and after 10/1/24. This may include "MoveIt"/Excel Spreadsheet, PC-ACE, UB-04, CMS-1500, & Inclusa/Family Care Paper Claim form, etc.

- ✓ Providers **CAN** submit claims for Care and Supervision and Room and Board on the same claim form, claim spreadsheet, or PC-ACE claim.

    - Each service should be billed on a separate claim line within the same form/spreadsheet. Please ensure you are indicating the distinct authorization number and code(s) affiliated with the specific authorization for Room and Board and Care and Supervision on each claim line. Please also ensure that the total charges on your claim line are consistent with the rate authorized for Room/Board and Care/ Supervision services.

- ✓ Aside from having two authorizations to use for billing and having to include a Revenue code, Procedure Code/HCPC and modifier(s) to your claim line for Care and Supervision billing, the remaining boxes/fields on your claim should be completed in the same manner as you were completing them prior to 10/1/24, with the exception that Type of Bill is required to be included for room and board claims.

    - When including the Type of Bill code on your room and board claim, please use one of the following:

        - 0862 – Use when billing for services for the first time (Member newly admitted)

        - 0863 – Use when billing ongoing claims for continued member services. May continue to use this code even if authorization number for the member changed.

        - 0864 – Use when billing for services for the last time (Member moved/discharged)

    - The same Type of Bill code can be included on your care and supervision claim. Currently this is not required but encouraged in the event this becomes a requirement in the future.

- ✓ Providers **CAN** continue to submit claims as often as they prefer to if the claims are submitted within 120 days from the date of service per standard Timely Filing parameters.

- ✓ Claims processing times at WPS are **unchanged**. Clean claims are processed within 30 days from the date of receipt.

- ✓ Authorizations will continue to be full year authorizations. Prior to 10/1/24, authorizations were effective through the end of the calendar year,12/31. Effective 10/1/24, authorizations are effective through 1/31.

    - Towards the end of January, authorizations will be renewed for the new year 2/1 through 1/31

of the next year. These authorizations will have new authorization numbers and **may** have rate changes as well. These changes should be reflected on your claims.

- While your authorization start and end dates span across years, when submitting claims, claim lines **cannot** have a start and end date that spans across years.
    - Example: Claim line with start date of 12/1/2024 and end date of 1/31/2025 will not be processed
        - To bill for December and January, the claim should have two claim lines.
            - 12/1/24 – 12/31/24
            - 1/1/25 - 1/31/25

✓ Providers should monitor for authorization changes ongoing. A change in member Tier will require a new authorization for all residential settings excluding RCAC. This new authorization will have a different authorization number and different modifiers(s), which will need to be included on your claims. A change in rate will also require a new authorization, which will have a new authorization number.

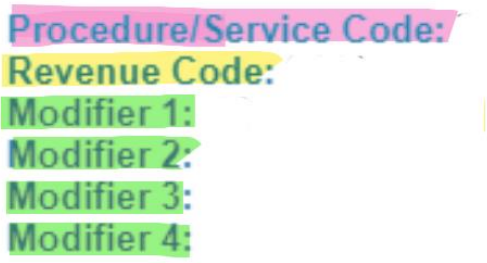
✓ Prior to 10/1/24, when a member was temporarily absent from the facility for reasons such as a hospitalization, the single daily rate authorization was ended the day prior to the absence and a member absence rate authorization was entered from the date the absence occurred to the last day of that month. Effective 10/1/24, the Care and Supervision authorization will end the day prior to the absence, and the Room and Board authorization will remain open through the last day of that month. The Room and Board authorization will serve as your bed hold through the month of absence. The Room and Board authorization cannot be extended beyond the month of absence. If the authorization has ended and the member remains absent, please coordinate with the Care Team, Member, and Legal Guadian/POA if applicable to facilitate a private pay bed hold payment based on the member's ability to pay.

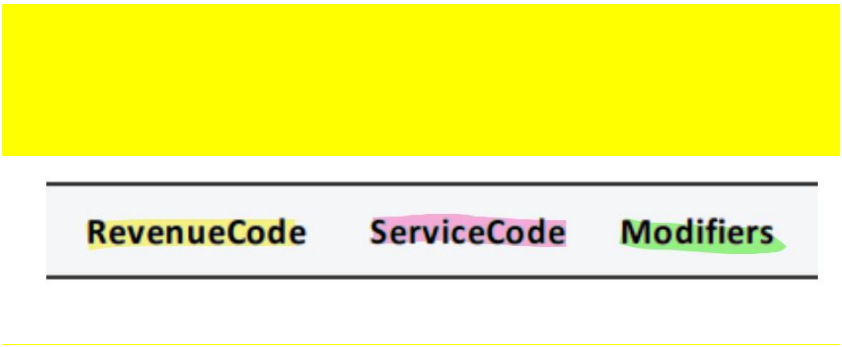
- Providers must continue to report absences within 24 hours of them occurring via the notification form:
    - https://www.inclusa.org/wp-content/uploads/MemberAbsenceNotificationFormResidentialCare
- Please also report when the member returns to the facility to ensure that the authorizations are reinstated.

Care and Supervision Authorization and Claims Examples

Below you will find screenshots of the section on the authorization that outlines the necessary codes and modifiers needed for your Care and Supervision claims. Depending on how you view and receive your authorization, this section can look one of two ways as shown below. As the codes and modifiers vary across facility types and members, the screenshots do not include the specific codes or modifiers. Please refer to your actual authorization for that detail.

For the purpose of these examples, pay attention to the color coding. For example, information highlighted in yellow on the authorization screenshots should be entered into the field highlighted in yellow on the various claim types shown below.





- **Inclusa Paper Claim**

INCLUSA CLAIM FORM

MEMBER INFORMATION			
1. **Member Identification #:**		4. **Member Date of Birth:**	
2. **Member Last Name:**		5. **Member First Name:**	
3. **Primary Diagnosis Code (Optional):**		6. **Patient Account (invoice) #:**	
PROVIDER SERVICING ADDRESS *(SERVICING PROVIDER'S BUSINESS ADDRESS)*		**PR** *(PHYSI*	
7. **Provider TAX/EIN/SSN:**		11. **Provider Billing NPI #:**	
8. **Business Name:**		12. **Billing Provider Name:**	
9. **Business Address:**		13. **Billing Address:**	
10. **City/State/Zip Code:**		14. **City/State/Zip Code:**	

15. **Date of Service** (MM/DD/YY) *(Date Span or Individual Days)*		16. **Type of Bill Place of Service**	Service Code		19. **Modifiers**				20. **Authorization Number**
From Date	**To Date**		17. **Revenue Code**	18. **HCPCS/ CPT/HIPPS**	1	2	3	4	

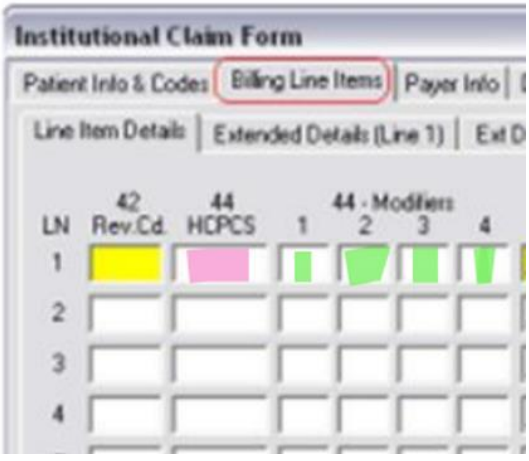
- **"MoveIt"/Excel Spreadsheet**

UB-04 Institutional		*HCFA Professional*			*Modifier*			
Type of Bill	**Revenue Code** (Service Code)	**Place of Service**	**HCPCS/CPT** (Service Code) **HIPPS Code**	**Primary Diagnosis Code**	**1**	**2**	**3**	**4**

- **<u>UB-04</u>**

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE

- **<u>PC-ACE</u>**



NOTE: On each of the claim types shown above, you will **not** find a field/box titled "Procedure" or "Service code". The Procedure/Service code shown on your authorization would be entered in the "HCPCS" box on the claim type you are using.

Room and Board Authorization and Claims Examples

Below you will find screenshots of the section on the authorization that outlines the necessary code needed for your Room and Board claims. Depending on how you view and receive your authorization, this section can look one of two ways as shown below. As the Revenue code varies across facility types, the screenshots do not include the specific Revenue code. Please refer to your actual authorization for that detail.

For the purpose of these examples, pay attention to the color coding. Information highlighted in yellow on the authorization screenshots should be entered into the field highlighted in yellow on the various claim types shown below. Please also include Type of Bill on your room and board claim (refer to page 2 above for detail on Type of Bill).

NOTE: The Room and Board Revenue code is showing as a "Procedure/Service Code" Or "ServiceCode" on your authorizations, but it is indeed a Revenue Code which should be entered into the Revenue code field on the claim. Future enhancement is planned to ensure the Revenue code populates in the Revenue code section of your authorizations.

Procedure/Service Code:
Revenue Code:
Modifier 4:

RevenueCode	ServiceCode	Modifiers

- **Inclusa Paper Claim**

16. Type of Bill Place of Service	Service Code		19. Modifiers			
	17. Revenue Code	18. HCPCS/ CPT/HIPPS	1	2	3	4
0863						

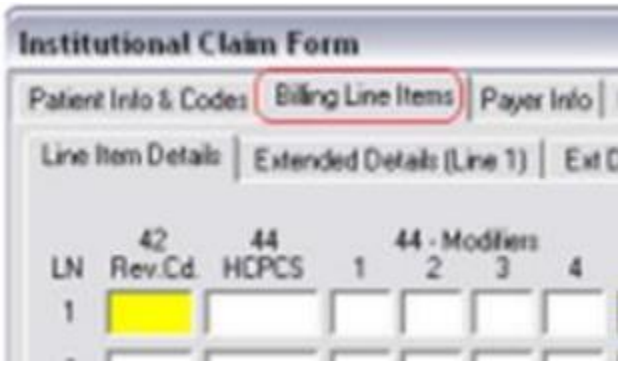
- **"MoveIt"/Excel Spreadsheet**

UB-04 Institutional		*HCFA Professional*	
Type of Bill	**Revenue Code** (Service Code)	**Place of Service**	**HCPCS/CPT** (Service Code) **HIPPS Code**
0863			

- **UB-04**

- **PC-ACE**

  Type of Bill code is entered on the "Patient Info & Codes Tab" in the designated box for Type of Bill.



NOTE: For Room and Board claims, please do not enter any information into "HCPCS" or modifier fields on the claim forms.

Contacts:

- Inclusa & WPS Claims and Billing Contacts:
  - https://www.inclusa.org/wp-content/uploads/Inclusa-Claim-and-Payment-Question-and-Issue-Contacts-2.docx

- For questions related to Minimum Fee Schedule, Rates, Tiers, etc.
  - wimarketmfs@humana.com

- For questions related to Room and Board Rates
  - ProviderRelations@inclusa.org