IHCP *bulletin*

IHCP clarifies Type of Bill code usage for managed care claims submitted by certain providers

The Indiana Health Coverage Programs (IHCP) wants to remind hospice providers, home health agencies and nursing facilities to use the appropriate Type of Bill (TOB) codes when submitting institutional claims (*UB-04* claim form or electronic equivalent) to the managed care entities (MCEs).

Claims require a specific TOB code. Providers are required to enter the code indicating the specific TOB for claim adjudication. Failure to use the correct TOB code on a claim may result in a claim denial.

This four-digit code requires a leading zero plus one digit from each of the four categories, written in the following sequence:

- First position – Zero
- Second position – Type of Facility
- Third position – Bill Classification
- Fourth position – Frequency

This bulletin provides TOB code claim instructions for the provider types listed, when Medicaid is the primary payer. The instructions are used by all IHCP providers, but the information is being presented for any providers participating in the Indiana PathWays for Aging (PathWays) program.

Hospice providers

Hospice providers should use the appropriate TOB code from the following list:

- Type of Facility
  - ⇒ 8 = Special facility (hospice)
- Classification
  - ⇒ 1 = Hospice (Non-hospital based)
  - ⇒ 2 = Hospice (Hospital based)
- Frequency
  - ⇒ 1 = Admission through discharge
  - ⇒ 2 = Interim-first claim
  - ⇒ 3 = Interim-continuing
  - ⇒ 4 = Interim-last claim
  - ⇒ 7 = Replacement of prior claim
  - ⇒ 8 = Void of prior claim
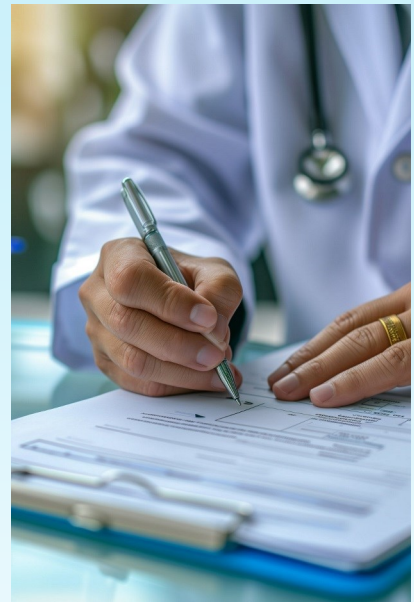
Home health agencies

Home health agencies should use the appropriate TOB code from the following list:

- Type of Facility

    ⇒ 3 = Home Health

- Classification

    ⇒ 2 = Home Health Services under a Plan of Care

- Frequency

    ⇒ 1 = Admission through discharge

    ⇒ 2 = Interim-first claim

    ⇒ 3 = Interim-continuing

    ⇒ 4 = Interim-last claim

    ⇒ 7 = Replacement of prior claim

    ⇒ 8 = Void of prior claim

Nursing facilities

Nursing facilities should use the appropriate TOB code from the following list:

- *Skilled Short-Term Stays* – Use these codes when a member has an approved short-term level of care for nursing facility stay.

    ⇒ Type of Facility

    ♦ 2 = Skilled Nursing

    ⇒ Classification

    ♦ 1 = Skilled Nursing – Inpatient

    ⇒ Frequency

    ♦ 1 = Admit Through Discharge Claim: Use this code for a claim encompassing an entire course of treatment for which you expect payment (that is, no further claims will be submitted for this patient).

    ♦ 2 = Interim – First Claim: Use this code for the first of an expected series of claims for a course of treatment.

    ♦ 3 = Interim – Continuing Claim: Use this code when a claim for a course of treatment has been submitted and further claims are expected to be submitted.

    ♦ 4 = Interim – Final Claim: Use this code for a claim that is the last claim. The "Through" date of this bill (Form Locator 6) is the discharge date or date of death.

    ♦ 7 = Adjustment/ Replacement of Prior Claim: Use this code to correct a previously submitted and paid claim.

    ♦ 8 = Void/Cancel of a Prior Claim: Use this code to void a previously submitted and paid claim.

- *Custodial Long-Term Says* – Use these codes when a member has an approved long-term level of care for nursing facility stay.
  - ⇒ Type of Facility
    - ♦ 6 = Intermediate Care
  - ⇒ Classification
    - ♦ 5 = Intermediate Care Level I
  - ⇒ Frequency
    - ♦ 1 = Admit Through Discharge Claim: Use this code for a claim encompassing an entire course of treatment for which you expect payment (that is, no further claims will be submitted for this patient.
    - ♦ 2 = Interim – First Claim: Use this code for the first of an expected series of claims for a course of treatment.
    - ♦ 3 = Interim – Continuing Claim: Use this code when a claim for a course of treatment has been submitted and further claims are expected to be submitted.
    - ♦ 4 = Interim – Final Claim: Use this code for a claim that is the last claim. The "Through" date of this bill (Form Locator 6) is the discharge date or date of death.
    - ♦ 7 = Adjustment/ Replacement of Prior Claim: Use this code to correct a previously submitted and paid claim.
    - ♦ 8 = Void/Cancel of a Prior Claim: Use this code to void a previously submitted and paid claim.

For more information

If you need more information, please contact the PathWays MCE:

- Anthem:
  - ⇒ Email: INMLTSSProviderRelations@anthem.com
  - ⇒ Phone: 833-310-3775
- Humana:
  - ⇒ Email: InMedicaidProviderRelations@humana.com
  - ⇒ Phone: 866-274-5888
- UnitedHealthcare:
  - ⇒ Email: in_providerservices@uhc.com
  - ⇒ Phone 877-610-9785