

PROVIDER BULLETIN

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Inpatient Hospital Bulletin

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- **Billing Non-Covered Days**
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The Health Care-Acquired Conditions Inpatient Hospital Bulletin, Volume 34 Number 29, dated May 31, 2012 indicated that system work was being completed to allow hospitals to self report days associated with Health Care-Acquired Conditions (HCAC) as non-covered on the inpatient claim. Effective for claims received on or after February 15, 2013, hospitals will have the ability to accurately report any non-covered days on the inpatient claim. Non-covered HCAC days should be reported for any inpatient day(s) primarily dedicated to care for a HCAC. Reporting these inpatient days will exempt the claim from the post-payment review process currently in place.

To report non-covered days, hospitals will bill the entire stay in the Statement Covers Period field of the claim. All covered days will be shown with Value Code "80-Covered Days" and the appropriate number of covered days, and all non-covered days will be shown with Value Code "81-Non-covered Days" and the appropriate number of non-covered days. Total days or units billed must equal the number of days in the "Statement Covers Period" field minus the date of discharge. Charges for the non-covered days must be reflected as non-covered charges on the inpatient claim.

For example, a patient was admitted to inpatient hospital care on December 5 and discharged on December 10. The patient developed a HCAC on December 7. Discharge was planned for December 8 but the HCAC required the patient remain in inpatient care for two additional days. As a result, December 8 and 9 would be considered non-covered days. The claim would be completed with the 12/5/12 to 12/10/12 as the "From" and "Through" dates in the "Statement Covers Period". Covered days would be "3" with Value Code "80" and Non-Covered days would be "2" with Value Code "81." The units billed on the detail line for the accommodation revenue code would be "5" and any charges associated with the non-covered days would be shown as "Non-Covered Charges".

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline
573-751-2896**