

Affected Programs: BadgerCare Plus, Medicaid

To: Nursing Homes, Facilities for the Developmentally Disabled, HMOs and Other Managed Care Programs

Clarifications to Nursing Home Bedhold Policy

This *ForwardHealth Update* clarifies nursing home bedhold policy and provides claims submission instructions. Effective for dates of receipt on and after February 1, 2016, nursing home claims submitted to ForwardHealth with only a bedhold detail will be denied if there is not a Medicaid fee-for-service claim in paid status for the member for the date of service immediately preceding the “from” date of service on the claim.

Bedhold Policy

Bedhold is a covered service for current nursing home residents on therapeutic leaves of any length and for hospital stays up to 15 consecutive days for BadgerCare Plus and Medicaid members. Beyond 15 days, hospital bedhold is a noncovered service. There is no limit on the number of nonconsecutive hospital stays a member may have.

Per section 1.510 of the *Methods of Implementation for Wisconsin Medicaid Nursing Home Payment Rates* (Methods), bedhold leave days cannot be submitted on claims for members receiving Medicare Part A nursing home services. Bedhold is a covered service only if the “from” date of service (DOS) for a claim **with only a bedhold detail** is preceded by a paid Medicaid fee-for-service day for that member. Effective for dates of receipt on and after February 1, 2016, claims processed by ForwardHealth **with only a bedhold detail** will be denied with Explanation of Benefits (EOB) code 1825 (A bedhold date of service is only allowed if preceded by a Medicaid Fee-For-Service day) if there is not a Medicaid fee-for-service claim in paid status for the member for the DOS immediately preceding the “from” DOS on the claim.

Nursing homes are also required to meet the occupancy

criteria outlined in sections 1.510-1.512 of the Methods. The Methods document can be found on the Resources for Skilled Nursing Facilities page on the ForwardHealth Portal at www.forwardhealth.wi.gov/WTPortal/content/provider/medicaid/NursingFacility/resources_03.htm.spage.

Occupancy Requirement for Bedhold Qualification

Hospital and/or therapeutic bedhold leave is billable if the enrolled provider’s occupancy level was 94 percent or greater during the calendar month prior to the bedhold leave days. If this requirement is met, the subsequent month’s bedhold days are also billable.

The occupancy level (for the “94 percent or greater” requirement) is determined by dividing the total patient days by the number of licensed bed-days for the month. For this calculation only, licensed bed-days should not include any restricted-use beds, and chargeable bedhold days should be included as one full patient day.

Claim Submission Instructions for Hospital Bedhold Claims

When submitting hospital bedhold claims to ForwardHealth, providers are required to use occurrence span code 75 with “from” and “to” DOS, in conjunction with revenue code 0185 (hospital bedhold). The hospital leave-of-absence quantity billed must be equal to or less than the date range of the occurrence span.

If the Patient Status on the claim reflects a discharge and/or the Type of Bill on the claim equals 1 or 4, the occurrence “to” DOS is deemed a noncovered day regardless of the point during the billing period that the bedhold occurred. Providers are required to add a day to the occurrence “to” DOS when those Patient Status and/or Type of Bill codes are used.

Bedhold Spanning Two Months

If a member’s hospital stay extends into the next month, and the nursing home’s occupancy doesn’t allow bedhold billing for the current month, ForwardHealth recommends that providers add a bedhold detail with no billed amount to that month’s claim. Providers must also enter occurrence span code 75 with “from” and “to” DOS. If the nursing home is eligible to bill bedhold in the subsequent month, this will allow a claim with **just a bedhold detail** for the subsequent month to be payable.

Information Regarding Managed Care Organizations

This *ForwardHealth Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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