UPDATED

Nursing/Intermediate Care Facility Providers

Revenue Codes

The revenue codes listed under field 42 for the UB-04 form were inadvertently deleted with previous manual updates. The following revenue codes can continue to be used by providers.

The revenue code is required for inpatient only. Enter the three-digit number identifying the type of accommodation and ancillary service(s). Do not indicate a revenue code for a noncovered or outpatient service.

**Note:** Revenue code 101 is the correct code for all inclusive room and board. It is not revenue code 100 as previously published. The manual pages are correct as originally posted.

Use only the revenue codes listed below:

- 101  All inclusive room and board
- 180  NF/MH inpatient psychiatric hospital stay (21 day limit per hospital stay)
- 181  NF/MH home therapeutic reserve days (21 days per calendar year)
- 183  NF home therapeutic reserve days (18 days per calendar year)
- 185  NF hospital reserve days (10 days per stay)
- 189  Noncovered days

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at https://www.kmap-state-ks.us. For the changes resulting from this provider bulletin, please view the *Nursing/Intermediate Care Facility Provider Manual*, pages 7-7 through 7-12.

If you have any questions, please contact Customer Service at 1-800-933-6593 (in-state providers) or 785-274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

EDS is the fiscal agent and administrator of the Kansas Medical Assistance Program for the Kansas Health Policy Authority.
Revenue Code – **Required. Inpatient only.** Enter the three-digit number identifying the type of accommodation and ancillary service(s). **Do not indicate revenue code(s) if the service is noncovered.**

*Note:* Revenue codes are not to be indicated for outpatient services.

Use only the revenue codes listed below:

- 101 All inclusive room and board
- 180 NF/MH inpatient psychiatric hospital stay (21 day limit per hospital stay)
- 181 NF/MH home therapeutic reserve days (21 days per calendar year)
- 183 NF home therapeutic reserve days (18 days per calendar year)
- 185 NF hospital reserve days (10 days per stay)
- 189 Noncovered days

**Date of Service.** Enter the date services were provided in MM/DD/CCYY format.

**Service Units.** Enter the number of days for each revenue code.

**Total Charges.** Enter the total charges.

**Payer Name – Required.** Enter all third party resources (TPR).

- Line A – Use to indicate primary insurance
- Line B – Use to indicate secondary insurance
- Line C – Use to indicate tertiary insurance

**Other Provider ID.** Enter the billing provider’s taxonomy code or KMAP provider ID.

**Patient ID Number.** Enter the 11-digit beneficiary ID number from the beneficiary's medical ID card.

**Group Name/Insurance Group Number. Required if KMAP is not the primary payer.** This information should correspond with payer data in FL 50.

**Document Control Number.** Indicate the timely filing ICN, if applicable.

**Primary Diagnosis Code.** Enter the ICD-9-CM code to indicate the primary diagnosis. This must be a valid/active diagnosis code recognized by KMAP.

**Other Diagnosis Codes.** Use these fields to provide additional diagnosis codes.

**Principal Procedure – Required (if applicable).** Enter the ICD-9-CM procedure code for the primary procedure and date of service.

**Other Procedure – Required (if applicable).** Enter other procedures performed, using ICD-9-CM procedure codes and date of service.
7020  Billing Instructions cont.  
Updated 11/08

**FL 76**  Attending Physician
- NPI – Enter the provider’s national provider number.
- QUAL – Not required.
- ID – Enter the KMAP provider ID or taxonomy code in the space to the right of the word QUAL.
- Last – Enter the provider’s last name.
- First – Enter the provider’s first name.

**FL 77**  Operating – Required (if applicable).

**FL 78-79**  Other – Required (if applicable).

*Note:* If the claim is for a sterilization, the surgeon performing the sterilization procedure must be identified by his or her KMAP provider ID in field 78.

**FL 80**  Remarks: Specify additional information as necessary.

**Submission of Claim**

Send completed claim and necessary attachments to:

Kansas Medical Assistance Program  
Office of the Fiscal Agent  
P.O. Box 3571  
Topeka, KS 66601-3571
Introduction to the Notification of Nursing Facility Admission/Discharge MS-2126

The completion of the MS-2126 (Notification of Nursing Facility Admission/Discharge) shall be completed by the provider and a copy sent to the local SRS Economic and Employment Specialist (EES). Submission of the MS-2126 is not required as a prerequisite for a hospital "reserve day" (Section IV of the MS-2126). However, the MS-2126 must be retained in the beneficiary's file for documentation. Completion of the MS-2126 is not required for payment of a therapeutic reserve day.

Note: This form will need to be copied or duplicated by providers since neither the fiscal agent nor Kansas Health Policy Authority (KHPA) will furnish the form to providers.

When to Use the MS-2126

Sections I, II, and III, Facility Placement/Discharge, shall be initiated by the nursing facility when:

1. An eligible KMAP resident is initially admitted to or discharged from the nursing facility (NF), nursing facility for mental health (NF/MH), or intermediate care facility for mental retardation (ICF/MR).
2. A resident of an NF, NF/MH, or ICF/MR becomes eligible for KMAP.
3. An eligible KMAP resident transfers from one facility to another facility.
4. A resident's eligibility has been reinstated after suspension for more than two months. (If two calendar months or less, a new form will be needed.)
5. An eligible KMAP resident is out of the facility for more than 30 days. (This is the same as a new admission.) When a resident returns to the facility on the 31st day, a new form will not be required. When a resident fails to return on the 31st day, a new form is required.
6. An eligible KMAP resident has a change in his or her level of care.

Section IV, Hospital Leave Information, shall be initiated by the facility to report any hospital admission and to report reserve days for a medical leave being claimed by the facility. Completion of this section is not required for therapeutic (home) leave days.

When a single hospital stay exceeds 30 days, the facility shall send another form to the local SRS office indicating the stay has exceeded 30 days and listing the estimated number of days the beneficiary will remain in the hospital.

Return to the Facility

Whether Section III or IV is being completed, the EES retains a copy of this form for his or her files. The original MS-2126, completed by the facility, and the Notice of Action must be retained by the NF.

The facility shall notify the area/local SRS office of the resident's return date and submit a new form in accordance with the above instructions if required.
How to Complete the MS-2126

Section I:

Name: Enter the resident's first name, middle initial, and last name as it appears on the medical identification (ID) card.

SSN: Enter the resident's Social Security number. If the resident does not have a Social Security number, enter "NA."

Date of Birth: Enter the resident's birth date in month, day, and year (MM/DD/CCYY) format. (Example: May 15, 1925 should appear as 05/15/1925.)

Sex: Indicate "M" for male and "F" for female.

Client ID Number: Enter the 11-digit resident number from the beneficiary's KMAP card.

Responsible Person's Name: Enter the first and last name of the responsible party.

Responsible Person's Address: Enter the responsible person's street address, P.O. box number, along with his or her city, state, and ZIP code.

Phone: Enter the responsible party's area code and telephone number.

Section II:

Facility Name: Enter the name under which the facility operates.

Provider Number: Enter your 10-digit KMAP provider number.

Address: Enter the street address, city, and ZIP code where the facility is located.

Date of Placement: Date resident was admitted to the facility.

Anticipated Length of Stay: Enter the number of months the resident is expected to be in the facility. If unknown, write "unknown."

Screened By: Enter the name of the person or facility completing the assessment. The State of Kansas requires that "each individual prior to admission to an NF receive assessment and referral services." To achieve this, the CARE program was created "for the data collection and individual assessment and referral to community-based services and appropriate placement in long-term care facilities."

Date: Date screening was completed (if known).

Signature: The facility administrator or his or her designee signs here.

Phone: In the event there are questions, indicate the area code and telephone number to call.

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Section III: Enter a check mark in the appropriate space to indicate (A) Admission, (B) Discharge, or (C) Deceased. Providers will also need to indicate the method of payment in place at the time of admission or discharge.

A1. **Admitted From:** Indicate where the resident is being admitted and the name of the facility they are coming from.

A2. Indicate method of payment at time of admission.

B1. **Discharged On:** Check the appropriate space to indicate where the resident is being discharged to, name of facility, and date of discharge.

B2. Indicate method of payment at time of discharge.

C. **Deceased Date:** Enter the resident's date of death.

Section IV:

A. **Entered:** Enter the name of the hospital and the date entered.

B. **Reason Admitted:** If known, indicate reason for admission. If unknown, write "UNKNOWN."

C. **Estimated Days in Hospital:** Indicate the number of days the admitting physician reasonably believes the resident will be in the hospital.

**Reserve Day Notice:** Once the facility has completed this form, a copy should be submitted to the local SRS office. 

**Note:** Since the information sent to the SRS office will not be returned, it is important for the facility to keep the original in their files.

**Nursing Facility Processes Form**

III. **Facility Placement/Discharge:** The facility is required to retain the completed form in the facility. These records shall be made available to SRS and/or the fiscal agent upon request. Absence of this form will result in suspension of payment to the facility.

IV. **Hospital Leave Day Form:** Retain the completed form in the beneficiary's records for documentation of medical reserve day approval.
Denial of Payment/New Admission

When a nursing facility has been placed in Denial of Payment (DNP) status, the facility is not allowed to bill KMAP for new admissions. There may be a lapse of time between when the facility comes into compliance, and is removed from DNP status, and when KMAP receives the information the facility is not in DNP status. Once the nursing facility is compliant, dates of service outside the DNP status may be submitted for payment.

Nursing facility residents are not to be considered new admissions in the following situations:

- When private pay residents of a nursing facility become Medicaid eligible, they are not to be considered a “new admit” if the facility is in Denial of Payment/New Admissions (DNPNA) status at the time the Medicaid eligibility becomes effective. The facility is to receive payment for residents who become Medicaid eligible during a Denial of Payment status.
- Nursing facility residents admitted before and discharged to a hospital with anticipated return on or after the date of the DNPNA are not considered new admissions if subsequently readmitted.
- Nursing facility residents who are admitted before the effective date of the DNPNA and take temporary leave are not considered new admissions when they return.

Note: The resident’s status on the effective date of the denial of payment is the controlling factor in determining whether readmitted residents are subject to the denial of payment.

Duplicate Services

Only one nursing facility will be paid for the same beneficiary and the same date of service.