

## Nursing Facility Billing Instructions for Health Care Isolation Center (HCIC) Services (Ohio Administrative Code Rule 5160-3-80)

### *Program Summary*

The Nursing Facility (NF) Health Care Isolation Center Program was established under the authority of section 14 of Amended Substitute House Bill 197 of the 133<sup>rd</sup> General Assembly. Emergency rule 5160-3-80 of the Ohio Administrative Code establishes Health Care Isolation Centers (HCICs) as COVID-19 community providers for the provision of services to individuals with an active or convalescent COVID-19 infection or who have other health care needs and require quarantine following exposure to COVID-19. These specialty services may be used for individuals who might otherwise seek care in a hospital due to COVID, or for individuals who cannot return home following a hospital stay due to their COVID-related health care, quarantine or isolation needs.

The HCIC rule will be in effect during the time period in which the governor of the state of Ohio declares a state of emergency due to COVID-19, when authorized by the director of the Ohio department of Medicaid (ODM), and when federal authority for Medicaid reimbursement is present.

The billing guidance in this document applies only to ODM-approved HCIC providers for the coverage of quarantine or isolation services provided to Medicaid individuals eligible for those services. The HCIC Revenue Center codes will also be used for HCIC claims billed to Medicaid Managed Care Plans (MCPs) and MyCare Ohio plans (MCOPs). Plans may have different billing instructions that should be followed beyond the use of the HCIC Revenue Center codes. NFs should contact the MCPs and MCOPs to obtain their specific billing instructions for HCIC claims.

### *Eligible Providers*

To be eligible to provide HCIC services and receive enhanced reimbursement, a NF must apply for and be approved by the Ohio Department of Health and ODM to provide quarantine services, isolation services, or both quarantine and isolation services. Upon approval, HCIC providers will be assigned the designated Provider Specialty or Specialties in MITS, allowing them to bill and receive enhanced reimbursement as outlined in this guidance document. Providers with these approved specialties will also be eligible to receive enhanced reimbursement, as outlined in this document, for Medicaid members of an MCP or MCOP.

### *Individuals Eligible for HCIC Services*

Individuals eligible for the coverage of HCIC services must be eligible for Medicaid and meet the following additional service requirements for HCIC admission, as outlined in OAC rule 5160-3-80 and summarized below:

- COVID-19 level of care or Quarantine level of care (LOC) as determined by a Physician’s Order; and
- NF Pre-Admission screening and resident review (PASRR) requirements within 30 days of admission.

Individuals meeting a Quarantine LOC will be limited to a stay of no more than fourteen consecutive days. Individuals who require more than one quarantine stay due to exposure to COVID more than once during the emergency period will be eligible for coverage of additional quarantine stays of up to fourteen consecutive days.

### *Billing Information & Payment Rates:*

- The approved HCIC may bill for dates of service on and after the effective date of the provider’s HCIC approval.
- The HCIC may bill for the dates of service an individual met the qualifications for quarantine and/or isolation services and received those services in the HCIC.
- All HCIC services provided to an individual during the calendar month must be billed on a single claim and must not cross months.
- The HCIC claim must be billed with the HCIC Revenue Code that identifies the level of quarantine and/or isolation service provided for each date of service billed.
- Billed Charges should reflect the HCIC service flat fee rates and covered units billed.
- HCIC codes must be billed on a separate claim. The HCIC codes must not be billed on the same claim as a Medicare cross-over claim or regular Medicaid NF claim.
- Providers are to bill HCIC fee-for-service claims to ODM and bill managed care or MyCare claims to the appropriate Managed Care Organization (MCO) in which the individual is enrolled.

Once approved by ODM, an HCIC will be assigned the related provider specialty code(s) according to the table below. This will enable HCIC claims to pay at the enhanced rate for the corresponding Revenue Center Code(s) billed on the claim.

<b>Provider Specialty Code</b>	<b>HCIC Service Level</b>	<b>COVID-Related Need</b>	<b>Flat Fee Daily Rate</b>	<b>Revenue Center Code</b>
86-Q	Quarantine Level of Care	Frequent monitoring	\$ 250.00	167
86-I	COVID-19 Level 1	Minor COVID-related symptoms; frequent monitoring	\$ 300.00	241

86-I	COVID-19 Level 2	Requires oxygen or other respiratory treatment and careful monitoring for signs of deterioration	\$ 448.00	242
86-I	COVID-19 Level 3	Requires care beyond the capacity of a traditional NF	\$ 820.00	243
86-I	COVID-19 Level 3 with ventilator	Requires care beyond the capacity of a traditional NF and ventilator care to support breathing	\$ 984.00	249

### ***Additional Reimbursement Information***

- If an individual is covered under a Medicaid per diem stay, the NF of residence is eligible to bill for Bed Hold/Leave Days while the resident is temporarily receiving service in an HCIC. (The annual Leave Day limit is being increased from 30 to 60 days per person/per calendar year.)
- Bed-hold days must be billed on the NF’s regular per diem claim and must not be combined with the HCIC days on a single claim. (Only HCIC Revenue Center Codes can be billed on HCIC claims).
- Services provided to individuals in an HCIC who are covered under a Medicare skilled stay are also eligible for reimbursement up to the amount Medicaid would have paid if the individual had been covered under a Medicare skilled stay. The total Medicare and Medicaid payments will not exceed the HCIC Medicaid rates.

### **Medicare skilled stays:**

For individuals covered under a Medicare skilled stay, the HCIC must bill the Medicare skilled claim as usual. (No HCIC codes can be billed on the Medicare skilled claim.) The Medicare cross-over claim will process as usual. The HCIC may also receive Medicaid reimbursement up to the enhanced reimbursement amount by submitting a separate HCIC claim that identifies the amount Medicare previously paid for the skilled stay. These claims will be billed to ODM or the individual’s MCP or MCOP, based on plan enrollment.

The HCIC will need to complete two additional panels when submitting the claim through the MITS provider portal for dates of service paid by Medicare for individuals covered under a skilled stay:

#### **Header – Other Payer Panel**

- Claim Filing Indicator – select Unknown
- All fields with an asterisk in that panel must also be completed. Be sure to list Medicare as the Insurance Carrier Name and enter the corresponding Electronic Payer ID.

#### **Header – Other Payer Amounts and Adjustment Reason Codes**

- Electronic Payer ID – select the Medicare electronic payer ID from the drop down
- CAS Group Code – select OA, Other adjustments

- ARC – select 23
- Amount – enter the difference between your charges and the amount that Medicare paid for the dates of service included on the claim.

If you need assistance completing these two additional panels please refer to the Submitting “Other Payer” Information at the Header Level example in the Other Payer Submission document located at:

<https://medicaid.ohio.gov/Portals/0/Resources/Publications/Guidance/BillingInstructions/Other-Payer-Submission.pdf?ver=2017-12-15-133852-857>.

The above billing instructions are also applicable for claims submitted via EDI and your trading partner. Use the 2320, 2330A and 2330B loops to provide the Other Payer information as indicated to bill for the supplemental HCIC payment.

*Providers interested in becoming an HCIC Specialist for providing quarantine and/or isolation NF services may contact the Ohio Department of Health at [liccert@odh.ohio.gov](mailto:liccert@odh.ohio.gov).*

**For questions related to the HCIC Program, please contact the technical assistance lead for your regional zone:**

**ZONE 1** [James.Hodge@odh.ohio.gov](mailto:James.Hodge@odh.ohio.gov)

**ZONE 2** [Rebecca.Sandholdt@odh.ohio.gov](mailto:Rebecca.Sandholdt@odh.ohio.gov)

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For HCIC billing questions, please contact: [NFPolicy@medicaid.ohio.gov](mailto:NFPolicy@medicaid.ohio.gov)