

## **IMPORTANT VALUE CODE INFORMATION for Acute Inpatient Hospitals (Provider Type 70)**

### **Effective May 26, 2009**

For all acute inpatient hospital claims processed on or after May 26, 2009, **providers will be required to use HIPAA-compliant value code 24 (Medicaid Rate ID) in Field 39 of the UB-04.** For direct data entry (DDE) submissions, the Value Code field is found under the Extended Services tab. For EDI submissions, the Value Code is found in the 2300 HI loop, specifically HI01-1(Qualifier) and HI01-2 (Value Code).

MassHealth will use specific data submitted on the claim to determine the appropriate inpatient rate at which to pay the claim. **Following are specific instructions for unique billing situations.**

- 1) When billing for administrative days (ADs), providers should enter 31 (Inpatient Care No Longer Required) in Field 31 of the UB-04, followed by the admission date on the claim. For DDE submissions, providers can find the List of Occurrences under the Extended Services tab. Providers should click on "New", enter 31 in the Occurrence Code field. The type should be BH-Regular Occurrence and the From (Date) should be the admission date. For EDI submissions, the 837I has Occurrence Code in the 2300 HI loop. Providers should enter a qualifier of **BH in** HI01-1, and Occurrence Code 31 in the HI01-2. Providers should enter a date qualifier in HI01-3 and the date of admission in HI01-4.
  
- 2) Providers who are contracted to provide psychiatric services in a distinct psychiatric unit and have enumerated a unique NPI for this unit should use this unique NPI when billing for psychiatric services. **Providers who do not have a distinct NPI for these discrete psychiatric units** should enter Taxonomy Code 273R00000X in Field 81 of the UB-04 in order to be paid at the correct rate. For DDE submissions, the taxonomy field is found under the Billing and Service tab. For EDI submissions, the 837I has Billing Provider Taxonomy in the 2000A PRV loop – specifically the PRV03 field of that loop.

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- 3) Providers who are contracted to provide rehabilitation services in a distinct rehabilitation unit and have enumerated a unique NPI for this unit should use this unique NPI when billing for rehabilitation services. **Providers who do not have a distinct NPI for these discrete rehabilitation units** should enter Taxonomy Code 273Y00000X in Field 81 of the UB-04 in order to be paid at the correct rate. For DDE submissions, the taxonomy field is found under the Billing and Service tab. For EDI submissions, the 837I has Billing Provider Taxonomy in the 2000A PRV loop – specifically the PRV03 field of that loop.
- 4) Providers billing for informational reasons only (zero-pay claim) should enter 22 (Active Care Ended) in Field 31 of the UB-04, followed by the admission date on the claim. For DDE submissions, providers can find the list of occurrences under the Extended Services Tab. Providers should click on “New” and enter 22 in the Occurrence Code field of the resulting Occurrence Code Detail panel. (See sample Occurrence Code Detail panel below.) Type should be BH- Regular Occurrence and the From (Date) should be the admission date. For EDI submissions, the 837I has Occurrence Code in the 2300 HI loop. Providers should enter a qualifier of **BH in** HI01-1, and Occurrence Code 22 in the HI01-2. Providers should enter a date qualifier in HI01-3 and the date of admission in HI01-4.



The image shows a software interface titled "Occurrence Code Detail". It features a light blue background with a dark blue header bar. Below the header, there are four input fields: "Occurrence Code \*" (a dropdown menu), "Type \*" (a dropdown menu), "From \*" (a date field with a calendar icon), and "To" (a date field with a calendar icon). At the bottom left, there is a "Cancel Item" button, and at the bottom right, there is an "Add" button.

*Sample Occurrence Code Detail panel*

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The following chart indicates the data elements that will be used to determine the payment rate.

Provider Type	Type of Bill	Patient Status	# of Days	Occurrence Code	Member Age	Out of State	Taxonomy	Member Medicare	Rate ID	Description
70	111	01	1 through 20		Any age				25	Adult SPAD
70	111	02	1 through 20		Any age				61	Adult Transfer
70	111	03	1 through 20		Any age				25	Adult SPAD
70	111	04	1 through 20		Any age				25	Adult SPAD
70	111	05	1 through 20		Any age				25	Adult SPAD
70	111	06	1 through 20		Any age				25	Adult SPAD
70	111	07	1 through 20		Any age				25	Adult SPAD
70	111	20	1 through 20		Any age				25	Adult SPAD
70	111	30	1 through 20		Any age				25	Adult SPAD
70	111	40	1 through 20		Any age				25	Adult SPAD
70	111	41	1 through 20		Any age				25	Adult SPAD
70	111	62	1 through 20		Any age				25	Adult SPAD
70	112	30	1 through 20		Any age				25	Adult SPAD
70	113	30	1 through 999		Any age				28	Adult Outlier
70	114	01	1 through 999		Any age				28	Adult Outlier
70	114	02	1 through 999		Any age				61	Adult Transfer
70	114	03	1 through 999		Any age				28	Adult Outlier
70	114	04	1 through 999		Any age				28	Adult Outlier
70	114	05	1 through 999		Any age				28	Adult Outlier

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Provider Type	Type of Bill	Patient Status	# of Days	Occurrence Code	Member Age	Out of State	Taxonomy	Member Medicare	Rate ID	Description
70	114	06	1 through 999		Any age				28	Adult Outlier
70	114	07	1 through 999		Any age				28	Adult Outlier
70	114	20	1 through 999		Any age				28	Adult Outlier
70	114	40	1 through 999		Any age				28	Adult Outlier
70	114	41	1 through 999		Any age				28	Adult Outlier
70	114	62	1 through 999		Any age				28	Adult Outlier
70	111	01	1 through 20		Less than 21				27	Pediatric SPAD
70	111	02	1 through 20		Less than 21				63	Pediatric Transfer
70	111	03	1 through 20		Less than 21				27	Pediatric SPAD
70	111	04	1 through 20		Less than 21				27	Pediatric SPAD
70	111	05	1 through 20		Less than 21				27	Pediatric SPAD
70	111	06	1 through 20		Less than 21				27	Pediatric SPAD
70	111	07	1 through 20		Less than 21				27	Pediatric SPAD
70	111	20	1 through 20		Less than 21				27	Pediatric SPAD
70	111	30	1 through 20		Less than 21				27	Pediatric SPAD

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Provider Type	Type of Bill	Patient Status	# of Days	Occurrence Code	Member Age	Out of State	Taxonomy	Member Medicare	Rate ID	Description
70	111	40	1 through 20		Less than 21				27	Pediatric SPAD
70	111	41	1 through 20		Less than 21				27	Pediatric SPAD
70	111	62	1 through 20		Less than 21				27	Pediatric SPAD
70	112	30	1 through 20		Less than 21				27	Pediatric SPAD
70	113	30	1 through 999		Less than 21				29	Pediatric Outlier
70	114	01	1 through 999		Less than 21				29	Pediatric Outlier
70	114	02	1 through 999		Less than 21				63	Pediatric Transfer
70	114	03	1 through 999		Less than 21				29	Pediatric Outlier
70	114	04	1 through 999		Less than 21				29	Pediatric Outlier
70	114	05	1 through 999		Less than 21				29	Pediatric Outlier
70	114	06	1 through 999		Less than 21				29	Pediatric Outlier
70	114	07	1 through 999		Less than 21				29	Pediatric Outlier
70	114	20	1 through 999		Less than 21				29	Pediatric Outlier
70	114	40	1 through 999		Less than 21				29	Pediatric Outlier
70	114	41	1 through 999		Less than 21				29	Pediatric Outlier

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Provider Type	Type of Bill	Patient Status	# of Days	Occurrence Code	Member Age	Out of State	Taxonomy	Member Medicare	Rate ID	Description
70	114	62	1 through 999		Less than 21				29	Pediatric Outlier
70	115		1 through 999		Any age				72	Zero Pay Claim
70	115		1 through 999		Any age			Yes	80	Percentage of Charge
70	Any type of bill		1 through 999	22	Any age				72	Zero Pay Claim
70	Any type of bill		1 through 999	31	Any age			Yes	84	AND with Medicare
70	Any type of bill		1 through 999	31	Any age			No	85	AND w/o Medicare
70	Any type of bill		1 through 999		Any age	Yes			80	Percentage of Charge
70	Any type of bill		1 through 999		Any age		273R00000X		90	Psych Per Diem
70	Any type of bill		1 through 999		Any age		273Y00000X		71	Acute Rehab