

Network Notification—Humana Healthy Horizons in Ohio

Notice date: May 1, 2025
To: Humana Healthy Horizons® in Ohio provider network
From: Humana Healthy Horizons in Ohio
Subject: Hospice nursing facility room and board (Healthcare Common Procedure Coding System [HCPCS] code T2046)

Summary

Humana Healthy Horizons is sending this notice related to hospice billing for nursing facility room and board (HCPCS code T2046) and ventilator/ventilator weaning services. Please be advised as to how providers are expected to submit electronic claims for such services.

Highlights

- Only accepting CMS-1500 for hospice nursing facility room and board (NF R&B)
- Only accepting UB-04 form for ventilator and ventilator weaning
- Must include diagnosis code Z99.11 for ventilator and ventilator weaning services (does not have to be primary)

A. Hospice nursing facility room and board (HCPCS code T2046)

Hospice providers billing for **nursing facility** room and board must bill using the CMS 1500 form. The name of the nursing facility in which the services were delivered must be placed in Box 32 and the National Provider Identifier (NPI) related to the nursing facility must be placed in Box 32a.

| | | |
|---|--|---|
| 25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/> | 26. PATIENT'S ACCOUNT NO. | 27. ACCEPT ASSIGNMENT For govt. claims, select <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) | 32. SERVICE FACILITY LOCATION INFORMATION Nursing Home USA, LLC | 33. |
| SIGNED _____ DATE _____ | 32a. 1234567890 | |

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE

Nursing Facility Name (points to Box 32)

Nursing Facility NPI (points to Box 32a)

B. Private room add-on payment (effective for date of service on or after Dec. 18, 2024)

If a hospice provider is billing for room and board for a skilled nursing facility (SNF), and the member was placed in a private room where the SNF is approved by the Ohio Department of Medicaid (ODM) as a Category 1 or Category 2 private room service provider, hospice providers are eligible for 95% of the Category 1 add-on payment of \$30 and Category 2 add-on payment of \$20 (as applicable).

Hospice providers should bill utilizing the following code/modifier combinations to receive this add-on payment. Category 1 and Category 2 should be billed on individual claim lines (i.e., do not bill both modifiers on the same claim line).

| Private room | Bill code | Modifier | 95% of SNF add-on payment |
|--------------|-----------|----------|---------------------------|
| Category 1 | T2046 | XP | \$28.50 |
| Category 2 | T2046 | XU | \$19.00 |

Example 1: Member transitioned from a Category 1 room to a Category 2 room midmonth:

| Service type | Bill code | Modifier | Units billed | Dates of service | 95% of SNF |
|-----------------------------|-----------|----------|--------------|------------------|------------|
| Hospice care room and board | T2046 | | 31 | Jan. 1–31, 2025 | \$6,200.00 |
| Private room, Category 1 | T2046 | XP | 17 | Jan. 1–17, 2025 | \$484.50 |
| Private room, Category 2 | T2046 | XU | 14 | Jan 18–31, 2025 | \$266.00 |

Example 2: Member remained in the Category 1 room for the entire month:

| Service type | Bill code | Modifier | Units billed | Dates of service | 95% of SNF |
|-----------------------------|-----------|----------|--------------|------------------|------------|
| Hospice care room and board | T2046 | | 31 | Jan. 1–31, 2025 | \$6,200.00 |
| Private room, Category 1 | T2046 | XP | 31 | Jan. 1–31, 2025 | \$882.50 |

Example 3: Member remained in the Category 2 room for the entire month:

| Service type | Bill code | Modifier | Units billed | Dates of service | 95% of SNF |
|-----------------------------|-----------|----------|--------------|------------------|------------|
| Hospice care room and board | T2046 | | 31 | Jan. 1–31, 2025 | \$6,200.00 |
| Private room, Category 1 | T2046 | XU | 31 | Jan. 1–31, 2025 | \$589.00 |

Exceptions: SNFs that are receiving the enhanced ventilator rate are excluded from this program. If the SNF's NPI is not recognized by ODM as having the appropriate specialty code of 86A (Category 1) and/or 86B (Category 2), the add-on payment is subject to postpayment review/recoupment. These services are add-on payments and will not be reimbursed if the nursing facility stay is denied.

C. Hospice ventilator and ventilator weaning claims

Ventilator dependent and ventilator weaning (i.e., 0410, 0419) claims must be billed using the UB-04 form.

The correct type of bill is 81X/081X. If the claim is billed with the incorrect type of bill, the claim will be denied as incorrect billing.

When billing ventilator dependent and weaning claims, the hospice provider is required to include the name and NPI of the nursing facility in which the services were delivered in box 80 (remarks). In addition, when billing for ventilator and/or ventilator weaning services, the diagnosis code Z99.11 must be included.

| | | | | | | | |
|-------------------------|--|--------------------------|--|--|--|-------|--|
| 6. OTHER PROCEDURE CODE | | 75. OTHER PROCEDURE DATE | | Name and NPI of nursing facility where services were provided. | | LAB 1 | |
| | | | | | | 77 CH | |
| 80 REMARKS | | | | 81CC | | LAST | |
| Nursing Home USA, Inc. | | | | a | | 78 CI | |
| 1234567890 | | | | c | | 79 CI | |
| | | | | d | | LAST | |

UB-04 CMS 1450 APPROVED CMS NO. 0538-0997 NUBC National Uniform Billing Committee THE C

Any claims for nursing facility room and board or ventilator/ventilator weaning that do not meet the instructions in this guidance may be denied and require the submission of an adjusted claim. Hospice nursing facility room and board (HCPCS code T2046) and ventilator/ventilator weaning services are not billable on the same date of service.

Questions?



For more information, please call Provider Services at **877-856-5707**, Monday – Friday, 7 a.m. – 8 p.m., Eastern time.

You also can email us at **OHMedicaidProviderRelations@humana.com**.