

# Nursing Facility Custodial Care Services – Provider Billing and Resource Guide

The following chart details Humana’s guidance related to these integral services:

Question	Response
<b>What is the purpose of this benefit?</b>	Managed medical assistance (MMA) benefits must pay for all medically necessary Medicaid nursing facility (NF) stays of up to 120 days from the admission date when the enrollee is not also eligible for long-term care (LTC) benefits. NF services are provided in accordance with statewide Medicaid managed care (SMMC)-contracted provisions and all state and federal rules and regulations.
<b>What is Humana’s strategy for contracting custodial care services?</b>	Humana is adding the reimbursement for nursing services-Medicaid MMA schedule to custodial LTC contracts. Short-stay service is reimbursed to MMA members for both contracted and noncontracted providers while Humana works to contract with all rendering providers.
<b>Where can I find preadmission screening and resident review (PASRR) requirements?</b>	Pre-admission screening and resident requirements (PASRR) can be found at: Rule 59G-1.040, F.A.C., <b>Pre-Admission Screening and Resident Review</b>
<b>What are the notification requirements?</b>	<p>The Humana MMA Plan requires notification for custodial care through the MMA Nursing Facility Admission Notification Report.</p> <p>The MMA Nursing Facility Admission Notification Report template can be accessed at <b><a href="https://www.humana.com/FLTraining">Humana.com/FLTraining</a></b>.</p>
<b>How can I notify the plan about custodial services?</b>	<p>The MMA Nursing Facility Admission Notification Report is submitted upon a member’s admission to a custodial bed or resident status change. If there are no admissions or changes within a month, please send the log within five business days of the reporting month indicating there is nothing to report.</p> <p>Email report to: <b><a href="mailto:MMAnursingfacility@humana.com">MMAnursingfacility@humana.com</a></b> Fax report to: <b>305-370-6127</b></p>
<b>How should I bill Humana?</b>	Paper and electronic HCFA-1450 (facility/hospital) claims are acceptable billing forms.



Humana Healthy Horizons in Florida is a Medicaid product of Humana Medical Plan, Inc.

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Where should I send paper claims?	Claims should be mailed to the following address: <b>Humana Claims Office</b> P.O. Box 14601 Lexington, KY 40512-4601												
How do I submit electronic claims?	To submit a claim: <ul style="list-style-type: none"><li>Go to <b>Humana.com/ClaimResources</b></li><li>Choose “Claims and encounter submission”</li><li>Use payer ID 61101 for electronic claim submissions</li></ul> Available training materials through Availity: <b>Learn about Claim Submission →</b> <b>What’s New and Changed →</b>												
How much does Humana reimburse?	These short-term nursing services reimburse at the Florida Medicaid allowable amount, as long as they bill with the appropriate revenue codes for registered providers (revenue codes 0101, 0182 or 0185). For further information on billing codes, please see the table below.												
What policies does Humana follow for these services?	Humana follows <b>Policy 59G-4.200</b> for Nursing Facility Services.												
Should I bill Humana patient responsibility?	Yes, value code 31 is required. Please include all applicable patient responsibility on the claim form. Humana takes patient responsibility into account when processing claims and makes manual payment adjustments when necessary.												
Where can I find Humana’s claims clearinghouse contact information?	<table><tr><td>• Availity</td><td><b>Availity.com</b></td><td><b>800-282-4548</b></td></tr><tr><td>• Change Healthcare</td><td><b>Changehealthcare.com</b></td><td><b>800-792-5256</b></td></tr><tr><td>• TriZetto</td><td><b>Trizettoprovider.com</b></td><td><b>800-969-3666</b></td></tr><tr><td>• SSI Group</td><td><b>TheSSIgroup.com</b></td><td><b>800-880-3032</b></td></tr></table> Some clearinghouses and vendors charge a service fee. Contact the clearinghouse for more information.	• Availity	<b>Availity.com</b>	<b>800-282-4548</b>	• Change Healthcare	<b>Changehealthcare.com</b>	<b>800-792-5256</b>	• TriZetto	<b>Trizettoprovider.com</b>	<b>800-969-3666</b>	• SSI Group	<b>TheSSIgroup.com</b>	<b>800-880-3032</b>
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Whom can I contact at Humana for specific questions related to these services?	Please reference our <b>Provider Contracting Representative Directory</b> to find the appropriate contact information for your area.												
What is Humana’s reimbursement timeline?	Humana intends to process all paper claims within 20 days of receipt and all electronic submissions within 15 days of receipt during and after the transition period (including continuity-of-care claims for all members), in accordance with statutory requirements.												

Question	Response
Additional resources:	<a href="#">Nursing Facility Services Technical Guide for Statewide Medicaid Managed Care</a> → <a href="#">Code of Federal Regulations (CFR)</a> → <a href="#">Florida Administrative Code (F.A.C.)</a> → <a href="#">Florida Statutes (F.S.)</a> → <a href="#">SMMC 2018-2023 Contract</a> →

**Nursing Facility Services Billing Codes**

Revenue code	Description
0101	Long-term care days
0185	Hospital leave days
0182	Home leave days (therapeutic leave days)