



## **INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)**

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**This document is subject to change. Please check our web site for updates.**

This provider manual outlines policy and claims submission guidelines for claims submitted to the North Dakota Health Enterprise MMIS.

This document covers services provided by Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) that are certified, licensed and enrolled with North Dakota (ND) Medicaid.

### **LEVEL OF CARE**

ND Medicaid will not cover ICF/IID services unless the individual meets ICF/IID level of care criteria.

### **LIMITS ON LEAVE DAYS**

ND Medicaid will cover a maximum of 15 days per occurrence for hospital leave. The purpose of the hospital leave policy is to ensure that a bed is available when a member returns to the facility. A facility may not bill for hospital leave days if it is known that the member will not return to the facility.

Once the facility accepts reimbursement for hospital leave on behalf of a Medicaid member, then the facility must still bill ND Medicaid for hospital leave days beyond the 15<sup>th</sup> day that the member's bed was held but they are non-covered days.

ND Medicaid will cover a maximum of 30 therapeutic leave days per member per calendar year.

Once the facility accepts reimbursement for therapeutic leave on behalf of a Medicaid member, then the facility must still bill ND Medicaid for therapeutic leave days beyond the 30<sup>th</sup> day the member's bed was held but they are non-covered days.

**BILLING GUIDELINES**

ICF/IID facilities must bill for services using the North Dakota Web Portal using the electronic claims submission web pages or Electronic Data Exchange transaction. The claim must include a valid National Provider Identification number (NPI) and taxonomy code.

ICF/IID claims must be submitted electronically to ND Medicaid using a *Bill Type 211-218*.

The bill type frequency must coincide with the status code billed. Claims must be submitted using the following status codes:

- 01** Discharged to Home or Self-Care
- 02** Discharged/Transferred to a Short-Term General Hospital
- 04** Discharged/Transferred to a Facility that Provides Custodial or Supportive Care
- 20** Expired
- 30** Still a Patient
- 40** Expired at Home
- 41** Expired in a Medical Facility
- 42** Expired – Place Unknown
- 50** Hospice - Home
- 51** Hospice – Medical Facility Providing Hospice Level of Care
- 61** Discharged/Transferred to a Hospital-Based Medicare Approved Swing Bed
- 62** Discharged/Transferred to an Inpatient Rehabilitation Facility including Rehabilitation Distinct Part Units of a Hospital
- 63** Discharged/Transferred to a Medicare Certified Long Term Care Hospital
- 65** Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital
- 66** Discharged/Transferred to a Critical Access Hospital
- 70** Discharged/Transferred to another Type of Healthcare Institution

A member on medical or therapeutic leave on the last day of the month whose bed is being held by the facility is “Still a Patient”.

The number of units billed must include the date of discharge or death.

ICF/IID claims must be submitted to ND Medicaid using the following *Revenue Codes* when billing for:

Adult Licensed Facility

- Revenue Code **110**                      In-House Medicaid Days
- Revenue Code **180**                      Therapeutic Leave Days

Revenue Code **182**                      Hospital Leave Days

Physically Handicapped Licensed Facility

Revenue Code **120**                      In-House Medicaid Days  
 Revenue Code **183**                      Therapeutic Leave Days  
 Revenue Code **185**                      Hospital Leave Days

Children's Licensed Facility

Revenue Code **160**                      In-House Medicaid Days  
 Revenue Code **169**                      Therapeutic Leave Days  
 Revenue Code **189**                      Hospital Leave Days

A facility must submit a claim for every month a Medicaid eligible member is in the facility, even if insurance has paid for the charges. This allows the system to start applying recipient liability towards other claims. The claim should be submitted immediately after the month is over. Do not bill more than one calendar month per claim.

ND Medicaid cannot make any payment for ICF/IID services to the ICF/IID provider if an individual has elected hospice care. The hospice is paid the rate applicable to the member and is responsible for paying the facility for services provided to the member. Once a member has elected hospice benefits, the ICF/IID provider may not submit a claim for services provided while the member is on hospice.

**ALL-INCLUSIVE RATE**

The rate established for ICF/IIDs is an all-inclusive rate for routine services. Routine services include supplies, therapies, nursing supplies, equipment, transportation, and non-legend drugs. Separate billings for these items will not be paid. Ancillary charges that are not included in the ICF/IID facility rate, such as x-ray, lab, drugs, etc. must be billed by the provider furnishing the service.