



## SWING BED FACILITIES

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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 MMIS Web Portal.

This document covers services provided by Swing Bed Facilities who are licensed and enrolled with North Dakota (ND) Medicaid.

### LEVEL OF CARE

ND Medicaid will not cover swing bed facility services unless the individual meets nursing facility level of care criteria.

### BILLING GUIDELINES

Swing Bed claims must be submitted to ND Medicaid using a *Bill Type 181-189*.

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

Leave days are non-covered days. Leave day status is determined at midnight. Payment is not available for any period that a resident does not actually occupy a bed.

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

Swing Bed claims must be submitted to ND Medicaid using the following *Revenue Codes* when billing for:

Revenue Code <b>110</b>	In-House Medicaid Days
Revenue Code <b>160</b>	Medicare Full Benefit Period Days
Revenue Code <b>169</b>	Medicare Coinsurance Days
Revenue Code <b>183</b>	Leave Days

A facility must submit a claim for every month a Medicaid eligible resident is in the facility, even if insurance (including Medicare) 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 payment for swing bed services to the swing bed provider for a resident who is receiving hospice care. The hospice is paid the swing bed rate and the hospice is responsible for payment of the swing bed services provided to a Medicaid member. Once a member has elected hospice benefits, the swing bed provider may not submit a claim for services provided while the member is on hospice.

**ALL-INCLUSIVE RATE**

The rate established for swing bed facilities 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. Enter only the Room and Board charges on the UB-04 form or electronic billing format. Do not enter ancillary charges. Ancillary charges that are not included in the swing bed rate, such as x-ray, lab, drugs, etc. must be billed by the provider furnishing the service.