

LATE CHARGE BILLING

Policy

Late charge billing can be accepted from institutional (facility) providers including hospitals, ambulatory surgery centers, skilled nursing facilities (SNF), hospice, home infusion agencies, home health agencies and must be billed on a separate claim form.

Limitations

Late charges are not allowed for services provided under the following agreements:

- Case Rate
- DRG Rate
- Flat Rate
- Per Diem
- Ambulatory Surgery Charges (for MassHealth members only)
- SPAD pricing methodology reimbursed as zero payment for MassHealth members, only

The above listed agreements, by definition, are inclusive of other charges that may be submitted by the same pay-to entity. Charges included or excluded from the payment are specified in the contract or are considered all-inclusive.

Time Limit

A late charge claim must reflect only one date of service, and is subject to the 90-day timely filing limit.

Definitions

Late Charges: Services occurring after or not charged or credited to a patient account from admission to discharge dates or through the last interim bill, necessitating a re-submission of the claim with only the late charges.

Bill Type: A three-digit code for used in Form Locator 4 on a UB 04 claim form to indicate type of bill being submitted.

- The first digit identifies the type of facility
 - 1 Hospital
 - 2 Skilled Nursing Facility (SNF)
 - 3 Home Health
 - 6 Intermediate Care

- The second digit identifies the classification of care:
 - 1 Inpatient
 - 3 Outpatient
 - 5 Intermediate Care - Level I
 - 6 Intermediate Care – level II
 - 7 Intermediate Care – Level III
- The third digit identifies the frequency (sequence of this bill in this episode of care):
 - 5 Late Charge(s) Only Claim (**Note:** This code is not intended to be used in lieu of a Replacement Claim.)

SPAD: Standard Payment Amount per Discharge paid by MassHealth (Medicaid) to acute care hospitals for covered inpatient services.

Provider Payment Guidelines and Documentation

Submit late charges on a separate late-charges-only UB 04 claim form with the three digit bill type entered in Form Locator 4. Refer to the examples, including but not limited to the following:

- To submit an inpatient charge not on the original bill, submit bill type **115**.
- To submit an outpatient charge not on the original bill, submit bill type **135**

Do not use the late charges bill type when submitting corrected claims.

Do not repeat charges listed on the original claim.

Late charges will be processed in conjunction with the original claim.

References

MassHealth Billing Guide for the UB-04 Paper Claim Form, BG-UB-CL (07/07)

UB 04 Data Specifications Manual

Publication History

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Owner: Provider Network Management	

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. Neighborhood Health Plan utilizes McKesson’s claims editing software, ClaimCheck, a clinically oriented, automated program that identifies the “appropriate set” of procedures eligible for provider reimbursement by analyzing the current and historical procedure codes billed on a single date of service and/or multiple dates of service, and also audits across dates of service to identify the unbundling of pre and post-operative care. Questions may be directed to Provider Network Management at prweb@nhp.org.