Iowa Medicaid
IOWA HHS

INFORMATIONAL LETTER NO. 2399-MC-FFS

DATE: November 28, 2022

TO: Iowa Medicaid Providers Billing on UB-04 Claim Form

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS)

FROM: Iowa Department of Health and Human Services (HHS), Iowa Medicaid

RE: Type of Bill (TOB) Frequency Code and Patient Status Code

EFFECTIVE: January 1, 2023

This informational letter provides guidance regarding appropriate billing of TOB frequency codes in conjunction with patient discharge status codes.

The Centers for Medicare and Medicaid Services (CMS) requires patient discharge status codes for:

- Hospital inpatient claims (TOBs 11X and 12X);
- Skilled nursing claims (TOBs 18X, 21X, 22X, and 23X);
- Outpatient hospital services (TOBs 13X, 14X, 71X, 73X, 74X, 75X, 76X, and 85X); and
- All hospice and home health claims (TOBs 32X, 33X, 34X, 81X, and 82X).

It is important to select the correct patient discharge status code. Omitting a code or submitting a claim with an incorrect code is considered inappropriate billing.

Discharge status code 30 is being used on claims with a TOB frequency code other than 2 or 3. A discharge status code of 30 indicates that the patient is "still a patient or expected to return for outpatient services."

Patient discharge status code 30 should be used on inpatient claims when billing for leave of absence days. On outpatient claims, the primary method of indicating that the patient is still receiving care is the TOB frequency code (e.g., frequency code 2: interim – first claim, or frequency code 3: interim – continuing claim).

To better align with CMS standards and polices, and in accordance with national guidelines for completing and submitting a UB-04 claim, beginning January 1, 2023, facility editing will be enhanced to check hospital claims TOB against discharge status code 30.

- Claims with frequency code of 1 or 4 cannot be submitted with discharge status code 30.
- Claims with frequency code of 2 or 3 cannot be submitted with discharge status code other than 30.

If the TOB frequency code conflicts with the patient status code, the claim will be denied as inappropriate billing per billing guidelines.

Resources:
CMS, Medicare Claims Processing Manual Chapter 1 – General Billing Requirements[1]

CMS, MLN Matters® Number: SE1411[2]

CMS, MLN Matters® Number: SE21001[3]

National Uniform Billing Committee (NUBC)[4]

If you have questions, please contact the Iowa Medicaid Provider Services Unit or the appropriate MCO:

Iowa Medicaid Provider Services for FFS members:
- Provider Services: 1-800-338-7909
- Provider email: imeproviderservices@dhs.state.ia.us

Amerigroup Iowa, Inc.:
- Provider Services: 1-800-454-3730
- Provider email: iowamedicaid@amerigroup.com
- Website: https://providers.amerigroup.com/ia

Iowa Total Care:
- Provider Services: 1-833-404-1061
- Provider email: Providers may send email using their account on the ITC website.
- Website: https://www.iowatotalcare.com

[1] https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c01.pdf
[2] https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1411.pdf
[3] https://www.cms.gov/files/document/se21001.pdf
[4] https://www.nubc.org/