

Mississippi Division of Medicaid OPPS Date Bundling – Provider Billing Guide

The Division of Medicaid (DOM) defines Date Bundling as services furnished by a single provider, to a single beneficiary over a span of multiple dates.

DOM only allows the following services for Date Bundling:

Service	Service identified with one (1) or more of the following billed:	Service billed no more than # days per claim:
Physical Therapy (PT)	Revenue Codes 0420-0429	31 Days
Occupational Therapy (OT)	Revenue Codes 0430-0439	31 Days
Speech-Language Pathology (SP)	Revenue Codes 0440-0449	31 Days
Chemotherapy Services (Chemo)	Revenue Codes 0330-0339	31 Days
Observation Services (Observation)	Procedure Code G0378	3 Days
Emergency Room (ER)	Revenue Code 0450 and any procedure code 99281-99285	2 Days
Recovery Room (RR)	Revenue Code 0710	2 Days

Observation Services – Procedure Code G0378

DOM allows observation services to be billed for three (3) consecutive days. These services are to be billed on a single line, even the hours that take place after midnight. Observation services will be paid a per hour rate for a minimum of eight (8) hours and a maximum of twenty-three (23) hours. The first seven (7) hours are bundled and pays zero (\$0.00). Hours between eight (8) and twenty-three (23) will pay a fee.

Emergency Room Visits

Emergency room visits are limited to two (2) days. The emergency room evaluation and management procedure code must be billed on the first date of service (DOS) when the services span over midnight. 'ET' modifier must be present on all line items billed on the second day of service.

Line Level Denial Edits vs. Header Level Denial Edits

There are two (2) levels of date bundling denials for an adjudicated claim. Line level edits deny individual line(s) on a paid claim. Header level edits deny the entire claim.

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EDIT-0110-Date Bundling Not Allowed

EDIT 0110-Date Bundling Not Allowed applies to claim type O-Outpatient that span over multiple dates for claims with dates of service (DOS) beginning 07/01/2015. This edit **does not** apply to single date claims (Statement Covered Period from and through dates(*) are the same).

(*) - UB04 Field 6 - Statement Covered Period is a required field for outpatient services, enter the first visit DOS in the “From” block and the last date of service (LDOS) in the “Through” block on an individual claim.

PAPER Claim

6	STATEMENT COVERS PERIOD	
	FROM	THROUGH



Header DOS

WEB Portal

Claim Information

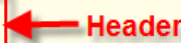
Claim Data

Patient CNTL # Medical Record # * Type Of Bill

*Service Dates

From To

Treatment Authorization Code Timely Filing TCN



EDIT 0110-Date Bundling Not Allowed is applied at the **header level** of a claim and will post when:

- Services, other than those services listed in the above chart, are billed on a claim with more than one (1) date of service that spans dates (e.g., Radiology claim billed with statement covered period from and through dates is for DOS 01/01/2016 – 01/02/2016, this is a 2-day claim, this claim will deny for EDIT 0110-Date Bundling Not Allowed). Non-Date Bundling services, defined as one time services performed on same day as date bundling services, must be reported on a separate OPPS claim, which should also include any packaged and/or services related to these non-date bundling services.
- Date Bundling services are billed more than the allowed number of days to bill. This is determined when the statement covered period from and through dates is more than the allowed number of days as noted in the above chart that can be billed on a claim for that service (e.g., Recovery Room claim statement from and through dates are billed for DOS 12/01/2015 - 12/03/2015, this is a 3-day claim or Observation services statement from and through dates are billed for DOS 12/05/2015 – 12/08/2015, this is a 4-day claim).

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NOTE: Claims with Date Bundling services billed more than the allowed number of days to bill will deny for EDIT-0111-Date Bundling Limit Exceeded.

- Date Bundling services for PT, OT, SP and Chemo services are span billed over calendar months, and the allowed bill days for the service does not exceed the limit of days allowed to be billed. This is determined when the statement covered period from and through dates is for more than one (1) calendar month on a claim (e.g., OT statement from and through dates is billed for DOS 01/15/2016 – 02/05/2016).
- Date Bundling services billed for a specific service (i.e. PT, OT, SP, Chemo, Observation, ER or RR) dates overlap with a history span billed claim for that same service, for the same beneficiary, and same provider. This is determined when the claim statement covered period from and through dates is for a span of dates that overlaps (e.g., 1st PT claim (history claim) submitted and **paid** with statement from and through dates is billed for DOS 02/01/2016-02/15/2016 and the 2nd PT claim (current claim) submitted with statement from and through dates is billed for DOS 02/14/2016 – 02/29/2016. The current claim with DOS 02/14/2016 – 02/29/2016 will deny for EDIT 0110-Date Bundling Not Allowed).

EDIT 0110-Date Bundling Not Allowed will be applied at the **line level** of a claim and will post when:

- Date Bundling services are billed for Observation claim when the statement from and through dates is for the allowed three (3) days but the line DOS item(s) for the Observation Service code is billed on separate lines for each day. The 2nd and 3rd lines billed with the Observation Service codes will deny at the line level for EDIT 0110-Date Bundling Not Allowed.
- Date Bundling services are billed for ER claims that span multiple dates (a maximum of two (2) days) and 'ET' modifier is not present on the line(s) of the second day services.