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**UPDATED March 30, 2017**

### **HFS Updated the Category of Service Crosswalk**

In line with the new HFS COS crosswalk released, the Occurrence Span Code (70) showing the qualify stay is **not required** but can be reported on the claims for Medicare services (FL35-36 on the CMS1450).

If the patient has Medicare Part A and the Medicaid covered services are billed, an occurrence code showing Medicare benefit end date or Medicaid covered begin date **is required** (FL31-34 on the CMS1450).

We will be reprocessing any claims denied in error with a denial code of Lt - LTC BILLING - VALUE/OCCURRENCE CODES MISSING OR INVALID.

Please remember to contact your Provider Services representative for any additional information.

March 21, 2017

### **Billing Tip: FL35-36 on the CMS1450 Occurrence Span Codes and Dates (Lt Denials)**

Many Nursing Homes may have experienced an increase in claim denials for Occurrence Span code (FLs35-36 on the UB-04). We have found that multiple providers are billing a Type of Bill (TOB) 21x with Revenue Codes 0110-0160, which per HFS Category of Service Crosswalk, requires the use of FL35-36. Many providers are leaving that field blank causing a denial code of **Lt - LTC BILLING - VALUE/OCCURRENCE CODES MISSING OR INVALID**.

Providers must remember to utilize the accurate TOB or make sure FL35-36 is coded correctly when utilizing TOB 21x with Revenue Codes 0110-0160 to avoid an increase in their denial rates.

For additional billing information, please visit: <http://www.nubc.org/>

For HFS Category of Service Crosswalk, please visit:  
<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn160419a.aspx>

If you have further questions, please contact your Provider Relations representative.

1-866-329-4701  
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