

**Wisconsin Medicaid  
Nursing Home PDPM Acuity Specific Billing Guidance  
Effective 1/1/2022**

| Topic   | Billing Policy   |
|---|--|
| Admission / Discharge Dates   | Continue to include admission day and exclude day of discharge   |
| Aligning MDS assessments with billing                               | <p>Bill the HIPPS code from the MDS assessment starting with the Admission Date or Assessment Reference Date (ARD), as applicable, through the day preceding the next assessment's ARD, unless the assessment is greater than 92 days old.</p> <p>Beginning for 1/1/2022 dates of service, bill using the HIPPS code from the current active assessment. There is no need to complete a new assessment solely due to the policy change or a payor source change.</p>   |
| Late / Missing Assessments  | <p>For assessments greater than 92 days old (as measured from the ARD (A2300)), the default HIPPS code ZZZZZ must be billed.</p> <p>Providers will bill the PDPM codes from the active MDS assessment until the resident discharges or the provider needs to bill default codes.</p>   |
| Late Admission Assessment   | <p>If the time between admission date (A1600 when A1700=1) and admission ARD (A2300) is greater than 14 days, the default HIPPS code ZZZZZ must be billed for the number of late days. The Admission assessment classifications can be used to determine rates for up to 14 service days prior to the assessment reference date, but no earlier than the admission date.</p> <p>If the admission assessment is 14 days or fewer from the admission entry date, the admission HIPPS code can be used from the entry date.</p>   |
| Medicare PPS assessments: 5-day, Interim Payment Assessments (IPAs) | <p>HIPPS codes from Traditional Medicare PPS assessments (5-day, IPA) may be used in billing for the days that the assessment is active, if the PPS assessment is appropriate. (Chapter 5.1 of the RAI Manual requires that assessments completed for purposes other than OBRA and SNF PPS are not to be submitted.)</p> <p>If a resident receives a 5-day assessment during a Medicare stay and then changes to Medicaid, the 5-day may be used for billing until the next required assessment. Five day assessments shall not be submitted while a resident's primary payor is Medicaid.</p> |
| Non-PDPM assessments  | <p>Medicare Part A Discharge Assessments and Optional State Assessments (OSAs) do not generate valid PDPM HIPPS codes and therefore cannot be used in billing.</p> <p>Assessments submitted only to Medicare Advantage plans may not be used for Medicaid billing.</p>   |
| Short stays   | Residents discharged before an assessment is completed must be billed using the default HIPPS code ZZZZZ.  |
| Combined Assessments  | HIPPS codes obtained from combined OBRA/PPS assessments are applicable until another assessment is required by the RAI manual.   |

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| Bed hold                | Bed hold days under PDPM should continue to be billed using revenue codes 0183 or 0185 and without a HIPPS code. The CMIs applied under PDPM to obtain the fixed per diem rate are: NPG 0.32; NTA 0.23.  |
| Medicaid Managed Care   | Please contact the specific HMO or MCO for information.  |
| Entry / Reentry Records | <p>Bill Default <u>HIPPS code ZZZZZ</u> when applicable:</p> <p><b>Scenario 1 - Discharge Return Not Anticipated (DCRNA)</b> followed by Entry</p> <p>** Bill the <u>HIPPS code from the admission assessment following entry</u> if A1700 = 1, beginning with entry date (if admission assessment completed within 14 days from admission date)</p> <p>Example:<br/>D/10 discharge date 1/15/2022 → Entry Date 1/25/2022 → Admission assessment ARD 2/5/2022 → Bill HIPPS code from admission assessment starting 1/25/2022</p> <p>** If No assessment within 14 days of entry followed by a <b>Discharge return not anticipated record</b> (D/10) or A1700 = 1 (admission)</p> <p>Example:<br/>D/10 discharge date 1/15/2022 → Entry Date 1/25/2022 → no subsequent assessment → HIPPS code ZZZZZ must be billed starting 1/25/2022</p> <p><b>Scenario 2 - Discharge Return Anticipated (DCRA)</b> followed by Entry within 30 days of discharge. (discharge date plus 30 days)</p> <p>** Bill the <u>HIPPS code from the assessment preceding discharge</u> if D/11 followed by entry within 30 days and A1700 = 2 (reentry), until ARD of next assessment (or until the assessment is 92 days old).</p> <p>Example:<br/>1/5/2022 OBRA assessment → D/11 discharge date 1/15/2022 → Reentry Date 1/25/2022 → Bill HIPPS code from 1/5/2022 OBRA assessment starting 1/25/2022</p> <p><b>Scenario 3 - Discharge Return Anticipated (DCRA)</b> followed by Entry greater than 30 days after discharge. (Discharge date plus 31 or more days)</p> <p>** If No assessment within 14 days of entry followed by a Discharge return anticipated record (D/11), and there were more than 30 days between discharge and reentry</p> <p>Example:<br/>D/11 discharge date 1/15/2022 → Entry Date 2/25/2022 → no subsequent assessment → HIPPS code ZZZZZ must be billed starting 2/25/2022</p> |