



April 27, 2021

Dear Valued Provider,

This provider bulletin services as a reminder that Aetna Better Health® of Illinois follows the HFS guidelines set in place for Hospital Providers.

All inpatient hospital claims must report the covered and non-covered days. The total of covered and non-covered days must correspond to the Statement Covers Period and should not include the day of discharge.

Your claims will not adjudicate appropriately if you are **not** billing as directed in the Illinois Association of Medicaid Health Plans' guidelines.

For your reference, IAMHP has posted the billing guidelines on their website [www.iamhp.net](http://www.iamhp.net), the guidelines can be found [here](#).

See page 83 of the IAMHP Comprehensive Billing Manual, a snippet can be found below.

Value Code	Description
<b>Value code 54</b> (Newborn Birth weight in grams)	Beginning with admissions October 1, 2012 and after, Value Code 54 is required for newborns who are 14 days of age or less on the date of admission. This Value Code is to be reported with the baby's birth weight in grams, right-justified to the left of the dollar/cents delimiter and will be used in the APR-DRG determination.
<b>Value Code 68</b> (Epopen Units)	Value Code 68 must be used when Erythropoietin (Epopen) is billed under revenue codes 0634 or 0635 in addition to using the correct units of measurement.
<b>Value Code 80</b> (Covered Days)	Value Code 80 must be used to indicate the total number of days that are covered. The Covered Days must be entered to the left of the dollars/cents delimiter.
<b>Value Code 81</b> (Non-Covered Days)	Value Code 81 must be used to indicate the total number of full days that are not reimbursable. Enter the actual number of Medicaid non-covered days to the left of the dollars/cents delimiter. An occurrence span code of 74 must also be billed in HI*BI segment (FL 35-36) to indicate a non-covered level of care or a leave of absence.  <b>MeridianHealth specific instructions:</b> Non-reimbursable days include those not covered due to lack of authorization approval. Non-covered days should be billed with the corresponding revenue code at a zero-dollar amount for more accurate calculation of reimbursement.

Thank you for your continued partnership.

Sincerely,

Aetna Better Health of Illinois