

Meals and Lodging Billing Provider Training

November 2019

Meals and Lodging Benefits

- These services are a benefit to SoonerCare members (and up to one approved escort) who must travel 100 miles or greater for medically-necessary care.
- In order to be reimbursed for meals and lodging services, a provider must have a voucher/authorization form.
 - This form is provided by either a SoonerCare social services coordinator or a hospital-based social worker.

Sample Voucher

CHIEF EXECUTIVE OFFICER

GOVERNOR



Room and Board Provider

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Lodging and/or Meals Authorization Form

This form authorizes payment from the Oklahoma Health Care Authority to the Room and Board Provider for the actual cost of the Lodging and/or Meals provided to the SoonerCare Member and/or Escort, not exceeding the following maximum amounts:

\$54.00 per night total for Lodging for Member and/or Escort (1 room only)
\$21.00 per day each for Meals for Member and/or Escort

Name of Member/Minor: _____

Member's Date of Birth: _____

SoonerCare Member ID Number: _____

Name of Escort: _____ Relationship to Member (Escort): _____

Phone: _____

Dates Authorized: from night of: / / through night of: / / (check out / /)

Check all that apply:

Lodging (one room only)

Meals for Member

Meals for Escort

Comments:

Name of Member (print)

Name of Escort (print)

Signature of Member

Signature of Escort

Name of Authorizing Person (print)

Title

- Covers one room only
- Meals are covered as indicated by the boxes checked
- Member and/or escort must sign the voucher
- Keep the voucher for billing use
- The voucher covers the nights they stay with the contracted provider, not the check out date

Receiving a Voucher

- If you receive a referral for someone who needs meals and/or lodging services and you do not have a voucher, the SoonerCare member or provider should call 1-877-252-6002.
- If meals and/or lodging services are approved, you will receive a voucher by fax from a SoonerCare social services coordinator or a hospital-based social worker.

Member Responsibilities

- If the member (patient) and/or escort decide to leave during the middle of a voucher period, they will need to check out and remove their personal belongings.
 - No further billing may be done after the member checks out of the room.
- Member and/or escort must follow the lodging provider's policies in regards to their stay and checkout process.
- SoonerCare will not pay for any additional fees, such as: fees for additional people in the room, late checkout fees, lost keys/cards, phone bills (local or long distance), upgrades or extra amenities for the room, or lost/stolen items.

Voucher Questions



Call **OHCA Population Care Management**
to speak to one of the social services coordinators

1-877-252-6002

Billing

OHCA Website

Oklahoma HealthCare Authority
about us | individuals | providers | research | contact us | search

IRS 1095-B Tax Form

Click here to find out more!

Wonder how OHCA makes policy changes? Check out the complete process here! [SoonerFit.org](#)

View All Banners

individuals

- How to Apply | Enroll Online
- Find A Provider | After Hours OK
- Member Handbook
- Manual de Miembro
- Member Letters | Updates
- Programs | Benefits
- Member Services Helpline

providers

- Claim Tools | Types | Web Alerts
- Enrollment | EHR Incentive
- Policy | Proposed Changes
- Provider Portal | Training
- Provider Letters | Updates
- Patient-Centered Medical Home
- Medical Authorization Unit

research and statistics


- Data & Reports
- Focus On Excellence Reports
- State Plans and Waivers

about us

- Public Information | Contact Us
- Jobs | News Releases
- Open Government
- OHCA Board | Committees
- Calendar | Order Publications
- Web Alerts | Social Media
- Community and Tribal Partners

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Provider Portal



Home

Home [Contact Us](#) | [Login](#)

Thursday 01/25/2018 10:41 AM CST

Login ?

***User ID**


Log In

[Forgot User ID?](#)
[Register Now](#)

[Where do I enter my password?](#)

What can you do in the Soonercare Provider Portal

The Oklahoma Health Care Authority's secure portal is intended for providers, clerks and billing agents. This site gives you the opportunity to maintain provider information, access claim and prior authorization related functions, and receive messages from the OHCA that apply specifically to you.



[Website Requirements](#)

Protect Your Privacy!

Always log off and close all of your browser windows

Helpful Links

- ▶ [EVS Guide](#)
- ▶ [Insure Oklahoma](#)
- ▶ [Child Health \(EPSDT\)](#)
- ▶ [Provider Enrollment](#)

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Claims Tab

Oklahoma HealthCare Authority

My Home Eligibility **Claims** Prior Authorizations Referrals Files Exchange Financial Letters Reports Resources Switch Provider

My Home [Contact Us](#) | [Logout](#)
Friday 07/20/2018 09:17 AM CST

Welcome Health Care Professional!



We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to payment history and the ability to search for helpful information under the Resources menu.

User Details
Welcome
[Switch Provider](#)

Provider
Name
Provider ID
Taxonomy
SC Provider Number

Provider Services
[Search Payment History](#)

[Contact Us](#)
[Secure Correspondence](#)
[Referrals](#)
[Upload Behavioral Health Records](#)
Helpful Links
[Insure Oklahoma Employer/Agent Portal](#)

Oklahoma HealthCare Authority

My Home Eligibility **Claims** Prior Authorizations Referrals Files Exchange Financial Letters Reports Resources Switch Provider

Search Claims | Submit Claim Dental | Submit Claim Inst | Submit Claim Prof | Search Payment History

Claims [Contact Us](#) | [Logout](#)
Friday 07/13/2018 08:37 AM CST

Claims

- ▶ [Search Claims](#)
- ▶ [Submit Claim Dental](#)
- ▶ [Submit Claim Inst](#)
- ▶ [Submit Claim Prof](#) ←
- ▶ [Search Payment History](#)

Select **Submit Claim Professional**.

Patient Information

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type

Provider Information

This panel contains provider information.

Billing Provider ID <input type="text"/>	Contract Code <input type="text"/>	ID Type	Name
Zip Code		Taxonomy	SC Provider Number
Referring Provider ID <input type="text"/>		ID Type <input type="text" value=""/>	
Ordering Provider ID <input type="text"/>		ID Type <input type="text" value=""/>	Ordering Zip Code <input type="text"/>

Patient Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.


*Member ID <input type="text" value="012345678"/>		
Last Name	First Name	Middle
Birth Date		

Claim information

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

Date Type	<input type="text"/>	Date of Current	<input type="text"/>
Accident Related	<input type="text"/>	Expected Delivery Date	<input type="text"/>
Patient Account Number	<input type="text"/>		
From Date	<input type="text"/>	To Date	<input type="text"/>
CLIA Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Other Insurance	<input type="text"/>	HMO Copay	<input type="text"/>
		Total Charged Amount	\$0.00



Diagnosis Codes

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	ICD Version	Diagnosis Code	Action
1	*ICD Version ICD-10-CM	*Diagnosis Code Z764-OTHER BOARDER TO HEALTHCARE FACILITY	

Diagnosis Codes – Enter Z764 in the **Diagnosis Code** field without the decimal point, then click **Add**.

*Only one diagnosis code is required. Click **Continue**.

Diagnosis Codes

- Use diagnosis Code Z764: **OTHER BOARDER TO HEALTHCARE FACILITY** (ICD10) on claim.
- Do not use 1111 or 9999 or other filler/junk codes.



Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							

1 ***From Date** 07/01/2018 **To Date** 07/07/2018 ***Place of Service** EMG

***Procedure Code** **Modifiers** ***Diagnosis Pointers**

Charge Amount ***Units** **Unit Type** **Unit** **EPSDT**

CLIA Number **DMH Contract Source**

Rendering Provider ID **ID Type** **Zip Code** **Contract Code**

Taxonomy **SC Provider Number**

Ordering Provider ID **ID Type** **Zip Code**

NDC for Item 1

[Add](#)

From Date – Enter the date when the member checks in.

To Date – Enter the last day they stayed overnight, not the check out date.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							

1 *From Date 07/01/2018 To Date 07/07/2018 *Place of Service 99-Other Unlisted Facility EMG

*Procedure Code Modifiers *Diagnosis Pointers

Charge Amount *Units Unit Type Unit EPSDT

CLIA Number DMH Contract Source

Rendering Provider ID ID Type Zip Code Contract Code

Taxonomy SC Provider Number

Ordering Provider ID ID Type Zip Code

NDC for Item 1

Add

Place of Service – Select 99 - Other Unlisted Facility.

Procedure Codes

- Lodging Codes:
 - A0180: Non-Emergency Transportation: Ancillary: Lodging-Recipient
 - A0200: Non-Emergency Transportation: Ancillary: Lodging-Escort
- Meals Codes:
 - A0190: Non-Emergency Transportation: Ancillary: Meals-Recipient
 - A0210: Non-Emergency Transportation: Ancillary: Meals-Escort

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							

1 *From Date 07/01/2018 To Date 07/07/2018 *Place of Service 99-Other Unlisted Facility EMG

*Procedure Code A0180 Modifiers *Diagnosis Pointers 1

Charge Amount *Units Unit Type Unit EPSDT

CLIA Number DMH Contract Source

Rendering Provider ID ID Type Zip Code Contract Code

Taxonomy SC Provider Number

Ordering Provider ID ID Type Zip Code

NDC for Item 1

Add

Procedure Code – Enter the procedure code. (Refer to the next slide for lodging and meals codes).

Diagnosis Pointers – Select 1.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							

1 *From Date 07/01/2018 To Date 07/07/2018 *Place of Service 99-Other Unlisted Facility EMG

*Procedure Code A0180 Modifiers *Diagnosis Pointers 1

Charge Amount 354.76 ***Units** 7 Unit Type Unit EPSDT

CLIA Number DMH Contract Source

Rendering Provider ID ID Type Zip Code Contract Code

Taxonomy SC Provider Number

Ordering Provider ID ID Type Zip Code

NDC for Item 1

[Add](#) ←

Charge Amount – Enter the total charge amount.
 (Example: Rate for A0180 is \$54.00/day.) Multiply the rate times the number of days.

Units – Enter the total number of days billed.

Click **Add**.

Service Details -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	07/01/2018	07/07/2018	99-Other Unlisted Facility	A0180-NONER TRANSPORT LODGNG RECI	\$354.76	7.00 Unit	Remove
2							

2 ***From Date** **To Date** ***Place of Service** **EMG**

***Procedure Code** **Modifiers** ***Diagnosis Pointers**

Charge Amount ***Units** **Unit Type** **Unit** **EPSDT**

CLIA Number **DMH Contract Source**

Rendering Provider ID **ID Type** **Zip Code** **Contract Code**

Taxonomy **SC Provider Number**

Ordering Provider ID **ID Type** **Zip Code**

NDC for Item 2 +

The system will populate another blank section for additional codes to be added. Add member meals or escort meals if applicable.

Submitting the Voucher as an Attachment

You must submit the voucher as an attachment.

There are 2 methods of attachment:

1. Electronic upload (preferred)
2. Fax



Attachment by Electronic Upload

The screenshot shows a web form titled "Attachments" with a table header and several input fields. The table header has columns for "#", "Transmission Method", "File", "Control #", "Attachment Type", and "Action". Below the header, there is a "Click to collapse" link. The form fields are: "*Transmission Method" (a dropdown menu with "FT-File Transfer" selected), "*Upload File" (a text input with "voucher.pdf" and a "Browse..." button), "*Attachment Type" (a dropdown menu with "OZ-Support Data for Claim" selected), and "Description" (a text input with "Voucher"). At the bottom, there are "Add" and "Cancel" buttons. Red boxes highlight the "Transmission Method" dropdown and the "Browse..." button.

#	Transmission Method	File	Control #	Attachment Type	Action
	FT-File Transfer	voucher.pdf		OZ-Support Data for Claim	Browse...

*Transmission Method: FT-File Transfer

*Upload File: voucher.pdf

*Attachment Type: OZ-Support Data for Claim

Description: Voucher

Buttons: Add, Cancel

Transmission Method – FT - File Transfer.

Upload File – Select Browse to locate the supporting documentation.

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
---	---------------------	------	-----------	-----------------	--------

Click to collapse.

*Transmission Method

*Upload File

*Attachment Type

Description

←

Attachment Type – Select OZ - Support Data for Claim.

Description – Brief description of the documents being sent.

Click **Add**.

Attachment by Fax

The screenshot shows a web interface titled "Attachments". At the top, there is a instruction: "Click the **Remove** link to remove the entire row." Below this is a table with the following columns: #, Transmission Method, File, Control #, Attachment Type, and Action. Underneath the table, there is a "Click to collapse" link. The main form area contains three fields: "*Transmission Method" with a dropdown menu set to "FX-By Fax", "*Attachment Type" with a dropdown menu set to "OZ-Support Data for Claim", and a "Description" text box containing the word "Voucher". A red box highlights these three fields. Below the form is an "Add" button, which is pointed to by a large red arrow.

Transmission Method – FX - By Fax.

Attachment Type – OZ - Support Data for Claim.

Description – Brief description of the documents being sent.

Click **Add**.


*See "[Simplifying Secondary Claims](http://www.okhca.org/providertraining)" on the OHCA Training webpage (www.okhca.org/providertraining) for more information.

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
1	FX-By Fax	-	20180720294883	OZ-Support Data for Claim	Remove

+ Click to add attachment.

[Back to Step 1](#) [Back to Step 2](#)  [Submit](#) [Cancel](#)

Once the attachment section is complete (either FX-By Fax or FT-File Transfer) click **Submit** and **Confirm**.

Submit Professional Claim: Confirmation

Professional Claim Receipt

Your Claim was successfully submitted. The claim status is **Suspended**.
The Claim ID is **2300123987456**

Click **Attachment Coversheet(s)** to view the claim attachments coversheet(s).

Click **Print Preview** to view the claim details as they have been saved on the payer's system

Click **Copy** to copy member or claim data.

Click **View** to view the details of the submitted claim.

Attachment Coversheet(s) **Print Preview** **Copy** **View**

Every claim will be suspended for review.

If the **By Fax** transmission method was selected, the system will provide a link to view the attachment coversheet. Print this coversheet and fax with the voucher.

****Note, the coversheet must be the FIRST document when received.**

Claim Questions?



For more information about submitting claims, please contact the **OHCA Provider Helpline**

1-800-522-0114, option 1