

471-000-203 Instructions for Completing Form MC-9NF, "Authorization for Facility Care"

Use: Form MC-9NF is used to authorize Medicaid payment for clients under the age of 18 in Nursing Facility (NF), Special Needs NF, ICF/DD, Swing-bed and Hospice-in-both ICF/DD and Special Needs NF care.

Completion: Form MC-9NF is completed as follows:

SECTION I: (Completed by the initiator)

Client Name: Enter the first and last name of the client.

Client Medicaid Number: Enter the client's 11-digit Nebraska Medicaid number.

Provider Name: Enter the name of the Billing Provider. If Hospice-in-facility also enter the facility name, i.e. hospice/facility name.

Address: Enter the complete address of the Provider.

Provider NPI: Enter the 10-digit National Provider Identifier (NPI) of the Billing Provider, as reported to Nebraska Medicaid.

Taxonomy: Enter the 10-digit Taxonomy Code of the Billing Provider, as reported to Nebraska Medicaid.

Zip+4: Enter the 9-digit Zip Code of the Billing Provider, as reported to Nebraska Medicaid.

SECTION II: (Completed by DHHS Central Office staff.)

Level: Enter the three-digit care level for this client (completed by DHHS Central Office staff).

Signature/Date: The DHHS Program Specialist signs and enters the date.

SECTION III: (Completed by the physician): Note: All Providers must enter the MD NPI number in the box.

For Special Needs and ICF/DD Providers, attach a current history and physical exam or DM-5 (Physicians Confidential Report) and Medication Administration Record. Physician must sign the Certification of Need for Care and enter the MD NPI number.

For Swing-bed Hospitals: attach documentation of Skilled Care, i.e. Medication Administration Record, Skilled Treatment Record, Therapy Plan of Care, and enter the MD NPI number in the box.

SECTION IV: (Completed by Provider):

Diagnoses Name: Enter the client's diagnoses in the following order:

Block one: Primary

Block Two: Secondary

Block Three: Tertiary is for ID diagnosis only

DX Code: Enter the appropriate and valid ICD diagnosis code for the PRIMARY and SECONDARY diagnosis in block(s) number one and two. If the resident has an ID diagnosis, enter the valid ICD code in block number three. For facilities who are Special Needs Providers, Swing-bed Hospitals, and ICF/DD's the diagnosis must be completed.

Check the appropriate box for the version of ICD codes used. ICD9 Diagnoses may only be used on the form for admit dates prior to October 1, 2015. ICD10 Diagnoses must be used on the form for admit dates on or after October 1, 2015.

SECTION V: (Completed by nursing staff of the facility):

Admission Date: Enter the date the client was admitted to the facility, or if a current facility resident is admitted to hospice, enter the day hospice was elected, or whichever date is later. Note: The admission date is the date the client was admitted for the current admission, regardless of payment source.

Identification Screen: (Completed by DHHS staff) Enter the date the PASRR level 1 ID screen was completed.

Medicare Coverage: Enter the dates (from and to) for which Medicare covered the nursing facility care (first and last Medicare covered day).

Discharge: If the resident has been discharged, enter the discharge date.

Signature: The facility signs and dates.

SECTION VI: (Completed by DHHS Central Office staff):

Eligibility Determination Date: Enter the date on which the client's eligibility was determined, if required.

Medical Effective Date: Enter the date on which the client's Medicaid eligibility begins.

Long Term Care Insurance: Check yes or no. If yes, enter the name of the insurance company and the policy number.

Medicaid Payment Effective Date: Enter the date that Medicaid payment to the provider begins. Note: Do NOT include Medicare coinsurance days.

Waiver Client: check yes or no

Medicare Coverage: check appropriate box(s)

Age 65>: check yes or no

Managed Care client: enter the name of the managed care organization name and dates of coverage.

Distribution: The initiator sends the entire form with any attachments to the DHHS Central Office. DHHS Central Office staff returns a copy of the completed MC-9NF to the facility.

Form MC-9NF, "AUTHORIZATION FOR FACILITY CARE" is available at <http://public-dhhs.ne.gov/FORMS/Home.aspx>. Search for MC-9NF.