
Multipurpose Senior Services Program (MSSP) Billing Example

Page updated: August 2020

The example in this section is to assist providers in billing Multipurpose Senior Services Program (MSSP) services on the *UB-04* claim. Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete claim fields not explained in the following example. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section of this manual.

Billing Tips:

If requested information does not fit neatly in the *Remarks* area (Box 80) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

Billing MSSP Services Over One Month

Figure 1. Billing MSSP services over one month.

This is a sample only. Please adapt to your billing situation.

«In this case, a woman older than age 65 lives in an area served by a Multipurpose Senior Services Program (MSSP) and receives MSSP-covered services in her home between October 1 and October 30, 2024.» The agency that renders the services submits one claim for all services rendered to the woman during the month.

Enter the two-digit facility type code “33” (home health – outpatient) and one-character claim frequency code “1” as “331” in the *Type of Bill* field (Box 4).

The agency bills for case management services and administrative expenses as well as the following:

Service	Description (Box 43)
Meal delivery	Meals
Services rendered by a Dietician	Dietician Visit
Emergency Response System (ERS) monitoring	Communication Device
Non-skid floor pad	Non-Medical Home Equipment
Transportation to the local senior center	Transportation – Regular

MSSP claims do not require condition, occurrence or value code information (Boxes 18 through 24, 31 thru 34 and 39 thru 41).

Enter the description of the services rendered in the *Description* field (Box 43) and the corresponding HCPCS procedure code in the *HCPCS/Rate* field (Box 44).

Note: Procedure codes with a unit type of “month” in the *Multipurpose Senior Services Program (MSSP) Billing Codes* section of this manual must be billed using the “from-through” method. Other procedure codes may be billed in a “from-through” format.

In this example, the case management, administrative expenses and communication device are billed with a unit type of “month” and require “from-through” dates in the *Service Dates* field (Box 45). A service unit of 1 is billed for these services because they are rendered once over the span of a month.

«A service unit of 21 is billed for the 21 meals delivered to the recipient over the course of the month.»The dates for which meals were delivered are listed under the service description in the *Description* field (Box 43).

Note: In order to prevent possible duplicates, the dates that services were provided should be indicated directly under the description of the procedure code.

«A service unit of 1 is billed for the non-skid floor pad and a service unit of 6 is billed for the senior center delivery and return trips. The dates of the trips are listed under the service descriptor in the *Description* field (Box 43).»

MSSP claims do not require ICD-10-CM codes in the Box 67.

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN, CA 958235555		2		3a PAT. CNTRL. # b. MED. REC. #		4 TYPE OF BILL 331	
8 PATIENT NAME DOE, JANE		9 PATIENT ADDRESS					
10 BIRTHDATE F		11 SEX		12 DATE		13 ADMISSION	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE	
35 OCCURRENCE FROM		36 OCCURRENCE THROUGH		37 OCCURRENCE FROM		38 OCCURRENCE THROUGH	
39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT			
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
0590		CASE MANAGEMENT		T2022HC		100124	
3109		ADMINISTRATIVE EXPENSES		T2025HCU1		100124	
3109		MEALS - HOME DELIVERED		S5170HC		103024	
3109		COMMUNICATION DEVICE		S5161HC		103024	
3109		NON-MEDICAL HOME EQUIPMENT		T1999HC		101524	
3109		NON-EMERGENCY TRANSPORTATION		T2025HCU3		100724	
0780		NUTRITIONAL COUNSELING, DIETICIAN VISIT		S9470HC		100324	
001		PAGE OF		CREATION DATE		TOTALS 826 50	
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 REL. INFO		53 ASG. BRN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 826 50		56 NPI		57 OTHER PRV ID MSS00016F	
58 INSURED'S NAME		59 PREL		60 INSURED'S UNIQUE ID 90000000A95001		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66		67		68		69	
70 PATIENT REASON DX		71 PPS CODE		72 EQ		73	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 OTHER PROCEDURE CODE	
78 ATTENDING NPI		79 OPERATING NPI		80 OTHER NPI		81 OTHER NPI	
82 REMARKS LINE 11: ANTI-SLIP FLOORMATS		83		84		85	

Figure 1. Billing MSSP Services Over One Month.

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.