Long Term Care

NF-B, DP-ASA, & ICF-DD

Community • Partnership • Wellness

Purpose

The purpose of the following presentation is to support the efforts to increase correct processing and payment with the first claim submission and guide you through the claim submission process for the various Long Term Care services.

Background

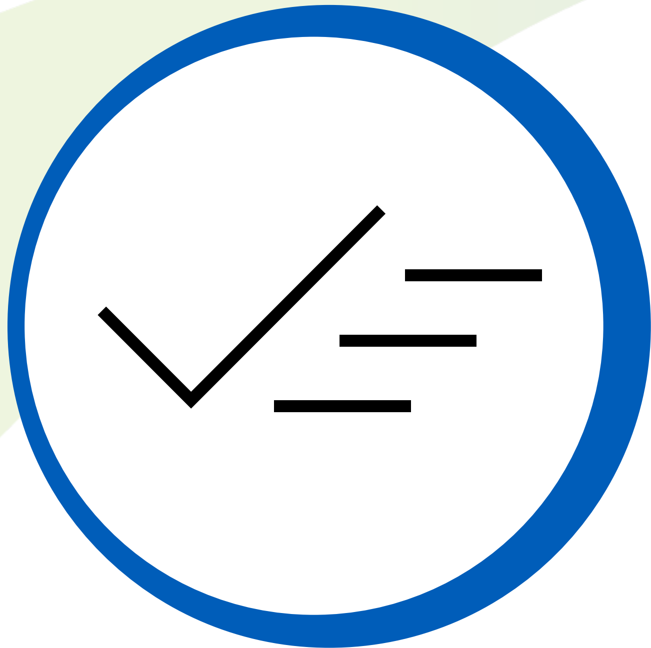
The Medi-Cal program provides benefits through both fee-for-service (FFS) and managed care plans (MCP). In efforts to standardize, help ensure consistency, and reduce complexity across the state and reduce county-to-county differences, the Department of Health Care Services (DHCS) is implementing Benefit Standardization.

Effective January 1, 2023, HPSJ must authorized and cover medically necessary skilled nursing and custodial services provided in Skilled Nursing Facilities (SNF), meaning members who are admitted into a SNF will remain enrolled in HPSJ instead of being disenrolled.

Effective January 1, 2024, the remaining LTC members receiving the LTC benefit in a Subacute or Intermediate Care Facility (ICF) must be enrolled in an MCP.

Health Plan of San Joaquin

Topics



- Definitions
- Billing Terminology
- Billing Guidance
- Payment Requirements

Health Plan of San Joaquin

Definitions: Type of Care

Long Term Care (LTC) involves a variety of services designed to meet a person's health or personal care needs during a short or long period of time.

Skilled Nursing Care is nursing and therapy care that can only be safely and effectively performed by, or under the supervision of, professionals or technical personnel. It is health care given when skilled nursing or therapy is needed to treat, manage, and observe a patient's condition, and evaluate their care.

Subacute Care is a level of care that is defined as comprehensive inpatient cared designed for someone who has an acute illness, injury or exacerbation of a disease process.

Intermediate Care provides 24-hour personal care, habilitation, developmental, and supportive health care services to developmentally disabled persons. There are three levels of care, ICF/DD, ICF/DD-H, and ICF/DD-N.

Definitions: Billing Terminology

Type of Bill Codes: Identifies the type of bill being submitted to a payer. Type of bill codes are four-digit alphanumeric codes that specify different pieces of information on claim form UB-04.

Frequency Codes: The third digit of the type of bill submitted on an institutional (UB04) claim to indicate the sequence of a claim in the patient's current episode of care.

Revenue Codes: Identifies specific accommodations, ancillary services, or unique billing calculations, or arrangements relevant to the claim.

Value Code: Identifies special circumstances that may affect processing of the claim

Accommodation Code: Identifies the type of accommodation utilized by the patient during the billing period.

Share of Cost: Some HPSJ members must pay, or agree to pay, a monthly dollar amount toward their medical expenses. This dollar amount is called Share of Cost (SOC). The Medi-Cal member's SOC is similar to a private insurance plan's out-of-pocket deductible.

Type of Bill & Frequency Codes

Long Term & Subacute Care:

021X: Skilled Nursing Facilities: Inpatient (Including Medicare Part A)

022X: Skilled Nursing Facilities: Inpatient (Including Medicare Part B)

Rural Hospital Swing Bed

028X: Skilled Nursing Facilities: Swing Beds

Intermediate Care Facilities

065X: Intermediate Care (DD)

066X: Intermediate Care (DD-H)

067X: Intermediate Care (DD-N)

Frequency Codes

1: Admit Through Discharge

2: Interim – First Claim

3: Interim – Continuing Claim

4: Interim – Last Claim

5: Late Charge(s) Only

7: Corrected Claim

Revenue & Accommodation Codes

Facilities must bill indicating the Revenue Code that is applicable to the specific accommodation services, in conjunction with the accommodation code as this drives the appropriate payment rate for a facility based on the California Medi-Cal rate for the facility.

0101 = All Inclusive Room and Board

0180 = Leave of Absence

0185 = Bed Hold

0190 = Subacute Care

Facilities must bill indicating the **Accommodation Code** that is applicable to the claim, as this drives the appropriate payment rate for a facility based on the California Medi-Cal rate for the facility.

Accommodation Codes should be billed with a **Value Code 24** and billed as a cent amount.

Revenue & Accommodation Code Crosswalk

Revenue Code - Accomodation Code Crosswalk				Accomodation Code Billing		
Facility Type	Revenue Code	Revenue Code Description	Accomodation Code	Value Code	UB-04 Value Code Amount Data Format	8371 Value Code Amount Data Format
Skilled Nursing/Custodial						
NF-B Regular Services/Custodial (LTC)	**101**	All Inclusive Room and Board	**1**	24	1	0.01
NF-B Regular Services/Custodial (LTC)	**180**	Leave of Absence	**2**	24	2	0.02
NF-B Regular Services/Custodial (LTC)	**185**	Bed Hold	**73**	24	73	0.73
Rural Hospital Swing Bed						
NF-B Regular Services: Rural Swing Bed	**101**	All Inclusive Room and Board	**4**	24	4	0.04
NF-B Regular Services: Rural Swing Bed	**180**	Leave of Absence/Bedhold	**5**	24	5	0.05
Intermediate Care Facility (ICF)						
ICF/DD 1-59 Beds	**101**	All Inclusive Room and Board	**41**	24	41	0.41
ICF/DD 60 or more Beds	**101**	All Inclusive Room and Board	**41**	24	41	0.41
ICF/DD 1-59 Beds	**180**	Leave of Absence/Bedhold	**43**	24	43	0.43
ICF/DD 60 or more Beds	**180**	Leave of Absence/Bedhold	**43**	24	43	0.43
ICF/DD-H 4-6 Beds	**101**	All Inclusive Room and Board	**61**	24	61	0.61
ICF/DD-H 7-15 Beds	**101**	All Inclusive Room and Board	**65**	24	65	0.65
ICF/DD-N 4-6 Beds	**101**	All Inclusive Room and Board	**62**	24	62	0.62
ICF/DD-N 7-15 Beds	**101**	All Inclusive Room and Board	**66**	24	66	0.66
ICF/DD-H 4-6 Beds	**180**	Leave of Absence/Bedhold	**63**	24	63	0.63
ICF/DD-H 7-15 Beds	**180**	Leave of Absence/Bedhold	**68**	24	68	0.68
ICF/DD-N 4-6 Beds	**180**	Leave of Absence/Bedhold	**64**	24	64	0.64
ICF/DD-N 7-15 Beds	**180**	Leave of Absence/Bedhold	**69**	24	69	0.69

Revenue & Accommodation Code Crosswalk

Revenue Code - Accomodation Code Crosswalk				Accomodation Code Billing		
Facility Type	Revenue Code	Revenue Code Description	Accomodation Code	Value Code	UB-04 Value Code Amount Data Format	8371 Value Code Amount Data Format
Adult Subacute						
NF-B Adult Subacute: Ventilator	**190**	Subacute Care - General	**71**	24	71	0.71
NF-B Adult Subacute: Non- Ventilator	**190**	Subacute Care - General	**72**	24	72	0.72
NF-B Adult Subacute: Ventilator	**185**	Bed Hold	**73**	24	73	0.73
NF-B Adult Subacute: Non- Ventilator	**185**	Bed Hold	**74**	24	74	0.74
NF-B Adult Subacute: Ventilator	**180**	Leave of Absense	**79**	24	79	0.79
NF-B Adult Subacute: Non- Ventilator	**180**	Leave of Absense	**80**	24	80	0.8
Pediatric Subacute						
NF-B Pediatric Subacute: Ventilator	**190**	Subacute Care - General	**85**	24	85	0.85
NF-B Pediatric Subacute: Non-Ventilator	**190**	Subacute Care - General	**86**	24	86	0.86
NF-B Pediatric Subacute: Ventilator	**185**	Bed Hold	**87**	24	87	0.87
NF-B Pediatric Subacute: Non-Ventilator	**185**	Bed Hold	**88**	24	88	0.88
NF-B Pediatric Subacute: Ventilator	**180**	Leave of Absense	**89**	24	89	0.89
NF-B Pediatric Subacute: Non-Ventilator	**180**	Leave of Absense	**90**	24	90	0.89
NF-B Pediatric Subacute: Ventilator (Free-standing)	**190**	Subacute Care - General	**91**	24	91	0.91
NF-B Pediatric Subacute: Non-Ventilator (Free-standing)	**190**	Subacute Care - General	**92**	24	92	0.92
NF-B Pediatric Subacute: Ventilator (Free-standing)	**185**	Bed Hold	**93**	24	93	0.93
NF-B Pediatric Subacute: Non-Ventilator (Free-standing)	**185**	Bed Hold	**94**	24	93	0.93
NF-B Pediatric Subacute: Ventilator (Free-standing)	**180**	Leave of Absense	**95**	24	95	0.95
NF-B Pediatric Subacute: Non-Ventilator (Free-standing)	**180**	Leave of Absense	**96**	24	96	0.96

Billing Value & Accommodation Codes

Value Code = 24 billed in box 40 on the UB04 with associated accommodation code billed as the value code amount in a cent format (example,.01).

38		39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
	a						
	b						
	c						
	d						

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

Billing the SOC on a UB04 or 837i

837i (electronic) Claim Submission

When submitting 837i(institutional) transactions in the 5010 format should use the **HI** value information segment in loop 2300 of the 005010X223A2 with a qualifier of **BE** and value code of **FC** .

** Please reach out to your clearinghouse on additional field requirements*

UB04 (paper claim) Submission

SOC amounts are entered in these fields:

- Value Codes Amount (Boxes 39-41)

Note: *Value code "23" in the Code column filed designates that the corresponding "amount" column contains the SOC.*

38		39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
	a	23	5000				
	b						
	c						
	d						

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

Billing the SOC on a UB04 continued…

Enter the full dollar and cents amounts, including zeros. Do not enter decimal points (.) or dollar signs ($).

Use only one claim line for each service billed.

Note: *Est. Amount Due (Box 55) is the difference of Total Charges ($1800.00) less SOC ($50.00), which equals $1750.00.*

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	23	5000				
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1						180000		
2								
3								
4								
5								
6								
23		PAGE ___ OF ___	CREATION DATE		TOTALS	180000		

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 0123456789
A						175000	57
B							OTHER
C							PRV ID

* Please go to https://files.medi-cal.ca.gov/pubsdoco/outreach_education/workbooks/modules/bb/workbook_soc_bb.pdf for additional billing guidance

Facility Payment Requirements

HPSJ shall reimburse claims from a network provider furnishing institutional Long-term Care Services to a member in accordance with the Medi-Cal fee-for-service (FFS) rate as defined by DHCS.

The reimbursement requirement only applies to the room & board, leave of absence, or bed hold days starting on the first day of a member' stay.

HSPJ shall coordinate benefits with other health coverage (OHC) programs or entitlements in accordance with APL 21-002, Cost Avoidance and Post-Payment Recovery for Other Health Coverage, including recognizing OHC as primary, and the Medi-Cal program as the payer of last resort.

HPSJ shall pay the full deductible and coinsurance in accordance with APL 13-003, Coordination of Benefits; Medicare and Medi-Cal for members who are dually eligible for Medi-Cal and Medicare.

HPSJ shall pay an additional supplemental payment per diem for the first 45 days of the members stay as of 01.01.2023 to cover physical therapy, occupational therapy and other ancillary charges.

For further instruction on how to fill a complete UB-04 or 837i
See: **How to Complete the UB-04**

For more information, please contact your Provider Services Representative. Thank you.