



Long Term Care

NF-A, NF-B,

DP-ASA,

&

ICF-DD

Time: 12:00 PM – 1:00 PM

Dates: July 22 and July 24



Meeting Agenda

Topics	Facilitator
Introductions	Provider Services
Definitions	Christina Villar
Billing Terminology	Christina Villar
Billing Guidance	Christina Villar
Payment Requirements	Phillip Whitehurst
Supplemental Payments	Phillip Whitehurst
Closing / Open Forum	All





LONG TERM CARE (LTC) OVERVIEW

Christina Villar, Provider Services Representative II



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 authorize 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.



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 care 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 and 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 and 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 - General
- ❖ **0199** = Subacute Care - Other

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 and Accommodation Code Crosswalk

Crosswalk Legend

The following abbreviations are used:

- Accom. – Accommodation
- Amt. – Amount
- DD – Developmentally Disabled
- Non-DD – Non-Developmentally Disabled
- DP/NF-B – Distinct Part Nursing Facility Level B
- ICF – Intermediate Care Facility
- ICF/DD – Intermediate Care Facility Developmental

Disability Program

- ICF/DD-H – Intermediate Care Facility Developmental

Disability Program, Habilitative

- ICF/DD-N – Intermediate Care Facility Developmental Disability Program, Nursing
- NF-B – Nursing Facility Level B
- Value Code 24 – Medicaid Rate Code (MRC)
- Value Code 24 Amount – Designated State Level

Medicaid Rate Code (DSL MRC)

Link: [Revenue and Value Codes for Long Term Care \(rev val cd ltc\)](#)



Billing Value and 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 VALUE CODES AMOUNT				40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
				a							
				b							
				c							
				d							
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS 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 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
		a CODE	b AMOUNT	a CODE	b AMOUNT	a CODE	b AMOUNT
		a 23	5000				
		b					
		c					
		d					

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
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LONG TERM CARE (LTC) FACILITY REQUIREMENTS AND SUPPLEMENTAL PAYMENTS

Phillip Whitehurst, Manager, Claims Operations



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's 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.

Links:

OHC APL - [APL 21-002](#)

COB APL - [APL 13-003](#)

ICF APL - [APL 24-011](#)

SNF APL - [APL 24-009](#)

*NPI must be listed on the corresponding rate sheets found here: [Long-Term Care Reimbursement](#)



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.

38				39 CODE a 23 b c d		VALUE CODES AMOUNT 5000		40 CODE		VALUE CODES AMOUNT		41 CODE		VALUE CODES AMOUNT	
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															
PAGE ____ OF ____				CREATION DATE		TOTALS →		180000							
50 PAYER NAME		51 HEALTH PLAN ID	52 REL. INFO	53 ASG. SGN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	0123456789							
						175000	57								
							OTHER								
							PRV ID								



For additional billing guidance please visit:

https://files.medi-cal.ca.gov/pubsdoco/outreach_education/workbooks/modules/bb/workbook_soc_bb.pdf

Supplemental Payment

Billing within 45 days (Lifetime Benefit)

Health Plan will continue paying a supplemental payment for the first 45 days of admission at a rate that reflects in your contract. This is a lifetime benefit.

Effective ***June 1, 2023***, to receive this supplemental payment, facilities will need to submit **Rev Code 0420 and HCPCS G0128**, with applicable units, to be reimbursed within the first 45 days.

Billing after 45 days

After the 45 days, if the member requires additional Physical Therapy (PT), Occupational Therapy (OT) or Speech Therapy (ST) these services need to go through the prior authorization process. Billing will need to be billed on a separate claim form(outpatient claim) from the room and board (inpatient claim)billing process.



Therapy Services / Prior Authorization

Paper Prior Authorization Form

- Comments – Nursing Facility Therapy Services

JIVA Provider Portal (DRE) – Provider Auth Portal

- Prior Authorizations – Outpatient
- Service Type – Nursing Facility Therapy Services



LTC/ICF Contacts and Resources

Provider Services Mailbox

- providerservices@hpsj.com

LTC Mailbox

- lrc@hpsj.com

LTC / ICF – Program Details

- [Long Term Care Services - HPSJ/MVHP](#)
- [Intermediate Care Facilities \(ICF\) - HPSJ/MVHP](#)

Christina Villar (Liaison)

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Contracting Department

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Questions?



THANK YOU!



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