



L.A. Care Health Plan Claims Quick Reference Guide

Instructions on how to complete and submit claims using the UB-04 form which L.A. Care uses to process payments for ALL lines of business may be found by accessing the link below:

- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c25.pdf>

Please refer to the sample UB-04 form provided in this guide for information on where to input the Rev Codes and Accommodation Codes listed below.

Accommodation Codes

Facilities must bill indicating the Accommodation Code that is applicable to the custodial 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. If billing a single Accommodation Code on row 1 of the claim, the dollar amount should be 0. If billing multiple Accommodation Codes on a single claim, in order to associate the Accommodation Code with the applicable revenue code the **Line Number** for the associated **revenue code** should be billed as the dollar amount.

Example:

A Single Accommodation Code on Row 1 of the Claim: If the Accommodation **Code is 01**, then you would bill the **Value Code 24** with \$0.01 as the amount. Please indicate the value code and amount in boxes 39 – 41 of the UB04 form (refer to UB-04 form on the last page of this document).

Multiple Accommodation Codes on a Single Claim: If the Accommodation **Code is 01** and the associated **revenue code is 0160 on line 2** of the claim detail, then you would bill the **Value Code 24** with \$2.01 as the amount. If the Accommodation **Code is 02** and the associated **revenue code is 0185 on line 1** of the claim detail, then you would bill the **Value Code 24** with \$1.02 as the amount. Please indicate the value code and amount in boxes 39 – 41 of the UB04 form (refer to UB-04 form on the last page of this document).

Following is a list of Revenue and Accommodation Codes:

Type/Level of Care: Skilled Nursing Care

| Revenue Code | Description | Accommodation Code |
|--------------|----------------------|--|
| 191 | Skilled Care Level 1 | Do not bill with an Accommodation Code |
| 192 | Skilled Care Level 2 | Do not bill with an Accommodation Code |
| 193 | Skilled Care Level 3 | Do not bill with an Accommodation Code |
| 194 | Skilled Care Level 4 | Do not bill with an Accommodation Code |

The following is a list of acronyms used to describe the SNF Accommodation Codes listed below:

- DD - Developmentally Disabled
- DD-CN - Developmentally Disabled/Continuous Nursing
- DD-H - Developmentally Disabled/Habilitative
- DD-N - Developmentally Disabled/Nursing
- DP - Distinct Part
- ICF - Intermediate Care Facility
- NF - Nursing Facility
- NF A - Nursing Facility Level A (meets the criteria of 22 CCR 51334)
- NF B - Nursing Facility Level B (meets the criteria of 22 CCR 51335)

Type/Level of Care: Sub-Acute Facility Care (**Adult**)

| Revenue Code | Description | Accommodation Code | Description |
|--------------|--|--------------------|---------------------------------------|
| 199 | Sub-Acute Level 4A Sub-Acute Level 4B | 71 | Hospital DP/NF-B Vent Dependent |
| 199 | Sub-Acute Level 4A Sub-Acute Level 4B | 72 | Hospital DP/NF-B Non-Vent Dependent |
| 199 | Sub-Acute Level 4A Sub-Acute Level 4B | 75 | Free Standing NF-B Vent Dependent |
| 199 | Sub-Acute Level 4A Sub-Acute Level 4B | 76 | Free Standing NF-B Non-Vent Dependent |

Type/Level of Care: Sub-Acute Facility Care (**Pediatric**)

| Revenue Code | Description | Accommodation Code | Description |
|--------------|--|--------------------|---|
| 199 | Sub-Acute Level 4A Sub-Acute Level 4B | 83 | Hospital DP/NF-B Supplemental Rehabilitation Therapy Services |
| 199 | Sub-Acute Level 4A Sub-Acute Level 4B | 84 | Hospital DP/NF-B Ventilator Weaning Services |
| 199 | Sub-Acute Level 4A Sub-Acute Level 4B | 85 | Hospital DP/NF-B Vent Dependent |
| 199 | Sub-Acute Level 4A Sub-Acute Level 4B | 86 | Hospital DP/NF-B Non-Vent Dependent |
| 199 | Sub-Acute Level 4A Sub-Acute Level 4B | 91 | Free Standing NF-B Vent Dependent |
| 199 | Sub-Acute Level 4A Sub-Acute Level 4B | 92 | Free Standing NF-B Non-Vent Dependent |
| 199 | Sub-Acute Level 4A Sub-Acute Level 4B | 97 | Free-standing DP/NF-B, Supplemental Rehabilitation Therapy Services |
| 199 | Sub-Acute Level 4A Sub-Acute Level 4B | 98 | Free-standing DP/NF-B – Ventilator Weaning Services |

Type/Level of Care: Long Term Care (**Custodial Care**)

| Revenue Code | Description | Accommodation Code | Description |
|--------------|---------------------------------|--------------------|--|
| 160 | Long Term Care (Custodial Care) | 01 | NF-B |
| 160 | Long Term Care (Custodial Care) | 04 | NF-B Rural Swing Bed Program |
| 160 | Long Term Care (Custodial Care) | 11 | NF-B Special Treatment Program-Mentally Disordered |
| 160 | Long Term Care (Custodial Care) | 21 | NF-A Regular |
| 160 | Long Term Care (Custodial Care) | 31 | Rehabilitation Program-Mentally Disordered |
| 160 | Long Term Care (Custodial Care) | 41 | ICF Developmental Disability Program |
| 160 | Long Term Care (Custodial Care) | 61 | ICF/DD-H 4-6 Beds |
| 160 | Long Term Care (Custodial Care) | 65 | ICF/DD-H 7-15 Beds |
| 160 | Long Term Care (Custodial Care) | 62 | ICF/DD-N 4-6 Beds |
| 160 | Long Term Care (Custodial Care) | 66 | ICF/DD-N 7-15 Beds |
| 160 | Long Term Care (Custodial Care) | 55 | ICF/DD-CN Ventilator Dependent |
| 160 | Long Term Care (Custodial Care) | 56 | ICF/DD-CN Non-Ventilator Dependent |

Special Reimbursement Provisions: **Bed Hold (Adult)** (Admit to acute inpatient or skilled level of care up to 7 days)

| Revenue Code | Description | Accommodation Code | Description |
|--------------|-------------------------|--------------------|---------------------------------------|
| 184 | Bed Hold (up to 7 days) | 73 | Hospital DP/NF-B Vent Dependent |
| 184 | Bed Hold (up to 7 days) | 74 | Hospital DP/NF-B Non-Vent Dependent |
| 184 | Bed Hold (up to 7 days) | 77 | Free Standing NF-B Vent Dependent |
| 184 | Bed Hold (up to 7 days) | 78 | Free Standing NF-B Non-Vent Dependent |

Special Reimbursement Provisions: **Bed Hold (Pediatric)** (Admit to acute inpatient or skilled level of care up to 7 days)

| Revenue Code | Description | Accommodation Code | Description |
|--------------|-------------------------|--------------------|---------------------------------------|
| 184 | Bed Hold (up to 7 days) | 87 | Hospital DP/NF-B Vent Dependent |
| 184 | Bed Hold (up to 7 days) | 88 | Hospital DP/NF-B Non-Vent Dependent |
| 184 | Bed Hold (up to 7 days) | 93 | Free Standing NF-B Vent Dependent |
| 184 | Bed Hold (up to 7 days) | 94 | Free Standing NF-B Non-Vent Dependent |

Special Reimbursement Provisions: **Leave of Absence (Adult)**

| Revenue Code | Description | Accommodation Code | Description |
|--------------|------------------|--------------------|---------------------------------------|
| 185 | Leave of Absence | 79 | Hospital DP/NF-B Vent Dependent |
| 185 | Leave of Absence | 80 | Hospital DP/NF-B Non-Vent Dependent |
| 185 | Leave of Absence | 81 | Free Standing NF-B Vent Dependent |
| 185 | Leave of Absence | 82 | Free Standing NF-B Non-Vent Dependent |

Special Reimbursement Provisions: **Leave of Absence (Pediatric)**

| Revenue Code | Description | Accommodation Code | Description |
|--------------|------------------|--------------------|---------------------------------------|
| 185 | Leave of Absence | 89 | Hospital DP/NF-B Vent Dependent |
| 185 | Leave of Absence | 90 | Hospital DP/NF-B Non-Vent Dependent |
| 185 | Leave of Absence | 95 | Free Standing NF-B Vent Dependent |
| 185 | Leave of Absence | 96 | Free Standing NF-B Non-Vent Dependent |

Special Reimbursement Provisions: **Leave Days Non-DD**

| Revenue Code | Description | Accommodation Code | Description |
|--------------|------------------|--------------------|--|
| 185 | Leave of Absence | 02 | NF-B |
| 185 | Leave of Absence | 05 | NF-B Rural Swing Bed Program |
| 185 | Leave of Absence | 12 | NF-B Special Treatment Program-Mentally Disordered |
| 185 | Leave of Absence | 22 | NF-A Regular |
| 185 | Leave of Absence | 32 | Rehabilitation Program-Mentally Disordered |

Special Reimbursement Provisions: **Leave Days DD Patient**

| Revenue Code | Description | Accommodation Code | Description |
|--------------|---------------------------------|--------------------|--------------------------------------|
| 185 | Leave of Absence | 03 | NF-B |
| 185 | Leave of Absence | 23 | NF-A Regular |
| 160 | Long Term Care (Custodial Care) | 43 | ICF Developmental Disability Program |
| 160 | Long Term Care (Custodial Care) | 63 | ICF/DD-H 4-6 Beds |
| 160 | Long Term Care (Custodial Care) | 68 | ICF/DD-H 7-15 Beds |
| 160 | Long Term Care (Custodial Care) | 64 | ICF/DD-N 4-6 Beds |
| 160 | Long Term Care (Custodial Care) | 69 | ICF/DD-N 7-15 Beds |

Special Reimbursement Provisions:

| Revenue Code | Description | Accommodation Code |
|--------------|---------------------|---|
| 889 | Dialysis Day | Do not bill with an Accommodation Code. Only bill for days member received dialysis service on-site at facility. Bill in addition to per diem charge. |
| 169 | Bariatric | Do not bill with an Accommodation Code or any other Per Diem Rev Code |
| 119 | Isolation Surcharge | Only bill on days when member must receive care in isolation. Bill in addition to per diem charge. |

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|---------------------|--|---|--|----------------|--------------------------------|-----------|
| 1 FACILITY NAME | | 2 | | 3a PRE CNTL. # | 4 TYPE OF BILL | |
| ADDRESS | | | | 3b MAIL REC. # | TYPE OF BILL | |
| CITY STATE ZIP CODE | | | | 5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM | 7 THROUGH |

| | | | |
|----------------|----------------|-------------------|---|
| 8 PATIENT NAME | a PATIENT NAME | 9 PATIENT ADDRESS | a |
| b | | c | d |

| | | | | | | | | | | | | | | | | | | | | |
|--------------------|---------|---------|--------------------|---------|--------------------|---------|--------------------|---------|-------------------------|--|---------|----------------------------|--|---------|--------------|-------|--|---------------|----|----|
| 10 BIRTHDATE | 11 SEX | 12 DATE | ADMISSION 13 ADR | 14 TYPE | 15 SRC | 16 CHR | 17 STAT | 18-21 | | | | 22-25 | | | | 26-27 | | 28 ACCT STATE | 29 | 30 |
| DOB | | SEX | TYPE | | CONDITION CODES | | | | | | | | | | DELAY REASON | | | | | |
| 31 OCCURRENCE CODE | 32 DATE | 32 CODE | 33 OCCURRENCE DATE | 33 CODE | 34 OCCURRENCE DATE | 34 CODE | 35 OCCURRENCE DATE | 35 CODE | 36 OCCURRENCE SPAN FROM | | 36 CODE | 37 OCCURRENCE SPAN THROUGH | | 37 CODE | DELAY REASON | | | | | |

| | | | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|-----------------------|-----------------------|
| 38 | | | | | | | | | | 39 VALUE CODES AMOUNT | 40 VALUE CODES AMOUNT | 41 VALUE CODES AMOUNT |
| | | | | | | | | | | VALUE CODES AND AMOUNTS (SHARE OF COST SECTION) | | |
| | | | | | | | | | | Enter the applicable accommodation code per the instructions provided. | | |

| 42 REV. CD. | 43 DESCRIPTION | 44 HCPCS / RATE / HIPPS CODE | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES | 49 |
|--|------------------------|------------------------------|---------------|----------------|------------------|------------------------|----|
| REV CODES | DESCRIPTION OF SERVICE | HIPPS CODE | SERVICE DATE | SERVICE UNITS | SERVICE CHARGE | | |
| <p>REV CODES:</p> <p>LONG TERM CARE (LTC):</p> <p>160 LTC (CUSTODIAL CARE)</p> <p>SKILLED CARE:</p> <p>191 LEVEL 1</p> <p>192 LEVEL 2</p> <p>193 LEVEL 3</p> <p>194 LEVEL 4</p> <p>SUB-ACUTE FACILITY CARE:</p> <p>199 SUB-ACUTE LEVEL 4A</p> <p>199 SUB-ACUTE LEVEL 4B</p> <p>SPECIAL REIMBURSEMENT PROVISIONS:</p> <p>184 BED HOLD</p> <p>185 LEAVE OF ABSENCE</p> <p>889 DIALYSIS DAY</p> <p>169 BARIATRIC</p> <p>119 ISOLATION SURCHARGE</p> | | | | | | | |

| | | | | |
|------|----|---------------|--------|--------------|
| PAGE | OF | CREATION DATE | TOTALS | TOTAL CHARGE |
|------|----|---------------|--------|--------------|

| | | | | | | | |
|---------------|-------------------|-------------|----------------|------------------------|--------------------|-----------------|----------------------|
| 50 PRIOR NAME | 51 HEALTH PLAN ID | 52 REL INFO | 53 REAS. REAS. | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 NPI | NPI |
| PAYER NAME | | | | OTHER COVERAGE PAYMENT | NET AMOUNT BILLED | 57 OTHER PFM ID | ATYPICAL PROVIDER ID |

| | | | | |
|-------------------|--------|------------------------|---------------|------------------------|
| 58 INSURED'S NAME | 59 REL | 60 INSURED'S UNIQUE ID | 61 GROUP NAME | 62 INSURANCE GROUP NO. |
| INSURED'S NAME | | MEDI-CAL ID NUMBER | | |

| | | |
|----------------------------------|----------------------------|------------------|
| 63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME |
| AUTHORIZATION NUMBER | | |

| | | | | | | | | | |
|----------------------|------------------------|---|---|---|---|---|---|---|----|
| 66 PRIMARY DIAGNOSIS | 67 SECONDARY DIAGNOSIS | B | C | D | E | F | G | H | 68 |
|----------------------|------------------------|---|---|---|---|---|---|---|----|