



## 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.

*Revised 1/13/2015*

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 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37 OCCURRENCE CODE	38 OCCURRENCE DATE	39 OCCURRENCE FROM	40 OCCURRENCE THROUGH	41 OCCURRENCE FROM	42 OCCURRENCE THROUGH	OCCURRENCE SPAN THROUGH				OCCURRENCE SPAN THROUGH		DELAY REASON			
OCCURRENCE CODES AND DATES												VALUE CODES AND AMOUNTS (SHARE OF COST SECTION)				VALUE CODES AND AMOUNTS (SHARE OF COST SECTION)				DELAY REASON	

30												39 VALUE CODES AMOUNT	40 VALUE CODES AMOUNT	41 VALUE CODES AMOUNT	
												a	b	c	d
												Enter the applicable accommodation code per the instructions provided.			

43 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		
REV CODES: LONG TERM CARE (LTC): 160 LTC (CUSTODIAL CARE) SKILLED CARE: 191 LEVEL 1 192 LEVEL 2 193 LEVEL 3 194 LEVEL 4 SUB-ACUTE FACILITY CARE: 199 SUB-ACUTE LEVEL 4A 199 SUB-ACUTE LEVEL 4B SPECIAL REIMBURSEMENT PROVISIONS: 184 BED HOLD 185 LEAVE OF ABSENCE 889 DIALYSIS DAY 169 BARIATRIC 119 ISOLATION SURCHARGE							
PAGE OF		CREATION DATE		TOTALS		TOTAL CHARGE	

50 PRIOR NAME	51 HEALTH PLAN ID	52 REL INFO	53 REAR. NBR.	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
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