



L.A. Care Health Plan SNF 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 below information 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.

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

- DD - Developmentally Disabled
- 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)

Following is a list of Revenue and Accommodation Codes:

Type/Level of Care: Skilled Nursing Care

Revenue Code	Description	Billing guidance
191	Skilled Care Level 1	See billing guidance below
192	Skilled Care Level 2	See billing guidance below
193	Skilled Care Level 3	See billing guidance below
194	Skilled Care Level 4	See billing guidance below

- Contracted providers are reimbursed at the contract rate.
- Non-contracted providers, should reference the following link for rates: <http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/ratefacildiem 100.doc> Reimbursement is based on the County Code number, see section **FS/NF-B-Facility-Specific Peer-Group Weighted Average Reimbursement Rates**.

Type/Level of Care: NF-B Adult Subacute

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

Type/Level of Care: **NF-B Pediatric Subacute**

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
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
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
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: **Administrative Days**

Revenue Code	Description	No Accommodation code needed
169	Level 1	Level 1 is a lower level of service rendered to a patient in an acute care hospital awaiting placement in a Nursing Facility Level A (NF-A) or
190	Level 2 Pediatric Patient	The pediatric patient is younger than 21 years of age with a fragile medical condition awaiting placement in a Subacute Nursing Facility.
199	Level 2 Adult Patient	The adult patient is 21 years of age or older with a fragile medical condition awaiting placement in a Subacute Nursing Facility.

Note: Claims containing a mixture of administrative days and any other revenue code will be denied.

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
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

Special Reimbursement Provisions: **Bed Hold –Non DD**

Revenue Code	Description	Accommodation Code	Description
185	Bed Hold	02	NF-B Regular
185	Bed Hold	05	NF-B Rural Swing Bed Program
185	Bed Hold	12	NF-B Special Treatment Program-Mentally Disordered
185	Bed Hold	22	NF-A Regular
185	Bed Hold	32	N F-A Rehabilitation Program-Mentally Disordered

Special Reimbursement Provisions: **Bed Hold- DD**

Revenue Code	Description	Accommodation Code	Description
185	Bed Hold	03	NF-B Regular- DD
185	Bed Hold	23	NF-A Regular- DD
185	Bed Hold	43	ICF Developmental Disability Program
185	Bed Hold	63	ICF/DD-H 4-6 Beds
185	Bed Hold	68	ICF/DD-H 7-15 Beds
185	Bed Hold	64	ICF/DD-N 4-6 Beds
185	Bed Hold	69	ICF/DD-N 7-15 Beds

Special Reimbursement Provisions: **NF-B Adult Subacute Bed Hold** (Admit to an acute care hospital from a nursing facility for no more than 7 days)

Revenue Code	Description	Accommodation Code	Description
185	Bed Hold	73	Hospital DP/NF-B Vent Dependent
185	Bed Hold	74	Hospital DP/NF-B Non-Vent
185	Bed Hold	77	Free Standing NF-B Vent Dependent
185	Bed Hold	78	Free Standing NF-B Non-Vent

Special Reimbursement Provisions: **NF-B Pediatric Subacute Bed Hold** (Admit to an acute care hospital from a nursing facility for no more than 7 days)

Revenue Code	Description	Accommodation Code	Description
185	Bed Hold	87	Hospital DP/NF-B Vent Dependent
185	Bed Hold	88	Hospital DP/NF-B Non-Vent
185	Bed Hold	93	Free Standing NF-B Vent Dependent
185	Bed Hold	94	Free Standing NF-B Non-Vent

Special Reimbursement Provisions: **Leave of Absence Non-DD Patient**

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

Special Reimbursement Provisions **Leave of Absence DD Patient**

Revenue Code	Description	Accommodation Code	Description
180	Leave of Absence	03	NF-B
180	Leave of Absence	23	NF-A Regular
180	Leave of Absence	43	ICF Developmental Disability Program
180	Leave of Absence	63	ICF/DD-H 4-6 Beds
180	Leave of Absence	68	ICF/DD-H 7-15 Beds
180	Leave of Absence	64	ICF/DD-N 4-6 Beds

180	Leave of Absence	69	ICF/DD-N 7-15 Beds
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Special Reimbursement Provisions: **NF-B Adult Subacute Leave of Absence**

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

Special Reimbursement Provisions: **NF-B Pediatric Subacute Leave of Absence**

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

Special Reimbursement Provisions: **Additional Services**

Revenue Code	Description	No Accommodation code needed
889	Dialysis Day	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
119	Isolation Surcharge	Only bill on days when member must receive care in isolation. Bill in addition to per diem charge.