LTC (UB-04)Code and Claim Form Conversion Training

LTC Accommodation Code to Revenue Code, Value Code and Value Code Amount, Patient Status Code to Discharge Status Code crosswalk, Occurrence Span Codes and Occurrence Span Dates

2024

Effective for dates of service on or after February 1, 2024, DHCS has implemented 3 conversions: First Conversion: The local Payment Request for Long Term Care (25-1) claim form is replaced with the UB-04 claim form.

UB-04

25-1

Figure 1.1: Sample UB-04 Claim Form

Figure 1: Sample Payment Request Long Term Care (25-1)

Second Conversion: The local service codes (aka 2 digit Accommodation Codes) will be replaced with Health Insurance Portability and Accountability Act (HIPAA) compliant national code sets. The national code sets providers will bill with include revenue codes, value codes and value code amounts.

EXAMPLE of Free-Standing Facility: The box circled in **red** indicates the local codes that will no longer be accepted.

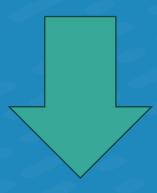The new data circled in the **green** box is the new information to be used for billing.

Accom. Code	Accom. Code Description	Revenue Code	Revenue Code Description	Value Code (MRC)	Value Code Amount	Value Code Amount (DSLMRC) Description
01	NF-B Regular Services [Free-standing]	0101	All Inclusive Room and Board	24	07	NF-B in a Free-standing facility, Regular Services
02	NF-B Regular Leave Days, Non-DD Patient [Free-standing]	0180	Leave of Absence - General	24	08	NF-B in a Free-standing facility, Non-DD Patient Leave of Absence

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Crosswalk Example

Accom Code	Accom Code Description
01	NF-B Regular Services [Free-standing]
02	NF-B Regular Leave Days, Non-DD Patient [Free-standing]

Commonly used Accommodation Code

Rev Code	Rev Code Description
0101	All Inclusive Room and Board
0180	Leave of Absence - General

Revenue Code Crosswalk

Value Code and Value Code Amount Crosswalk

Value Code	Value Code Amt	Value Code Description
24	07	NF-B in a Free-standing facility, Regular Services
24	08	NF-B in a Free-standing facility, Non-DD Patient Leave of Absence

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The Value Code and Value Code Amount are data elements that identify essential information to pay a claim.
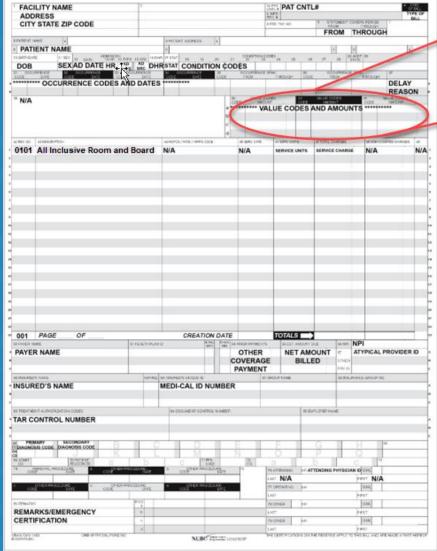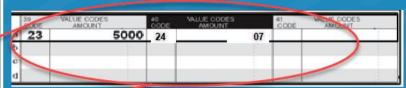

Figure 1: *UB-04* Claim Form

- The "**Value Code**" of "24" stands for the "Medicaid Rate Code". The value code will not change and will always be "24" for LTC claims.
  - Additional Value Codes like "23" can be used for SOC but must be entered in numeric-alpha sequence starting with the lowest value.

- The "**Value Code Amount**" identifies the type of facility where the patient resides and the level of care the patient receives. (2 digit code)
  - For non-electronic billing, do not enter a decimal point (.), dollar sign ($), positive (+) or negative (-) sign.
  - For electronic billing only a decimal point is required at the beginning of the value code amount field.

Use of Applicable Revenue Code, Box 42

UB-04 Field

42	**Revenue Code**. Enter the appropriate revenue code. **Total Charges:** Enter "001" on line 23, and enter the total amount on line 23, field 47. Refer to the *LTC Accommodation Code to Revenue Code, Value Code and Value Code Amount Crosswalk* for information/mapping between local and national/NUBC billing codes.
43	**Description.** Enter the description of the Revenue Code used in Box 42. **Note:** If there are multiple pages of the claim, enter the page numbers on line 23 in this field.
46	**Service Units.** (Accommodation Days). Enter the number of days of care by Revenue Code.

- Providers that are currently billing with an existing Revenue Code must convert to the correct Revenue code located within the DHCS updated crosswalk.

- This Revenue Code must agree with the appropriate Value Code/Amount Combination.

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Third Conversion: The Department of Health Care Services (DHCS) will replace the use of Long Term Care (LTC) local California (CA) state-only Patient Status Codes with National Uniform Billing Committee (NUBC) Patient Discharge Status Codes for LTC services in 2023.

PSC
- Local Patient Status Codes are no longer used.

PDSC
- Patient Discharge Status Code descriptors are more exact than the obsolete local Patient Status code descriptors

OSC
- Occurrence span codes and span dates will now be used for Leave of Absence Claims. See details on next slide.

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Providers must select the most appropriate PDSC to report on their UB-04 or 837I claim.

This crosswalk table matches any single local CA state-only Patient Status Code with one or more comparable NUBC Patient Discharge Status Code.

Patient Status Code	Patient Status Code Description	Patient Discharge Status Code	Patient Discharge Status Code Description	Occurrence Span Code	Occurrence Span Date
06	Leave Of Absence To Acute Hospital (Bed Hold)	30	Still Patient	74	OSC Dates
07	Leave Of Absence To Home	30	Still Patient	74 and M4	OSC Dates
08	Leave Of Absence To Acute Hospital/Discharged	02	Discharged/transferred to a Short-Term General Hospital for Inpatient Care	74	OSC Dates
09	Leave Of Absence To Home/Discharged	01	Discharged to Home or Self Care (Routine Discharge)	74	OSC Dates
10	Admitted/Expired	20	Expired	N/A	N/A

To report a **"Leave of Absence"** in lieu of local Patient Status Codes **06, 08, or 09**, LTC providers must report the most appropriate NUBC Patient Discharge Status Code as well as an Occurrence Span Code of **"74"** (Non-Covered Level of Care/Leave of Absence Dates) and **"From-Through" dates**.

To report a **"Leave of Absence"** in lieu of local Patient Status Code **07**, LTC providers must report the most appropriate NUBC Patient Discharge Status Code as well as two Occurrence Span Codes, **74 and M4** (Residential Level of Care), and their respective **"From-Through" dates**

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Scan this QR Code for a complete list of DHCS LTC Accommodation Code to Revenue Code, Value Code and Value Code Amount Crosswalks or follow the link below:

OR   https://qrco.de/MTMFrom

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Electronic UB-04 Claim Submission via 837I

UB-04 Form			Electronic Data		
Blocks	**Field Description**	**Loops**	**Segments**	**Qualifiers**	**Electronic Description**
31-36	Occurrence Code/Date	2300	HI	BH	Occurrence Info
39-41	Value Code Code/Amount	2300	HI	BE	Value Info
42	Revenue Code	2400	SV2		Revenue Code

The billing requirements will change for claims submitted on the electronic 837I transactions as these claims will also require use of HIPAA-compliant billing code sets, but the actual 837I data structure will not change.

EXAMPLE: Difference between non-electronic billing and billing on the 837I file are highlighted in yellow

The local Accommodation Code to national/NUBC Revenue Code, Value Code and Value Code Amount Crosswalk is as follows:

Accom. Code	Accom. Code Description	Revenue Code	Revenue Code Description	Value Code (MRC)	Value Code Amount (DSLMRC)	Value Code Amount (DSLMRC) Description	UB-04 Value Code Amt. Data Format	837I Value Code Amt. Data Format
01	NF-B Regular, Regular Services [Distinct Part]	0101	All Inclusive Room And Board	24	01	NF-B In A Distinct Part Of An Acute Care Hospital, Regular Services	01	.01
01	NF-B Regular, Regular Services [Free-standing]	0101	All Inclusive Room And Board	24	07	NF-B In A Free-Standing Facility, Regular Services	07	.07
02	NF-B Regular, Leave Days, Non-DD Patient [Distinct Part]	0180	Leave Of Absence – General	24	02	NF-B In A Distinct Part Of An Acute Care Hospital, Non-DD Patient, Leave Of Absence	02	.02

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EXAMPLE:
Value Code Amount requires a decimal at the beginning of the code when billing on the 837I file.

Frequently Asked Questions

Q. Who is affected by this conversion?

All LTC facility providers who submit claims for dates of service on or after the effective date will be required to use national NUBC billing codes and the *UB-04* claim form, or 837I transaction.

Q. Will Revenue codes be required for all LTC Claims?

Yes. LTC providers shall be required to report a valid four-digit Revenue Code to bill any LTC facility claim using a UB-04 paper claim or the 837I transaction on or after the February 1, 2024, effective date.

Q. How do I bill when other Value Codes and Value Code Amounts are required, ie SOC?

Value codes and amounts should be entered from left to right, top to bottom in numeric-alpha sequence, starting with the lowest value. For example, if billing for two value codes "24" (Medicaid Rate Code) and "23" (Accepted By Medi-Cal), enter "23" in Box 39a and "24" in Box 40a.

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Please contact the Claims Department for questions at (805) 562-1083 or email cencalclaims@cencalhealth.org