



Provider Notice: #0008

Date: 9/19/03

Subject: HIPAA Code Changes

PLACE OF SERVICE CODES Effective 9/22/03

I. Medical Claims

(HCFA 1500 Claim Form or appropriate field on the 837 transaction)

LOCAL CODE	converts to	NATIONAL CODE	DESCRIPTION
11		11	Office
12		12	Home
21		21	Inpatient Hospital
22		22	Outpatient Hospital
23		23	Emergency Room (Hospital)
24		24	Ambulatory Surgery Clinic
25		25	Birthing Center
31		31	Skilled Nursing Facility (SNF)
32		32	Nursing Facility
41		41	Ambulance – Land
42		42	Ambulance – Air or Water
53		53	Community Mental Health Center
54		54	Intermediate Care Facility – Mentally Retarded
55		55	Residential Substance Abuse Treatment Facility
62		62	Comprehensive Outpatient Rehabilitation Facility
65		65	End Stage Renal Disease Treatment Facility
71		71	State of Local Public Health Clinic
72		72	Rural Health Clinic
81		81	Independent Laboratory
91		99*	Other
92		54	Intermediate Care Facility – Mentally Retarded
93		54	Intermediate Care Facility – Mentally Retarded
96		99*	Other
99		99	Other

* Providers must bill with a Place of Service Code of 99 in conjunction with modifier -HA to indicate pediatric subacute and modifier -HB to indicate adult subacute. These modifiers must be submitted with every procedure code on the claim. When Medi-Cal policy requires additional modifiers with a specific procedure, then the -HA or -HB modifier must be entered in the last used modifier field.

II. VISION
(Medi-Cal Claim Form 45-1 or appropriate field on the 837 transaction)

LOCAL CODE	converts to	NATIONAL CODE	DESCRIPTION
1		11	Office
2		12	Home
3		21	Inpatient Hospital
4		31	Skilled Nursing Facility (SNF)
5		22	Outpatient Hospital
6		81	Independent Laboratory
7		99	Other (Describe in Remarks Section)
8		65	End Stage Renal Disease Treatment Facility
9		25	Birthing Center
9		53	Community Mental Health Center
9		71	State of Local Public Health Clinic
9		72	Rural Health Clinic
A		24	Ambulatory Surgery Clinic
B		23	Emergency Room (Hospital)
C		32	Nursing Facility
F		99	Other (Describe in Remarks Section)
G		54	Intermediate Care Facility - Mentally Retarded
H		54	Intermediate Care Facility - Mentally Retarded
I		54	Intermediate Care Facility - Mentally Retarded

**III. Inpatient Facility/Outpatient/Medical
(UB92 Claim Form or appropriate field on the 837 transaction)**

TYPE OF BILL (1 st 2 DIGITS)	DESCRIPTION
79	Clinic - Other
33	Home Health - Outpatient
11	Hospital - Inpatient (Including Medicare Part A)
12	Inpatient (Medicare PART B only)
26	Skilled Nursing - Intermediate Care Level II
13	Hospital - Outpatient
89	Special Facility - Other
14	Hospital - Other (for hospital referenced diagnostic services, or home health not under a plan of treatment)
24	Skilled Nursing - Other (for hospital referenced diagnostic services, or home health not under a plan of treatment)
34	Home Health - Other (for hospital referenced diagnostic services, or home health not under a plan of treatment)
44	Religious Non Medical Health Care Institution - Hospital Inpatient - Other (for hospital referenced diagnostic services, or home health not under a plan of treatment)
54	Religious Non Medical Health Care Institution - Post Hospital Extended Care Services - Other (for hospital referenced diagnostic services, or home health not under a plan of treatment)
64	Intermediate Care - Other (for hospital referenced diagnostic service, or home health not under a plan of treatment)
72	Clinic - Hospital Based on Independent Renal Dialysis Center
71	Clinic - Rural Health
73	Clinic - Free Standing
74	Clinic - Outpatient Rehabilitation Facility (ORF)
75	Clinic - Comprehensive Outpatient Rehabilitation Facilities (CORF)
76	Clinic - Community Mental Health
83	Special Facility - Ambulatory Surgery Center
14	Hospital - Other (for hospital referenced diagnostic services, or home health not under a plan of treatment) Admit Type is "emergency" - Value "1"
25	Skilled Nursing - Intermediate Care Level II
27*	Skilled Nursing - Subacute. Provider must use an additional Modifier "HB" to indicate "Adult"
65	Intermediate Care - Intermediate Care Level I
65	Intermediate Care - Intermediate Care Level I
86	Special Facility - Residential Facility
27*	Skilled Nursing - Subacute. Provider must use an additional Modifier "HA" to indicate "Child"

* For DOS on or after 9/22/03, providers must bill with Modifier –HA to indicate pediatric subacute care and –HB to indicate adult subacute care. These modifiers must be submitted with every procedure code on the claim. When Medi-Cal policy requires additional modifiers be billed with a specific code, then the -HA or –HB modifier must be entered in the last used modifier field.

IV. Long Term Care Claims
(837 Transaction only-Does not apply to LTC paper claims)

TYPE OF BILL (1st 2 DIGITS)	DESCRIPTION	LTC Accom.Code
26	Skilled Nursing – Intermediate Care Level II	LT01, 02, 03
25	Skilled Nursing – Intermediate Care Level II	LT21, 22, 23
27	Skilled Nursing – Subacute Provider must use an additional modifier “HB” to indicate “adult”	LT75, 76, 77, 78, 81, 82
65	Intermediate Care – Intermediate Care Level I	LT41, 43, 45, 48, 51, 53
65	Intermediate Care – Intermediate Care Level I	LT61, 62, 63, 64, 65, 66, 68, 69
86	Special Facility – Residential Facility	LT11, 12
27	Skilled Nursing – Subacute Provider must use an additional modifier “HA” to indicate “Child”	LT91-96
28	Nursing Facility - Swing Bed	LT04, 05
17	Hospital - Subacute	LT71, 72, 73, 74, 79, 80, 83, 84, 85, 86, 87, 88, 89, 90