



Date: 11/28/23

Medi-Cal

Important Provider Notice: #478

Subject: Long Term Care (LTC) local service codes and the Payment Request for Long Term Care (25-1) local form – changes effective 1/1/2024 **UPDATED 6/24/24**

Partnership HealthPlan of California will be transitioning away from accepting the local codes for billing Long Term Care facility services and usage of the Payment Request for Long Term Care (25-1) claim form. Effective for dates of service on and after 1/1/24, LTC facility claims should be billed with HIPAA-compliant national code sets on the UB-04 claim form. Providers shall not bill LTC facility claims using the HIPAA- compliant national code sets for service dates prior to 1/1/24.

Providers should be prepared to do the following:

- Submit LTC facility claims using the NUBC UB-04 claim forms, one claim form per recipient.
- Utilize HIPAA-compliant national code sets such as revenue codes, value codes and amounts, and patient discharge status codes for billing LTC facility claims.
- Effective for dates of service on or after February 1, 2024, the Long Term Care (LTC) local service codes and the local Payment Request for Long Term Care (25-1) claim form are no longer billable.
- **Effective 1/1/24, providers billing for LTC Part B services, should bill with actual service lines on the claim form. At this time, Partnership cannot accept LTC Part B claims billed without service lines, as outlined in the Medi-Cal Provider Manual. Example:**

50	OC	32	OC	33	OC	34	OC	35	OC	36	OC	37								
CODE	DATE	CODE	DATE	CODE	DATE	CODE	DATE	CODE	FROM	THROUGH	CODE	FROM	THROUGH							
50	032524																			
38 Partnership HealthPlan of California PO Box 1368 Suisun City, CA 94585								39	VALUE CODES		40	VALUE CODES		41	VALUE CODES					
								a	A1	15.27	A2	67.98								
								b												
								c												
								d												
42	REV	CD	43	DESCRIPTION	44	HCPCS / RATE / HIPPS CODE	45	SERV	DATE	46	SERV	UNITS	47	TOTAL	CHARGES	48	NON-	COVERED	CHARGES	49
0430						97530/GO CO						2		180:00						
0430						97542/GO 59						1		45:00						
0434						97165/GO						1		135:00						
													<b>TOTALS</b>	360:00						

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TRANSFER TO (COB): CALIFORNIA DHCS

ID CODE:000070052  
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PATIENT: PCN:  
MID: SVC FROM: 02/20/2024 MRN:  
CLAIM STAT: 19 THRU: 02/29/2024 ICN:  
REV DATE HCPCS APC/HIPPS MODS QTY CHARGES ALLOW/REIM GC RSN AMOUNT REMARK CODES  
LICN HCPI  
SVC Desc

253 0.54  
PR 2 7.89  
1 1.77

9680930-86775770,

0430 02/29 97530 GO CO 2.000 180.00 44.19 CO 59 110.71 N851  
253 0.90  
45 7.96  
PR 2 13.26  
1 2.98

9680930-86775771,

0430 02/20 97542 GO 59 1.000 45.00 19.21 CO 59 19.40  
253 0.39  
PR 2 4.90  
1 1.10

9680930-86775768,

0434 02/20 97165 GO 1.000 135.00 83.59 CO 45 23.58  
253 1.71  
PR 2 21.33  
1 4.79

9680930-86775772,

GROUP CODES:

CO - Contractual Obligation (Patient may not be billed for these)  
PR - Patient Responsibility

CARC CODES:

- 1 Deductible Amount
- 2 Coinsurance Amount
- 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
- 59 Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Usage: Refer to the 835 Healthcare Policy

**\*A copy of the Medicare EOB must be attached to the claim as well.**

The LTC Code and Claim Form Conversion: LTC Accommodation Code to Revenue Code, Value Code and Value Code Amount Crosswalk linked below illustrates the relationship between the local Accommodation Codes and the comparable NUBC codes. The LTC Code and Claim Form Conversion Crosswalk can be found on the Medi-Cal website at:

[mcweb.apps.prd.cammiis.medi-cal.ca.gov/references/hipaa-ltc-home](http://mcweb.apps.prd.cammiis.medi-cal.ca.gov/references/hipaa-ltc-home)

For further information regarding this process, please contact the Partnership Claims Department at (855) 798-8757.