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## Special Billing Instructions: Long Term Care Services

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### Long Term Care (LTC) Claim for CMC

The Medi-Cal Computer Media Claims (CMC) ASC X12N 837 v.5010 medical services and inpatient/outpatient services formats have been adopted by Medi-Cal to meet Medi-Cal processing requirements as follows:

- ASC X12N 837 v.5010 was developed by the Accredited Standards Committee (ASC) X12N and accredited by the American National Standards Institute (ANSI). The CMC ASC X12N 837 v.5010 transaction record format meets Medi-Cal claims processing requirements.

This section identifies the field values specific to the ASC X12N 837 v.5010 format. Additional information for the ASC X12N 837 v.5010 transactions can also be found in the *HIPAA 5010 Medi-Cal Companion Guide*. The billing instructions listed on the following pages are used when entering data for the ASC X12N 837 v.5010 format. Field values specific to ASC X12N 837 v.5010 are identified. Refer to your software billing instructions for additional details or other specific field values.

**Note:** Although paper *UB-04* claims generally try to mirror the electronic 837I transaction format, the Health Insurance Portability and Accountability Act (HIPAA) 837I standards only govern electronic transactions. Thus, there can be slight differences between the paper and electronic formats. Therefore, CMC submitters should use the “Explanation of Form Items” instructions in the *UB-04 Completion: Long Term Care (LTC) Services* section of the Part 2 manual as a guide only.

The LTC claim form and code conversion, effective for dates of service on or after February 1, 2024, has not made any significant changes to electronic transaction format because it is mostly HIPAA-compliant. Thus, if you have been submitting electronic LTC claims prior to February 1, 2024, the only change to the 837I transaction is to replace the local code set with the national code set. All other electronic transaction data elements (for example, Share of Cost, Payer Name, etc.) should follow the X12 national standard and/or the *HIPAA 5010 Medi-Cal Companion Guide*.

**Example 1: Billing a HIPAA-compliant LTC Nursing Facility Level B (NF-B) Distinct Part Regular Service Claim Line**

Form Locator/Field	Data Value
Line	1
FL 6 – Statement Covers Period	20240201-20240215
FL 17 – Patient Status Codes	30
FL 39-41 – Value Code (MRC)	24
FL 39-41 – Value Code Amount (DSL MRC)	.01
FL 42 – Revenue Code	0101
FL 46 – Service Units	15
FL 47 – Total Charges	1000000
FL 50 – Payer Name	MEDI-CAL LTC

**Figure 1: 837 Data String Sample for Example 1:**

NM1\*PR\*2\*MEDI-CAL LTC\*\*\*\*\*PI\*999999

DTP\*434\*RD8\*20240201-20240215

CL1\*1\*6\*30

HI\*BE:24:::01

LX\*1

SV2\*0101\*\*10000.00\*DA\*15

**Example 2: Billing a HIPAA-compliant LTC Nursing Facility Level B (NF-B) Distinct Part Leave of Absence to Hospital (Bed Hold) Service Claim Line**

Form Locator/Field	Data Value
Line	1
FL 6 – Statement Covers Period	20240201-20240207
FL 17 – Patient Status Code	30
FL 35-36 – Occurrence Span Codes	74
FL 35-36 – Occurrence Span Dates	20240201-20240207
FL 39-41 – Value Code (MRC)	24
FL 39-41 – Value Code Amount (DSL MRC)	.02
FL 42 – Revenue Code	0180
FL 46 – Service Units	7
FL 47 – Total Charges	1000000
FL 50 – Payer Name	MEDI-CAL LTC

**Figure 2:** 837 Data String Sample for Example 2:

NM1\*PR\*2\*MEDI-CAL LTC\*\*\*\*\*PI\*999999

DTP\*434\*RD8\*20240201-20240207

CL1\*1\*6\*30

HI\*BI:74:RD8:20240201-20240207

HI\*BE:24:::02

LX\*1

SV2\*0180\*\*10000.00\*DA\*7

**Example 3: Billing a HIPAA-compliant LTC Intermediate Care Facility Developmental Disability Program, Habilitative (ICF/DD-H) Leave of Absence to Home Service Claim Line**

Form Locator/Field	Data Value
Line	1
FL 6 – Statement Covers Period	20240201-20240207
FL 17 – Patient Status Code	30
FL 35-36(a) – Occurrence Span Codes	74
FL 35-36(a) – Occurrence Span Dates	20240201-20240207
FL 35-36(b) – Occurrence Span Codes	M4
FL 35-36(b) – Occurrence Span Dates	20240201-20240207
FL 39-41 – Value Code (MRC)	24
FL 39-41 – Value Code Amount (DSL MRC)	.63
FL 42 – Revenue Code	0180
FL 46 – Service Units	7
FL 47 – Total Charges	1000000
FL 50 – Payer Name	MEDI-CAL LTC

**Figure 3:** 837 Data String Sample for Example 3:

NM1\*PR\*2\*MEDI-CAL LTC\*\*\*\*\*PI\*999999  
DTP\*434\*RD8\*20240201-20240207  
CL1\*1\*6\*30  
HI\*BI:74:RD8:20240201-20240207\*BI:M4:RD8:20240201-20240207  
HI\*BE:24:::63  
LX\*1  
SV2\*0180\*\*10000.00\*DA\*7

## **Legend**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.