
Leave of Absence, Bed Hold, and Room and Board

Page updated: August 2020

This section includes leave of absence and bed hold policies pertaining to facilities.

Leave of Absence

Leave of Absence Qualifications

A leave of absence (LOA) may be granted to a recipient in a Nursing Facility Level A (NF-A) or Nursing Facility Level B (NF-B), swing bed facility, Intermediate Care Facility for the Developmentally Disabled-Nursing (ICF/DD-N), and Intermediate Care Facility for the Developmentally Disabled-Habilitative (ICF/DD-H) in accordance with the recipient's individual plan of care and for the specific reasons outlined below. Leaves of absence may be granted for the following reasons:

- A visit with relatives or friends.
- Participation by developmentally disabled recipients in an organized summer camp for developmentally disabled persons.

Maximum Time Period

If the LOA is an overnight visit (or longer) to the home of relatives or friends, the time period is restricted as follows:

- Eighteen days per calendar year for non-developmentally disabled recipients. Up to 12 additional days of leave per year may be approved in increments of no more than two consecutive days when the following conditions are met:
 - The request for additional days of leave shall be in accordance with the individual recipient care plan and appropriate to the physical and mental well-being of the patient.
 - At least five days of LTC inpatient care must be provided between each approved LOA.
 - Seventy-three days per calendar year for developmentally disabled recipients.
 - Thirty days for patients in a certified special treatment program for mentally ill recipients or recipients in a mental health therapy and rehabilitation program approved and certified by a local mental health director.

These limits are in addition to bed hold (BH) days ordered by the attending physician for each period of acute hospitalization for which the facility is reimbursed for reserving the recipient's bed (bed hold).

LOA Requirements

The following are requirements specific to LOA:

- Provisions for LOAs are part of the patient care plan for NF-A or NF-B.
- Provisions for LOAs are part of the individual program plan for recipients in an ICF/DD, ICF/DD-H or ICF/DD-N facility.
- Readmission *Treatment Authorization Requests* (TARs) are not necessary for recipients returning from a leave of absence if there is a valid TAR covering the return date.
- Payment will not be made for the last day of leave if a recipient fails to return from leave within the authorized leave period.
- A recipient's record maintained in an NF-A, NF-B, ICF/DD, ICF/DD-H or ICF/DD-N must show the address of the intended leave destination and inclusive dates of leave.
- For all NF-A and NF-B recipients, including the mentally disabled, the provider is paid the appropriate NF-A and NF-B rate(s), minus the raw food cost established by the Department of Health Care Services (DHCS) LOA/BH days. The supplemental payment for special treatment programs for the mentally disordered is included in the LOA/BH reimbursement.
- For all ICF/DD, ICF/DD-H or ICF/DD-N recipients, the provider is paid the appropriate ICF/DD, ICF/DD-H or ICF/DD-N rate(s) minus the raw food cost established by DHCS for LOA or bed hold days.
- Payment will not be made for any LOA days exceeding the maximum number of leave days allotted by these regulations per calendar year.
- At the time of admission, if a recipient has not been an inpatient in any LTC facility for the previous two months or longer, the recipient is eligible for the full complement of leave days as specified by these regulations.

Payment for Room and Board Charges for Hospice Patients

Room and board charges for a hospice patient living in a long term care (LTC) facility are billed by the hospice provider. The hospice provider is responsible for establishing an agreement with the LTC facility, by which the hospice provider bills and receives payment for the room and board charges at 95 percent of the LTC rate. The hospice provider is required to pass this payment through to the LTC provider, as noted below in the referenced federal regulations that are binding for Medi-Cal providers.

- Title 42, CFR sections 418.100, 418.108 and 418.112 of the Center for Medicare and Medicaid Services (CMS)
- Medicare Benefits Policy Manual, Chapter 9 – Coverage of Hospice Services under Hospital Insurance, section 20.3, Election of Skilled Nursing Facility (SNF) and Nursing Facilities (NFs) Residents and Dually Eligible Beneficiaries
- Social Security Act Section 1905 paragraph (o)(3)

Bed Hold for Hospice Recipients Living in a Nursing Facility

The hospice provider is not authorized to bill for room and board for the time the hospice patient is on leave from the facility (for example, visiting relatives) and not receiving hospice services. The LTC facility may bill for bed hold when the recipient is on leave of absence.

Recipient Failure to Return from Leave of Absence

If a recipient has used the total amount of leave days for the calendar year, the recipient may still be authorized a leave of absence. However, the facility will not receive reimbursement for those authorized leave days.

LOA and Bed Hold General Requirements

General requirements for LOA and Bed Hold (BH) are as follows:

- The day of departure is counted as one day or LOA/BH, and the day of return is counted as one day of inpatient care.
- A facility will hold the bed vacant during LOA/BH.
- A LOA or BH is ordered by a licensed physician.
- A recipient's return from LOA/BH must not be followed by discharge within 24 hours.
- A LOA/BH must terminate on a recipient's date of death.
- A facility claim must identify the inclusive dates of leave.

Acute Hospitalization

Bed Hold Qualifications

When a recipient residing in a nursing facility is admitted to an acute care hospital, (for example, Nursing Facility Level A [NF-A] or Nursing Facility Level B [NF-B], Intermediate Care Facility for the Developmentally Disabled [ICF/DD], Intermediate Care Facility for the Developmentally Disabled-Habilitative [ICF/DD-H], Intermediate Care Facility for the Developmentally Disabled-Nursing [ICF/DD-N] or swing bed) providers must bill Bed Hold (BH) days.

Reimbursement for BH days is subject to the following:

- The BH is limited to a maximum of seven days per hospitalization.
- The attending physician must order the acute hospitalization.
- The facility must hold a bed vacant when requested by the attending physician, unless the attending physician notifies the Skilled Nursing Facility (SNF) that the recipient requires more than seven days of hospital care.

Note: The facility cannot hold a bed after seven days. Claims submitted for BH for more than seven days will be denied.

Reserved Bed Agreements

A reserved bed agreement is a contract between a hospital and NF- A or NF-B, specifying the number of beds an NF reserves for patients from a hospital and the rate of payment paid to the NF by the hospital for this service.

Billing Limitations

NFs must not bill for recipients in beds or bed hold days already reimbursed through a reserved bed agreement. If an NF bills for recipients in beds or bed hold days already reimbursed through a reserved bed agreement, Medi-Cal will recoup.

Statutory and Regulatory Citations

The statutory and regulatory authorities listed below support these billing limitations:

- (A) *Welfare and Institutions Code (W&I Code)*, Section 14019(a) states: “Any provider of health care services who obtains a label or copy from the Medi-Cal card or other proof of eligibility pursuant to this chapter shall not seek reimbursement nor attempt to obtain payment for the cost of those covered health care services from the eligible applicant or recipient, or any person other than the department or a third-party payer who provides a contractual or legal entitlement to health care services.”

- (B) *California Code of Regulations* (CCR), Section 51470(d) states: “A provider shall not bill or submit a claim to the department of a fiscal intermediary for Medi-Cal covered benefits provided to a Medi-Cal beneficiary:
- (1) for which the provider has received and retained payment.”
- (C) CCR, Section 51458.1(a) states: “The Department shall recover overpayment to providers including, but not limited to, payments determined to be:
- (1) In excess of program payment ceilings or allowable costs...
 - (9) For Medi-Cal covered services already paid for by the beneficiary, but not yet refunded, or for services already reimbursed by the Department or other coverage...
 - (13) In violation of any other Medi-Cal regulation where overpayment has occurred.”
- (D) *Code of Federal Regulations* (CFR), Title 42, Section 447.15 states: “A state plan must provide that the Medicaid agency must limit participation in the Medicaid program to providers who accept, as payment in full, the amounts paid by the agency plus any deductible, coinsurance or copayment required by the plan to be paid by the individual.”
- (E) Provider Reimbursement Manual (HCFA Publication 15-1), Section 2105.3 states: “Providers are permitted to enter into reserved bed agreements, as long as the terms of that agreement do not violate provisions of the statute and regulations which govern provider agreements which
- (1) Prohibit a provider from charging the beneficiary or other party for covered services...”

Leave of Absence to Acute Hospital, Return to NF-B and Acute Hospital

«In the following examples, a recipient who is staying at an NF-B goes on LOA to an acute hospital for several days, returns to the NF-B and is once again admitted to the acute hospital where the recipient remains. The recipient status will change based on the recipient’s plan of care. The Bed Hold policy with the appropriate patient discharge status codes is used in these examples.

For additional information about patient discharge status codes, refer to the *UB-04 Completion: Long Term Care* section in this manual.»

Initial Billing Period

«**Figure 1.** NF-B initial Billing Period. This is a sample only, adapt to your billing situation.

The initial billing period of the recipient under the NF-B care extends from October 1, 2024, through October 9, 2024. Therefore, “100124” and “100924” are entered in the *Statement Covers Period From and Statement Covers Period Through* field (Box 6). Additionally, the recipient’s patient discharge status is noted as “30” (still patient) in the *Status* field (Box 17) and the value code amount is 01 (NF-B in a distinct part of an acute care hospital, regular services). Also, since the initial billing period is for nine days at the San Francisco County NF-B per diem rate of \$137.95, the gross amount \$1241.55 (137.95 x 9) is entered in the *Total Charges* field (Box 47). See the *Rates: Facility Per Diem* section in this manual for reimbursement information.»

LOA to Acute Hospital

«**Figure 2.** Leave of Absence to an Acute Hospital. This is a sample only, adapt to your billing situation.

From October 11, 2024, through October 17, 2024, the recipient is on leave of absence to an acute hospital. Therefore, “101124” and “101724” are entered in the *Statement Covers Period From and Statement Covers Period Through* field (Box 6), the patient discharge status of “30” (still patient) is entered in the *Status* field (Box 17) and the Occurrence Span Code of “74” (Non-Covered Level of Care/Leave of Absence Dates) and corresponding dates are entered in the Occurrence Code/Dates field (Box 35 – 36). Additionally, the value code amount has changed from “01” to “02” (NF-B in a distinct part of an acute care hospital, non-DD [non-developmentally disabled] patient, leave of absence) in the *Value Codes and Amount* field (Boxes 39-41). Because the recipient has taken a LOA and the value code amount has changed, the NF-B per diem rate is now \$132.88. Therefore, the gross amount \$797.28 (132.88 x 6) is entered in the *Total Charges* field (Box 47). See the *Revenue and Value Codes for Long Term Care* section in this manual for information about revenue code, value code and value code amount combinations.»

Return to NF-B

«**Figure 3.** Return to NF-B. This is a sample only, adapt to your billing situation.

On October 18, 2024, the recipient returns to the NF-B and remains at the facility until October 25, 2024. Therefore, “101824” and “102524” are entered in the *Statement Covers Period From and Statement Covers Period Through* field (Box 6). Additionally, the patient discharge status is “30” (still patient) in the *Status* field (Box 17), the value code amount changes back to “01” (NF-B in a distinct part of an acute care hospital, regular services) and the NF-B per diem rate is \$137.95. Therefore, the gross amount \$1103.60 (137.95 x 8) is entered in the *Total Charges* field (Box 47).»

Return to Acute Hospital

«**Figure 4.** Return to Acute Hospital. This is a sample only, adapt to your billing situation.

On October 27, 2024, the recipient returns to the acute hospital and stays through October 30, 2024, at which point the recipient is discharged to the hospital. Therefore, “102724” and “103024” are entered in the *Statement Covers Period From and Statement Covers Period Through* field (Box 6), the patient discharge status of “02” (discharged/transferred to a short-term general hospital for inpatient care) is entered in the *Status* field (Box 17) and the Occurrence Span Code of “74” (Non-Covered Level of Care/Leave of Absence Dates) and corresponding dates are entered in the Occurrence Code/Dates field (Box 35 – 36). The value code amount for this billing period changes back to “02” and the per diem rate is \$132.88. Therefore, the gross amount \$398.64 (132.88 x 3) is entered in the *Total Charges* field (Box 47).»

1 GARDEN GROVE CARE CENTER		2		3 a. PAT. CNTRL. # 123456		4 TYPE OF BILL	
6748 GARDEN GROVE HWY ANYTOWN, CA				b. MED. REC. #		211	
				5 FED. TAX NO. 100124		7 STATEMENT COVERS PERIOD FROM 100924 THROUGH	
8 PATIENT NAME a. DOE, JOHN				9 PATIENT ADDRESS a.			
b.							
10 BIRTHDATE 100134		11 SEX M		12 DATE OF ADMISSION 100124		13 HR. 14 TYPE 15 SRC 16 DHR	
17 STAT 30		18		19		20	
21		22		23		24	
25		26		27		28	
29		30		31		32	
33		34		35		36	
37		38		39		40	
41		42		43		44	
45		46		47		48	
49		50		51		52	
53		54		55		56	
57		58		59		60	
61		62		63		64	
65		66		67		68	
69		70		71		72	
73		74		75		76	
77		78		79		80	
81		82		83		84	
85		86		87		88	
89		90		91		92	
93		94		95		96	
97		98		99		100	
101		102		103		104	
105		106		107		108	
109		110		111		112	
113		114		115		116	
117		118		119		120	
121		122		123		124	
125		126		127		128	
129		130		131		132	
133		134		135		136	
137		138		139		140	
141		142		143		144	
145		146		147		148	
149		150		151		152	
153		154		155		156	
157		158		159		160	
161		162		163		164	
165		166		167		168	
169		170		171		172	
173		174		175		176	
177		178		179		180	
181		182		183		184	
185		186		187		188	
189		190		191		192	
193		194		195		196	
197		198		199		200	
201		202		203		204	
205		206		207		208	
209		210		211		212	
213		214		215		216	
217		218		219		220	
221		222		223		224	
225		226		227		228	
229		230		231		232	
233		234		235		236	
237		238		239		240	
241		242		243		244	
245		246		247		248	
249		250		251		252	
253		254		255		256	
257		258		259		260	
261		262		263		264	
265		266		267		268	
269		270		271		272	
273		274		275		276	
277		278		279		280	
281		282		283		284	
285		286		287		288	
289		290		291		292	
293		294		295		296	
297		298		299		300	
301		302		303		304	
305		306		307		308	
309		310		311		312	
313		314		315		316	
317		318		319		320	
321		322		323		324	
325		326		327		328	
329		330		331		332	
333		334		335		336	
337		338		339		340	
341		342		343		344	
345		346		347		348	
349		350		351		352	
353		354		355		356	
357		358		359		360	
361		362		363		364	
365		366		367		368	
369		370		371		372	
373		374		375		376	
377		378		379		380	
381		382		383		384	
385		386		387		388	
389		390		391		392	
393		394		395		396	
397		398		399		400	
401		402		403		404	
405		406		407		408	
409		410		411		412	
413		414		415		416	
417		418		419		420	
421		422		423		424	
425		426		427		428	
429		430		431		432	
433		434		435		436	
437		438		439		440	
441		442		443		444	
445		446		447		448	
449		450		451		452	
453		454		455		456	
457		458		459		460	
461		462		463		464	
465		466		467		468	
469		470		471		472	
473		474		475		476	
477		478		479		480	
481		482		483		484	
485		486		487		488	
489		490		491		492	
493		494		495		496	
497		498		499		500	
501		502		503		504	
505		506		507		508	
509		510		511		512	
513		514		515		516	
517		518		519		520	
521		522		523		524	
525		526		527		528	
529		530		531		532	
533		534		535		536	
537		538		539		540	
541		542		543		544	
545		546		547		548	
549		550		551		552	
553		554		555		556	
557		558		559		560	
561		562		563		564	
565		566		567		568	
569		570		571		572	
573		574		575		576	
577		578		579		580	
581		582		583		584	
585		586		587		588	
589		590		591		592	
593		594		595		596	
597		598		599		600	
601		602		603		604	
605		606		607		608	
609		610		611		612	
613		614		615		616	
617		618		619		620	
621		622		623		624	
625		626		627		628	
629		630		631		632	
633		634		635		636	
637		638		639		640	
641		642		643		644	
645		646		647		648	
649		650		651		652	
653		654		655		656	
657		658		659		660	
661		662		663		664	
665		666		667		668	
669		670		671		672	
673		674		675		676	
677		678		679		680	
681		682		683		684	
685		686		687		688	
689		690		691		692	
693		694		695		696	
697		698		699		700	
701		702		703		704	
705		706		707		708	
709		710		711		712	
713		714		715		716	
717		718		719		720	
721		722		723		724	
725		726		727		728	
729		730		731		732	
733		734		735		736	
737		738		739		740	
741		742		743		744	
745		746		747		748	
749		750		751		752	
753		754		755		756	
757		758		759		760	
761		762		763		764	
765		766		767		768	
769		770		771		772	
773		774		775		776	
777		778		779		780	
781		782		783		784	
785		786		787		788	
789		790		791		792	
793		794		795		796	
797		798		799		800	
801		802		803		804	
805		806		807		808	
809		810		811		812	
813		814		815		816	
817		818		819		820	
821		822		823		824	
825		826		827		828	
829		830		831		832	
833		834		835		836	
837		838		839		840	
841		842		843		844	
845		846		847		848	
849		850		851		852	
853		854		855		856	
857		858		859		860	
861		862		863		864	
865		866		867		868	
869		870		871		872	
873		874		875		876	
877		878		879		880	
881		882		883		884	

1	GARDEN GROVE CARE CENTER 6748 GARDEN GROVE HWY ANYTOWN, CA										2		3a PAT. CNTL. # D. MED. REC. # 123456		4 TYPE OF BILL 211					
8 PATIENT NAME a DOE, JOHN										9 PATIENT ADDRESS b										
10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
100134	M	100124	5	3	4	30														
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49		
				74	101124	101724														
38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	
	a	24		b	02		c		d											
42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	
0180										6										
62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	
001	PAGE	OF		CREATION DATE		TOTALS	79728													
50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	
LTC MEDI-CAL																			0123456789	
56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	
90000000A95001																				
63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	
98765432220																				
66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	
D1D1D1D	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	
69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	
74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	
80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	

Figure 2. Leave of Absence to an Acute Hospital

1 GARDEN GROVE CARE CENTER 6748 GARDEN GROVE HWY ANYTOWN, CA											2		3a PAT. CNTRL. # b. MED. REC. # 123456		4 TYPE OF BILL 211																																			
8 PATIENT NAME a DOE, JOHN											9 PATIENT ADDRESS a																																							
10 BIRTH-DATE 100134											11 SEX M	12 DATE 100124	13 HR	14 TYPE 5	15 SRC 3	16 DHR 4	17 STAT 30	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28 29 ADPT STATE 30																																
31 OCCURRENCE DATE	32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE		38 OCCURRENCE DATE		39 OCCURRENCE DATE		40 OCCURRENCE DATE		41 OCCURRENCE DATE		42 OCCURRENCE DATE		43 OCCURRENCE DATE		44 OCCURRENCE DATE		45 OCCURRENCE DATE		46 OCCURRENCE DATE		47 OCCURRENCE DATE		48 OCCURRENCE DATE		49 OCCURRENCE DATE															
39 VALUE CODES AMOUNT	40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42 VALUE CODES AMOUNT		43 VALUE CODES AMOUNT		44 VALUE CODES AMOUNT		45 VALUE CODES AMOUNT		46 VALUE CODES AMOUNT		47 VALUE CODES AMOUNT		48 VALUE CODES AMOUNT		49 VALUE CODES AMOUNT		50 VALUE CODES AMOUNT		51 VALUE CODES AMOUNT		52 VALUE CODES AMOUNT		53 VALUE CODES AMOUNT		54 VALUE CODES AMOUNT		55 VALUE CODES AMOUNT		56 VALUE CODES AMOUNT		57 VALUE CODES AMOUNT		58 VALUE CODES AMOUNT													
42 REV. CO.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80												
0101				8	110360																																													
001	PAGE	OF	CREATION DATE	TOTALS	110360																																													
50 PAYER NAME LTC MEDI-CAL	51 HEALTH PLAN ID	52 FIEL INFO	53 ASST BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE 110360	56 NPI 0123456789	57 OTHER PRV ID	58 INSURED'S NAME	59 FIEL	60 INSURED'S UNIQUE ID 90000000A95001	61 GROUP NAME	62 INSURANCE GROUP NO.	63 TREATMENT AUTHORIZATION CODES 98765432220	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	66 EV D1D1D1D	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 OTHER PROCEDURE CODE	77 OTHER PROCEDURE CODE	78 OTHER PROCEDURE CODE	79 OTHER PROCEDURE CODE	80 OTHER PROCEDURE CODE	81 OTHER PROCEDURE CODE	82 OTHER PROCEDURE CODE	83 OTHER PROCEDURE CODE	84 OTHER PROCEDURE CODE	85 OTHER PROCEDURE CODE	86 OTHER PROCEDURE CODE	87 OTHER PROCEDURE CODE	88 OTHER PROCEDURE CODE	89 OTHER PROCEDURE CODE	90 OTHER PROCEDURE CODE	91 OTHER PROCEDURE CODE	92 OTHER PROCEDURE CODE	93 OTHER PROCEDURE CODE	94 OTHER PROCEDURE CODE	95 OTHER PROCEDURE CODE	96 OTHER PROCEDURE CODE	97 OTHER PROCEDURE CODE	98 OTHER PROCEDURE CODE	99 OTHER PROCEDURE CODE	100 OTHER PROCEDURE CODE	101 OTHER PROCEDURE CODE	102 OTHER PROCEDURE CODE	103 OTHER PROCEDURE CODE	104 OTHER PROCEDURE CODE	105 OTHER PROCEDURE CODE	106 OTHER PROCEDURE CODE	107 OTHER PROCEDURE CODE	108 OTHER PROCEDURE CODE	109 OTHER PROCEDURE CODE	110 OTHER PROCEDURE CODE	111 OTHER PROCEDURE CODE	112 OTHER PROCEDURE CODE	113 OTHER PROCEDURE CODE	114 OTHER PROCEDURE CODE	115 OTHER PROCEDURE CODE	116 OTHER PROCEDURE CODE	117 OTHER PROCEDURE CODE	118 OTHER PROCEDURE CODE	119 OTHER PROCEDURE CODE	120 OTHER PROCEDURE CODE				
80 REMARKS	81CC a	81CC b	81CC c	81CC d	82 OTHER NPI	83 OTHER NPI	84 OTHER NPI	85 OTHER NPI	86 OTHER NPI	87 OTHER NPI	88 OTHER NPI	89 OTHER NPI	90 OTHER NPI	91 OTHER NPI	92 OTHER NPI	93 OTHER NPI	94 OTHER NPI	95 OTHER NPI	96 OTHER NPI	97 OTHER NPI	98 OTHER NPI	99 OTHER NPI	100 OTHER NPI	101 OTHER NPI	102 OTHER NPI	103 OTHER NPI	104 OTHER NPI	105 OTHER NPI	106 OTHER NPI	107 OTHER NPI	108 OTHER NPI	109 OTHER NPI	110 OTHER NPI	111 OTHER NPI	112 OTHER NPI	113 OTHER NPI	114 OTHER NPI	115 OTHER NPI	116 OTHER NPI	117 OTHER NPI	118 OTHER NPI	119 OTHER NPI	120 OTHER NPI							

Figure 3. Return to NF-B

1 GARDEN GROVE CARE CENTER		2		3a PAT. CNTRL. # 123456		4 TYPE OF BILL 211	
6748 GARDEN GROVE HWY ANYTOWN, CA				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM 102724 THROUGH 103024	
8 PATIENT NAME a DOE, JOHN				9 PATIENT ADDRESS a			
10 BIRTHDATE 100134		11 SEX M		12 DATE		13 ADMISSION 13 HR 14 TYPE 15 SPEC 16 DHR	
17 STAT 02		18		19		20	
31 OCCURRENCE DATE		32 OCCURRENCE CODE		33 OCCURRENCE DATE		34 OCCURRENCE CODE	
74		102724		103024			
35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37			
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
a 24		02					
b							
c							
d							
42 REV. CD. 0180		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
1						46 SERV. UNITS 3	
2						47 TOTAL CHARGES 39864	
3						48 NON-COVERED CHARGES	
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23		001 PAGE OF		CREATION DATE		TOTALS 39864	
50 PAYER NAME LTC MEDI-CAL				51 HEALTH PLAN ID		52 REL. INFO	
53 AS4 BBA				54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 39864	
56 INSURED'S NAME 90000000A95001				59 PREL		60 INSURED'S UNIQUE ID	
61 GROUP NAME				62 INSURANCE GROUP NO.		58 NPI 0123456789	
63 TREATMENT AUTHORIZATION CODES 98765432220				64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX D1D1D1D		67		68		69	
70 PATIENT REASON DX		71 ICD9 CODE		72 EQI		73	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 ATTENDING NPI 0234567891	
78 LAST		79 FIRST		80 QUAL			
77 OPERATING NPI		78 LAST		79 FIRST		80 QUAL	
78 OTHER NPI		79 LAST		80 FIRST		81 QUAL	
79 OTHER NPI		80 LAST		81 FIRST		82 QUAL	
80 REMARKS		81 CC a		82 b		83 c	
		84 d					

Figure 4. Return to Acute Hospital

Developmentally Disabled (DD) Recipients

Leave of Absence

Developmentally disabled (DD) recipients can receive a leave of absence (LOA) for relatives/friend visits or summer camp for up to 73 days per calendar year, per CCR, Title 22, Section 51535. If an overnight LOA is for summer camp participation by a DD recipient, the recipient's attendance must be prescribed by a licensed physician and approved by the appropriate regional center for the developmentally disabled.

Leave of Absence Reimbursement

Skilled nursing and intermediary care facilities will receive reimbursement for DD recipients attending relatives/friend visits or summer camp for up to 73 days per calendar year if the following qualifications are met.

Facility Qualifications

To qualify for reimbursement, a facility must meet the following criteria:

- Recipient's attendance at camp is prescribed by a licensed physician and approved by an appropriate regional center for the developmentally disabled.
- Recipient is not discharged from the facility while attending camp.
- Facility holds a recipient's bed during the period of absence.
- Term of absence at camp plus any other accumulated leave days for the calendar year (not including acute care stays) do not exceed 73 days per calendar year.

Facility Rates

ICF/DDs are allowed to bill to a maximum of 73 days for an approved LOA, per CCR, Title 22, Section 51535. Per CCR, Title 22, Section 51535.1, ICF/DDs are allowed to bill a maximum of seven days for bed hold for acute hospitalization. The LOA and bed hold are paid the same rate. If a facility bills for LOA or bed hold, the facility's base per diem rate is reduced by the bed hold/LOA rate for the respective rate year. The annual bed hold/LOA rate is updated every year and included in the *Rates: Facility Per Diem* section of the Part 2 *Long Term Care* provider manual. These rates are referenced in both CCR sections and require physician approval.

Billing

«When the recipient attends camp, this is considered LOA; the facility would bill for a maximum of 73 days.

Use the appropriate revenue code, value code, and value code amount combinations and patient discharge status codes on the *UB-04* claim form for LTC services.»

Example: Assuming the facility bills the full 73 days for LOA, the facility's total annual reimbursement is reduced by \$578.16 (73 days x \$7.92).

«Additional information on bed hold and LOA rates can be found on the [Intermediate Care Facilities - Developmentally Disabled, Habilitative, Nursing](#) web page of the DHCS website. »

Leave of Absence Termination

The LOA will terminate and the discharge status will take effect under the following circumstances:

- If the recipient dies while at camp, the LOA terminates on the day of death (discharge date is the day of the death).
- If a recipient is admitted to an acute care hospital from camp, the LOA terminates on the day of departure from camp.
- If a recipient leaves camp and does not return to the skilled nursing facility, the LOA terminates on the day of departure.

Legend

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

Symbol	Description
«	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.