
Special Billing Instructions: Long Term Care Services

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Long Term Care (LTC) Claim for ASC X12N 837 v.5010

«ASC X12N 837 v.5010 was developed by the Accredited Standards Committee (ASC) X12N and accredited by the American National Standards Institute (ANSI). The 837 claim is comparable to the *UB-04* claim form. Submitters may refer to “Explanation of Form Items” instructions in the *UB-04 Completion: Long Term Care (LTC) Services* section of the Part 2 manual, except when entering data for the comparable items listed in this section. This section identifies the field values specific to the 837 claims format.»

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.

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.