Long Term Care Facilities

Quick Reference Billing Guideline & FAQ

Services to bill on UB-04 with a Bill Type 26X					
Type of Service Billed	**Revenue Code**	**Value Codes Applicable (See details below)**	**Instructions**	**Reimbursement**	**Limits**
Facility Days	0100	80, 23, 25, 31, 34, 35, 66	Bill total number of covered days	100% of facility per diem rate	
Hospital Reserve Days	0185	80	Bill total number of hospital reserve days	1/3 of facility per diem rate	15 days per hospitalization
Therapeutic Leave Days	0183	80, 23, 25, 31, 34, 35, 66	Bill total number of therapeutic leave days	100% of facility per diem	30 days per calendar year
Non Covered Days		81	Do not bill a revenue code for non-covered days		
Co-Insurance Days	0100	82	Bill a separate Room & Board line with the number of days covered by Medicare Co-insurance as well as charges	Payment will be determined by coordinating with primary payer payment	

Value Code Descriptions (Form Locators 39-41)		
Value Codes	**Description**	**Value Codes vs. Statement Coverage Period**
Medicaid Covered Days	80	Please Note: The number of days in value codes
Medicaid Non Covered Days	81	80, 81, and 82 should equal the number of days in
Medicare Co-insurance Days	82	the statement coverage period (Form Locator 4)
Patient Pay Value Codes		
Gross Patient Pay	23	
Drug Deductions	25	Please Note: Patient pay value codes are only
Lifetime other Expense	31	applied to R&B Days and Therapeutic Leave Days.
Other Medical Expenses	34	Net patient pay should equal gross patient pay
Health Insurance Premiums	35	minus deductions and expenses.
Net Patient Pay	66	

Frequently Asked Questions (FAQ):

Question: How do you bill a claim that has both Medicaid Covered Days and Co-insurance Days?

Answer: You would bill the first line with the R&B line to reflect the Medicaid covered days and a second R&B line to reflect the co-insurance days as illustrated below.

38		39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT
		a 80	20 00		
		b 82	11 00		
		c			
		d			

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0100				20	3742 00
0100				11	6040 14

Question: How do I need to bill Medicaid Covered Days, Hospital Reserve Days, and Co-Insurance days?

Answer: You would bill the first two lines for the Medicaid covered days and third line with the co-insurance days as reflected below.

38		39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT
		a 23	402 90		
		b 82	0 01		
		c 66	402 90		
		d		80	0 29

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0100				15	2945 85
0185				14	907 34
0100				1	167 50

Question: How do I need to bill Medicaid non covered days?

Answer: You will not bill Medicaid non covered days. Instead, you will need to reflect the number of days within value code 81. Please remember that the statement coverage date in Form Locator 4 needs to equal the combination of value codes 80, 81, and 82.

Question: Do I need to provide a copy of the EOB from the primary payer when billing co-insurance days?

Answer: It's not required to provide the primary EOB; however, you will need to provide the Medicare paid amount on the claim as primary payments so the claim can be coordinated accordingly.

Question: What do I do if it's determined that the amount previously submitted for patient pay was incorrect or has changed?

Answer: You will need to submit a corrected claim by using bill type 267, updating the patient pay amounts in Form Locator 39-41, and noting the original claim number in Form Locator 64.