

# LTC and SNF custodial claims reference sheet —2024 updates

## California | Medi-Cal Managed Care

Thank you for your participation with the Managed Long Term Care Services and Supports (MLTSS) Program for Anthem Blue Cross. Below you will find some helpful information when billing skilled nursing facility (SNF) claims for custodial long-term care for both freestanding and distinct part (D/P) SNFs. Please make note of the updates from the Department of Health Care Services (DHCS) for long term care (LTC) revenue and accommodation codes that go into effect on February 1, 2024. Refer to the [DHCS LTC Code and Claim Form Conversion](#) document.

Claims guidance for subacute care or care in intermediate care facilities for the developmentally disabled (ICF/DD) homes is provided on separate guidance documents.

### Custodial services

When billing for Long Term Services and Supports (LTSS) custodial members, there are some key things to remember on the *UB04* form:

- Revenue codes for custodial services through January 31, 2024

Revenue code	Description
190	Room and board for custodial members
180	General — bed holds/leave of absence
185	Hospitalization — bed holds/leave of absence

- Revenue Codes for Custodial services effective February 1, 2024

Revenue code	Description
0101	Room and board for custodial members
0180	General — bed holds/leave of absence

- If the custodial facility is certified to offer skilled services, use Bill Type 021X.
- Corrected claims should indicate the correct Bill Type to avoid duplicate denials.

### Share of cost/member liability

Custodial members are responsible for paying their share of cost/member liability to the nursing facility. The nursing facility must indicate the member's share of cost on the *UB04* form by using **Value Code 23 with a \$0 or greater dollar amount**. This amount will be deducted from the amount paid to the facility. Indicate the value code and amount in boxes 39–41 of the *UB04* form:

- Always use the Value Code 23 with a \$0 or greater dollar amount when billing all custodial claims.
- Billing every two weeks:

**Example:** A member’s share of cost/member liability is \$1,000:

- At the beginning of the month — Use Value Code 23 and member’s share of cost/member liability.

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	23	1000 :00				
b						
c						
d						

- Billing for the last two weeks — Use the Value Code 23 with \$0.

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	23	0 :00				
b						
c						
d						

- **Non-covered services** should be documented in the member’s records. They do not have to be indicated on the UB04 when billing. Deduct the amount of the non-covered services from the member’s share of cost.

**Example:** A member’s share of cost/member liability is \$1,000. \$200 is used for non-covered services. The claim would be billed with Value Code 23 and the amount of \$800.

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	23	800 :00				
b						
c						
d						

### Accommodation codes

Facilities must bill indicating the accommodation code that is applicable to the custodial claim, as this drives the appropriate payment rate for a facility based on the California LTC Medi-Cal rate for the facility. **The nursing facility must indicate the member’s accommodation code on the UB04 form by using Value Code 24 with the corresponding type of care (accommodation) in the cent format (.xx).**

The following are applicable accommodation codes for custodial services:

- Claims through January 31, 2024:

Description	Regular services	Leave days non-DD patient	Leave days DD patient	Bill Value Code 24 (Box 39-41)	Bill as a cent (Box 39-41)
NF — B regular	01	02	03	24	\$0.01; \$0.02; \$0.03
Hospital DP/NF-B — Non-ventilator dependent	72	74	80	24	\$0.72; \$0.74; \$0.80

- Claims February 1, 2024 onward:

Description	Regular services	Leave days non-DD patient	Leave days DD patient	Bill Value Code 24 (Box 39-41)	Bill as a Cent (Box 39-41)
NF — B regular	07	08	09	24	\$0.07; \$0.08; \$0.09
Hospital DP/NF-B	01	02	03	24	\$0.01; \$0.02; \$0.03

**Additional information:**

- For Medicare deductible and co-insurance claims:
  - Part A — Use Bill Type 0211.
  - Part B — Use Bill Type 0221.
- **The admit date on the claim should reflect the current date span as this will drive pricing on the claim.** This will impact when the state makes retro changes to the facilities’ Medi-Cal rates. As long as the admit date is within the timeframe of the applicable rates for the facility, it will not impact the reimbursement.

If you have questions, contact the Network Relations team for Anthem, or send an email to [LTSSNetworkRelations@anthem.com](mailto:LTSSNetworkRelations@anthem.com).