

Use the following revenue and accommodation codes for submitting nursing facility claims.

Program	Code type	Code	Service	Rate
Medi-Cal	Rev	0120	Custodial / long-term care (LTC)	100% of Medi-CalDrugs paid by PBM
Medi-Cal	Rev	019 X	Skilled care Note: Medi-Cal skilled care authorization letters do <u>not</u> have a specific level defined. Bill with either a 0191, 0192, or 0193.	 100% of Medi-Cal PT/OT/ST Drug paid by PBM Possible increase for per diem and PT/OT/ST according to facility's overall CMS 5 Star Rating. See contract for details.
Medi-Cal	Acc	75	Subacute – Vent	100% of Medi-Cal
Medi-Cal	Acc	76	Subacute – Non-vent	100% of Medi-Cal
Medi-Cal	Acc	77	Subacute – Bed hold vent	100% of Medi-Cal
Medi-Cal	Асс	78	Subacute – Bed hold non- vent	100% of Medi-Cal
Medi-Cal	Acc	81	Subacute – Leave of absence vent	100% of Medi-Cal
Medi-Cal	Acc	82	Subacute – Leave of absence non-vent	100% of Medi-Cal
Medi-Cal	Acc	01	Unlocked skilled STP center	 100% of Medi-Cal PT/OT/ST Drug paid by PBM Possible increase for per diem and PT/OT/ST according to facility's overall CMS 5-Star Rating. See contract for details.
Medi-Cal	Acc	02, 03	Unlocked custodial STP center	100% of Medi-Cal
Medi-Cal	Acc	11	Locked skilled STP center	100% of Medi-CalPT/OT/ST



Billing guidelines For Medi-Cal and Cal MediConnect claims

Program	Code type	Code	Service	Rate
				Drug paid by PBM
				Possible increase for per diem and PT/OT/ST according to facility's overall CMS 5-Star Rating. See contract for details.
Medi-Cal	Acc	12	Locked custodial STP center	100% of Medi-cal
Medi-Cal	Rev	018 X	Bed hold / leave of absence (Medi-Cal benefit) (018 0 , 018 2 , 018 3 , 018 5 , or 018 9)	100% of Medi-Cal
CMC	Rev	0120	Custodial / LTC (Medi-Cal benefit)	100% of Medi-Cal
CMC	Rev	0191	Skilled level 1	See contract for details.
CMC	Rev	0192	Skilled level 2	See contract for details.
CMC	Rev	0193	Skilled level 3	See contract for details.
CMC	Rev	0191- 0193	Sub-acute	See contract for details.
CMC	Rev	018 X	Bed hold / leave of absence (Medi-Cal benefit) (018 0 , 018 2 , 018 3 , 018 5 , or 018 9)	100% of Medi-Cal

Legend

CMC = Cal MediConnect (Medicare-Medicaid Plan) Acc = Accommodation code Rev = Revenue code

Note: All services are paid according to the authorization and the contracted rate.

Questions?

Please contact Provider Services at ProviderServices@scfhp.com or 1-408-874-1788.