

# Provider Bulletin



August 2025

This Provider Bulletin applies to the lines of business and provider types checked below:

☐ PHP (Medicare) ☐ Primary Care Physicians ☐ Specialists  
☒ PHC-CA (Medicaid) ☒ Hospitals ☐ Ancillary ☐ AHF Grants

## **PHC Provider Bulletin: Long-Term Care (LTC) Custodial Billing Updates – Effective February 1, 2024**

The California Department of Health Care Services (DHCS) issued updated guidance requiring Medi-Cal Managed Care LTC claims to follow new billing protocols effective **February 1, 2024**. These changes impact accommodation codes, revenue codes, and share-of-cost reporting on custodial LTC claims.

The previously used Accommodation Code field has been replaced with Designated State Level Medicaid Rate Codes (DSLRCs), which are now reported using Value Code 24 in cent format on UB-04 claims

### **1. Revenue Codes – Effective 2/1/2024**

Use the following new revenue codes for custodial long-term care services:

Revenue Code	Description
0101	Room and board for custodial members
0180	Bed holds/leave of absence (general)

These replace legacy codes 180, 185, and 190.

### **2. Value Code 23 – Share of Cost / Member Liability**

- Required on all custodial claims.
- Report the member's share of cost (SOC) using Value Code 23 in UB-04 Boxes 39–41.
- Use \$0.00 or actual SOC dollar amount ( $\geq$  \$0.01).

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- If non-covered services are applied toward SOC, deduct that value from the billed amount.

## Examples:

- Start of month: Value Code 23 = \$1,000.00
- End of month: Value Code 23 = \$0.00
- SOC with \$200 non-covered: Value Code 23 = \$800.00

## 3. Accommodation Codes – Effective 2/1/2024 - no longer used but crossed walked into combination of revenue code plus value code 24

Per DHCS crosswalk, the Accommodation Code determines reimbursement rate and must be reported using Value Code 24 in Boxes 39–41 of the UB-04. Codes must be submitted in cent format (e.g., \$0.07 for code 07).

Description	Accommodation Code	Bill as Cents	Value Code
NF-B Regular – Regular Services	07	\$0.07	24
NF-B Regular – Non-DD Leave Days	08	\$0.08	24
NF-B Regular – DD Leave Days	09	\$0.09	24
Hospital DP/NF-B – Regular	01	\$0.01	24
Hospital DP/NF-B – Non-DD Leave	02	\$0.02	24
Hospital DP/NF-B – DD Leave	03	\$0.03	24

## 4. Bill Type Guidance

Service Type	Correct Bill Type
Skilled Services (certified facility)	021X
Medicare Part A Coinsurance	0211
Medicare Part B Services	0221

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Always ensure the correct Bill Type is submitted. Improper Bill Types may cause duplicate denials.

## 5. Admit Date Requirement

The admit date must reflect the current span of service. These drives correct rate assignment and ensure retroactive changes are applied appropriately.

### Reminders

- Ensure that the admit date on the claim reflects the appropriate date span to align with current Medi-Cal LTC rates.
- Facilities should stop using legacy accommodation codes after February 1, 2024.
- Claims billed incorrectly may result in denials or encounter rejections.

If you need additional information, please email the Provider Relations department for further assistance [capr@aidshhealth.org](mailto:capr@aidshhealth.org).

Thank you.

PHC California Provider Relations