This tip sheet provides information on submitting encounters for nursing facility services reimbursed through the Statewide Medicaid Managed Care (SMMC) Long-term Care (LTC) program.

**Billing for Nursing Facility LTC Services**

Encounters for Nursing Facility services must be billed on an 837I (Institutional) X12 transaction. For more information on the 837I X12 transaction, refer to the 837I X12 Companion Guide on the EDI Companion Guide page.

**Per Diem Medicaid Nursing Facility Revenue Codes**

Skilled Nursing Facilities are permitted to use the following revenue codes when billing Medicaid nursing facility per diem days:

- 0101 – Long Term Care days
- 0185 – Hospital leave days (Bed-hold days)
- 0182 – Home leave days (Therapeutic bed-hold days)

Revenue codes should be entered in the SV201 segment of loop 2400 on an institutional encounter.

**Revenue Codes Allowable for Medicare Part A Coinsurance Encounters**

There is no longer a restriction on the revenue codes that can be used. The services should be submitted as they are received from Centers for Medicare and Medicaid Services (CMS).

**Important Update for Nursing Facilities/Long Term Care Submissions on 837i X12 Transactions**

Effective September 27, 2019, Level of Care information is no longer reported in the CN1 segment (CN101, CN102, and CN104 of loop 2300). The Level of Care information is reported in the NTE segment of Loop 2300, using the following LOC mapping template:

NTE*UPI*LOCAMT=[Level of Care];[999,999,999.00]

Effective 9/27/2019, LOC information reported in the CN1 segment will be ignored by the Florida Medicaid Management Information System (FMMIS). If the LOC is not correctly reported in NTE segment Loop 2300, any LTC fee-for-service claims or encounter transactions requiring a LOC will deny.

- Denial edit “EOB 0562 INVALID NURSING HOME LEVEL OF CARE”
- 835 X12 CARC/RARC combination “96/N188”
Reporting Level of Care (LOC) Information on Nursing Facility Encounters on 837i X12 Transactions

Health plans will continue reporting Contract Type in the CN1 segment for encounter transactions.

1. Indicate the appropriate Contract Type Code in the CN101 segment.
   - "02" (Per Diem)
   - "05" (capitated relationship between the health plan and the provider)
   - "09" (Fee For Service).

   **NOTE:** The Level of Care (LOC) value must be reported in the NTE segment Loop 2300 on LTC encounters, regardless of the contract type being reported in the CN101.

2. Enter the NTE01 value as "UPI".

3. The NTE02 value has three components.
   - First component is a unique prefix of the string "LOCAMT=
   - Second component is the Level of Care value followed by a semi-colon ";".
   - Third component is the Contract Amount.

4. Enter the Contract Amount in the NTE02, Third Component:
   - If the CN101 is "02," use the Other Payer Amount Paid, which is the sum of SVD elements in the 2430 loop.
   - If the CN101 is "05," use the Capitated Rate.
   - If the CN101 is "09" use the Fee for Service rate.

   **NOTE:** Values entered in the NTE02 third component without decimal precision will be considered whole numbers.

Florida Medicaid Long Term Care Values:
- 1 = Skilled
- 2 = Intermediate I
- 3 = Intermediate II
- 4 = State Mental Health Hospital
- 6 thru 9 = ICF-DD Levels of Care
- H = AIDS Per Diem
- U = Skilled Fragile Children Under 21
- X = Medicare Part A Coinsurance Payment

**Important Note:** If a LOC value of “U” (Skilled Fragile Children Under 21) is used, then the provider must be authorized by the state to submit LOC U encounters for the recipient.

**Example:** NTE*UPI*LOCAMT=3;1000.00~

In this example, the provider is reporting that there was a LOC “Intermediate II” for a contract amount of $1,000.
- First Component: LOCAMT=
- Second component: Level of Care (LOC) code “3”, indicating Intermediate II
- Third component: The contract amount of $1000.00
Level of Care Input Scenarios and Examples of Contract Amount:

Scenario 1: Level of Care and Contract Amount reported.
Example: NTE*UPI*LOCAMT=3;1000.00

Scenario 2: When no Level of Care is reported but Contract Amount is reported.
Example: NTE*UPI*LOCAMT=:1000.00

Scenario 3: When Level of Care is reported but no Contract Amount is reported.
Example: NTE*UPI*LOCAMT=1;0

Scenario 4: When there is no Level of Care and no Contract Amount.
Example: NTE*UPI*LOCAMT=:0

Note: For ENCOUNTER Only
If contract type (CN101= 05), then Capitated Rate
If contract type (CN101= 09), then Other Payer Amount Paid (the sum of SVD02 elements in the 2430 loop).

Patient Liability Submission on Nursing Facility Long-term Care Encounters

Patient responsibility is reported in the CAS01 segment of loop 2320 on institutional encounters.

For more information on patient liability, please refer to the SMMC Patient Responsibility and Reimbursement of Nursing Facility Services Snapshot posted on the SMMC Long-term Care area of the Agency website.

Additional Florida Medicaid Long Term Care Policy Resources

The Nursing Facility Services Adopted Rule can be found on the Agency’s website, under Service-Specific Policies at the following link: [http://ahca.myflorida.com/medicaid/review/specific_policy.shtml](http://ahca.myflorida.com/medicaid/review/specific_policy.shtml).

Type of Bill Codes for Nursing Facility LTC Services

Skilled Nursing Facilities are permitted to use the Type of Bill Codes indicated in the following chart:

<table>
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<tr>
<th>Type of Bill codes for nursing facility provider type #9 (hospital-based skilled unit) and #10 (nursing facility)</th>
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Submission of Medicare Part A and Part B Nursing Facility Encounters

Health plans are required to submit Medicare Part A and Part B nursing facility encounters. For additional information, refer to the Companion Guides on the public Web Portal.

Medicare Part A Encounters

Medicare Part A Coinsurance Payment encounters are billed with the Medicare per diem amount, also known as the Medicare Resource Utilization Groups (RUG) rate, should be entered in the CAS03 segment of loop 2430. The amount of the RUG rate submitted on the encounter should not be reduced by the amount of the Medicare Part A coinsurance.

For more information on submitting Medicare Part A Coinsurance encounters, please refer to the 837I X12 Companion Guide on the EDI Companion Guide page.

For More Information

Agency for Health Care Administration (Agency)
For more information regarding SMMC and related policies, visit the Agency website at https://ahca.myflorida.com/.

DXC Technology
For assistance with encounter claims, visit Managed Care Support. For all other questions, contact the Medicaid fiscal agent at 800-289-7799 and select Option 7.

For assistance with encounter denials, enrollment issues, billing and eligibility inquiries please contact the Health Plan Support team at healthplan.support@dxc.com.

For assistance with electronic transactions, such as the 837I X12 transaction, please contact healthplan.support@dxc.com.