Reminder: Nursing Facilities/Long Term Care (LTC) Submission Updates for Institutional Health Care Claim: (X12 837I) Transactions

Beginning September 27, 2019, Long Term Care (LTC) information on LTC claims and encounter transactions must be changed to allow proper processing by the Florida Medicaid Management Information System (FMMIS).

Currently, Long Term Care encounter transactions and Fee-for-Service (FFS) Medicaid claims are billed using Version 5010 X12 837 Institutional Health Care Claim, with the Level of Care (LOC) reported in elements NC101 and CN104 of Loop 2300.

To align with the HIPAA 5010 X12 Guidelines, the LOC information will no longer be reported in the CN1 segment (CN101, CN102, and CN104 of loop 2300).

**NOTE:**

- Health plans will continue reporting Contract Type in the CN1 segment for encounter transactions.
- There are no changes to Direct Data Entry/Web Portal.
- This reporting change is based on date of submission.

**Beginning September 27, 2019, the Level of Care information will be reported in the NTE segment of Loop 2300, using the following LOC mapping template:**

NTE*UPI*LOCAMT=[Level of Care];[999,9999,999.00]

- NTE01 (Note Reference Code) = UPI
- NTE02 (Claim Note Text Description) is a concatenation of the following values:
  - First component - Unique prefix of the string - "LOCAMT="
- Second component - Level of Care (LOC) - one of the eleven Florida Medicaid Long Term Care, Level of Care values (see below) followed by a semi-colon
  - 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
- Third component - Contract Amount - Sum of SVD02 elements in the 2430 loop, values without decimal precision will be considered whole numbers.

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

Once the change is implemented, LOC information reported in the CN1 segment will be ignored by the Florida Medicaid Management Information System (FMMIS). Additionally, any LTC Fee-for-Service claims or encounter transactions requiring a LOC will deny with edit “EOB 0562 INVALID NURSING HOME LEVEL OF CARE,” if the LOC is not correctly reported in Loop 2300. The Claim Adjustment Reason Codes/Remittance Advice Remark Codes (CARC/RARC) combination 96/N188 will post on the X12 835 claim payment/advice transaction.

To view these changes in detail, please refer to the 5010 Version for 837I Companion Guide available on the EDI Companion Guides Page on the Florida Medicaid Public Web Portal.

For questions regarding X12 transactions, please contact EDI Operations at 1-866-586-0961, or the Provider Services Contact Center 1-800-289-7799, Option 7 to contact a field services representative. Health plans may contact the Health Plan Support Mailbox at healthplan.support@dxc.com.

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QUESTIONS? FLMedicaidManagedCare@ahca.myflorida.com

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