

Change Log

| Date of Change | Provider Group | Page | Current Value | National Value | Description of Change |
|----------------|----------------|------|---------------|----------------|---|
| 9/08/03 | Outpatient | 3 | 7 | 74 | Changed current value from "9" to "7" for Outpatient Rehabilitation Facility (ORF) |
| 9/08/03 | Outpatient | 3 | 7 | 75 | Changed current value from "9" to "7" for Comprehensive Outpatient Rehabilitation Facilities (CORF) |
| 9/08/03 | Outpatient | 3 | 7 | 89 | Added entry for Local Educational Agency |
| 9/08/03 | Outpatient | 3 | 9 | 89 | Added entry for Adult Day Health Care Centers |
| 10/27/03 | Outpatient | 3 | 7 | 81 | Added entry for Special Facility – Hospice (non hospital based) |
| 10/27/03 | Outpatient | 3 | 9 | 74 | Changed current value from "7" to "9" for Outpatient Rehabilitation Facility (ORF) |
| 10/27/03 | Outpatient | 3 | 9 | 75 | Changed current value from "7" to "9" for Comprehensive Outpatient Rehabilitation Facilities (CORF) |

Code Correlations: Place of Service Codes

Medi-Cal has developed administrative code set correlation tables for provider use to begin to prepare for business and billing operation changes, software and practice management system modification and vendor or clearinghouse use. Additional policy, billing instructions and provider manual replacement pages will be included in future *Medi-Cal Updates*. These correlation tables are separated by claim type and billing media (paper, current proprietary and non-standard formats as well as the HIPAA standard formats). These values are not to be used for billing purposes for dates of service prior to September 22, 2003. The correlation tables apply to both paper and electronic claims submission, with each billing medium and table being represented separately. Information for this code set is provided for the following billing media:

- ❖ Inpatient Paper Claims (UB-92) and ANSI ASC X12N 837I version 4010A1
- ❖ Inpatient Version 4 Flat File, CMC Proprietary (CMC 03) and ANSI ASC X12N 837 version 3041
- ❖ Outpatient Paper Claims (UB-92) and ANSI ASC X12N 837I version 4010A1
- ❖ Outpatient Version 4 Flat File, CMC Proprietary (CMC 04) and ANSI ASC X12 837 version 3041
- ❖ Medical Paper Claims (HCFA 1500) and ANSI ASC X12N 837P version 4010A1
- ❖ Medical CMC Proprietary (CMC 05) and ANSI ASC X12 837 version 3041
- ❖ Vision Paper Claims (45-1) and ANSI ASC X12N 837P version 4010A1
- ❖ Vision CMC Proprietary (CMC 07)

Code Set: Place of Service (Facility Type) – Inpatient

Billing Media: Inpatient Paper Claims (UB-92) and ANSI ASC X12N 837I version 4010A1

Billing modifications:

- Paper (UB-92): Field Locator (FL) 4 Type of Bill
- ANSI ASC X12N 837I version 4010A1: Loop 2300, CLM05-1 – Type of Bill (Facility Type)

Billing information:

- Claims currently required to be billed on paper will continue to be required to be billed on paper on or after September 22, 2003.
- The first two digits of the Type of Bill field denote Facility Type. When completing a claim with a beginning date of service on or after September 22, 2003, the Type of Bill must be used. Please refer to the *National Uniform Billing Committee (NUBC) UB-92 Billing Manual* for a list of valid Facility Types values.
- When completing a claim for beginning date of service before September 22, 2003, the Type of Bill is optional for paper claims. Although Medi-Cal does not require that claims submitted before September 22, 2003 indicate the Type of Bill, it is a required on the transaction and therefore must be submitted when using the ANSI ASC X12N 837I version 4010A1.

Code Set: Facility Type (Place of Service) – Inpatient

Billing Media: Version 4 Flat File, CMC Proprietary (CMC 03) and ANSI ASC X12 837 version 3041

Billing information:

- Type of Bill/Facility Type (Place of Service) is not required on the Version 4 Flat File, CMC Proprietary (CMC 03) or ANSI ASC X12 837 version 3041 formats for all dates of service.

**Code Set: Place of Service – Outpatient
Billing Media: Outpatient Paper Claims (UB-92) and ANSI ASC X12N 837I
version 4010A1**

Billing modifications:

- Paper (UB-92): Field Locator (FL) 50 Payer Name and Field Locator (FL) 4 Type of Bill
- ANSI ASC X12N 837I v.4010A1: Loop 2300, CLM05-1 – Type of Bill (Facility Type)

Billing information:

- Claims currently required to be billed on paper will continue to be required to be billed on paper on or after September 22, 2003. All current Medi-Cal Place of Service codes will be correlated to national Place of Service codes.
- The first two digits of the Type of Bill field denote Facility Type. The following correlation shows the national value for this field to be used when completing a claim with a beginning date of service on or after September 22, 2003.
- When completing a claim with a beginning date of service before September 22, 2003, the current Medi-Cal code and location FL 50 must be used.
- The following correlation is in Medi-Cal current code value order. Updates to the table are in **bold and underlined**.

| PLACE OF SERVICE – OUTPATIENT | | | |
|-------------------------------|--------------------------------|------------------------|--|
| CURRENT VALUE | DESCRIPTION | NATIONAL VALUE | DESCRIPTION |
| 1 | Office | 79 | Clinic – Other |
| 2 | Home | 33 | Home Health – Outpatient |
| 3 | Inpatient Hospital | 11 12 | Hospital – Inpatient (Including Medicare Part A) Inpatient (Medicare Part B only) |
| 4 | Nursing Facility level B (SNF) | 26 | Skilled Nursing – Intermediate Care Level II |
| 5 | Outpatient Hospital | 13 | Hospital – Outpatient |
| 6 | Independent Laboratory | 89 | Special Facility – Other |
| 7 | Other | 14 | Hospital – Other (for hospital referenced diagnostic services, or home health not under a plan of treatment). |
| 7 | Other | 24 | Skilled Nursing – Other (for hospital referenced diagnostic services, or home health not under a plan treatment). |
| 7 | Other | 34 | Home Health – Other (for hospital referenced diagnostic services, or home health not under a plan of treatment) |
| 7 | Other | 44 | Religious Non Medical Health Care Institution – Hospital Inpatient – Other (for hospital referenced diagnostic services, or home health not under a plan of treatment) |
| 7 | Other | 54 | Religious Non Medical Health Care Institution – Post Hospital Extended Care Services – Other (for hospital referenced diagnostic services, or home health not under a plan of treatment) |
| 7 | Other | 64 | Intermediate Care – Other (for hospital referenced diagnostic services, or home health not under a plan of treatment) |

| PLACE OF SERVICE – OUTPATIENT | | | |
|-------------------------------|---|----------------|--|
| CURRENT VALUE | DESCRIPTION | NATIONAL VALUE | DESCRIPTION |
| 7 | <u>Other</u> | 81 | <u>Special Facility – Hospice (non hospital based)</u> |
| 7 | Other (For Local Educational Agency) | 89 | Special Facility – Other |
| 8 | Independent Kidney Treatment Center | 72 | Clinic – Hospital Based or Independent Renal Dialysis Center |
| 9 | Clinic | 71 | Clinic – Rural Health |
| 9 | Clinic | 73 | Clinic – Free Standing |
| 9 | Clinic | 74 | Clinic – Outpatient Rehabilitation Facility (ORF) |
| 9 | Clinic | 75 | Clinic – Comprehensive Outpatient Rehabilitation Facilities (CORF) |
| 9 | Clinic | 76 | Clinic – Community Mental Health |
| 9 | Clinic (Adult Day Health Care Centers) | 89 | Special Facility – Other |
| A | Surgery Clinic | 83 | Special Facility – Ambulatory Surgery Center |
| B | Emergency Room | 14 | Hospital - Other (for Hospital referenced diagnostic services, or home health not under a plan of treatment. Admit Type is “Emergency” – Value “1” |
| C | Nursing Facility Level A (ICF) | 25 | Skilled Nursing – Intermediate Care Level II |
| F | Subacute Care Facility | 27 | Skilled Nursing – Subacute. Provider must use an additional Modifier “HB” to indicate “Adult” |
| G | Intermediate Care Facility – Developmentally Disabled (ICF/DD) | 65 | Intermediate Care – Intermediate Care Level I |
| H | Intermediate Care Facility - Developmentally Disabled, Habilitative (ICF/DD-H) | 65 | Intermediate Care – Intermediate Care Level I |
| I | Specialized Treatment Center/Intermediate Care Facility – Nursing/Mentally Retarded | 86 | Special Facility – Residential Facility |
| M | Pediatric Subacute Care | 27 | Skilled Nursing – Subacute. Provider must use an additional Modifier “HA” to indicate “Child” |

Bolded items denote changes to previously used values.

Code Set: Place of Service – Outpatient
Billing Media: Version 4 Flat File, CMC Proprietary (CMC 04) and ANSI ASC X12 837 version 3041

Billing modifications:

- Version 4 Flat File: Record 30, Field 8 – Payer Name and POS
- CMC Proprietary: Place of Service
- ANSI ASC X12 837 v.3041: Loop 2300, CLM05-1 (Place of Service)

Billing information:

- Claims currently required to be billed on paper will continue to be required to be billed on paper on or after September 22, 2003.
- There is no field change for the current Medi-Cal Outpatient Place of Service for the above three electronic claim formats. Providers will continue to bill the interim (local) values on these formats before and after the September 22, 2003 implementation date. For a list of valid values, please refer to the appropriate Medi-Cal Provider Manual.

Code Set: Place of Service – Medical
Billing Media: Paper Claims (HCFA 1500) and ANSI ASC X12N 837P version 4010A1

Billing modifications:

- Paper (HCFA 1500): Field Place of Service (POS) – Field # 24B - POS
- ANSI ASC X12N 837P v.4010A1: Loop 2300, CLM05-1 and SV105 – Place of Service

Billing information:

- Claims currently required to be billed on paper will continue to be required to be billed on paper on or after September 22, 2003.
- All current Medi-Cal Place of Service codes will be correlated to national Place of Service codes. All but 91, 92, 93, 96 are already national codes.
- The following correlation shows the national value for this field to be used when completing a claim for beginning date of service on or after September 22, 2003.
- When completing a claim for beginning date of service before September 22, 2003, the current Medi-Cal code must be used.
- The following correlation is in Medi-Cal current code order.

| PLACE OF SERVICE – MEDICAL | | | |
|----------------------------|---|----------------|---|
| CURRENT VALUE | DESCRIPTION | NATIONAL VALUE | DESCRIPTION |
| 11 | Office | 11 | Office |
| 12 | Home | 12 | Home |
| 21 | Inpatient Hospital | 21 | Inpatient Hospital |
| 22 | Outpatient Hospital | 22 | Outpatient Hospital |
| 23 | Emergency Room (Hospital) | 23 | Emergency Room (Hospital) |
| 24 | Ambulatory Surgery Clinic | 24 | Ambulatory Surgery Clinic |
| 25 | Birthing Center | 25 | Birthing Center |
| 31 | Skilled Nursing Facility | 31 | Skilled Nursing Facility (SNF) |
| 32 | Nursing Facility Level A (ICF) | 32 | Nursing Facility |
| 41 | Ambulance – Land | 41 | Ambulance – Land |
| 42 | Ambulance – Air or Water | 42 | Ambulance – Air or Water |
| 53 | Community Mental Health Center | 53 | Community Mental Health Center |
| 54 | Specialized Treatment Center/Intermediate Care Facility – Nursing/Mentally Retarded | 54 | Intermediate Care Facility – Mentally Retarded |
| 55 | Residential Treatment Center/ Substance Abuse | 55 | Residential Substance Abuse Treatment Facility |
| 62 | Comprehensive Outpatient Rehabilitation Facility | 62 | Comprehensive Outpatient Rehabilitation Facility |
| 65 | Independent Kidney Disease Treatment Center | 65 | End Stage Renal Disease Treatment Facility |
| 71 | State or Local Public Health Clinic | 71 | State or Local Public Health Clinic |
| 72 | Rural Health Clinic | 72 | Rural Health Clinic |
| 81 | Independent Laboratory | 81 | Independent Laboratory |
| 91 | Subacute Care Facility | 99 | Other – Provider must use an additional Modifier “HB” to indicate “Adult” |
| 92 | Intermediate Care Facility – Developmentally Disabled (ICF/DD) | 54 | Intermediate Care Facility Mentally Retarded |
| 93 | Intermediate Care Facility – Developmentally Disabled, Habilitative (ICF/DD-H) | 54 | Intermediate Care Facility – Mentally Retarded |
| 96 | Pediatric Subacute Care | 99 | Other – Provider must use an additional Modifier “HA” to indicate “Child” |
| 99 | Other | 99 | Other |

Bolded items denote changes to previously used values.

Code Set: Place of Service – Medical**Billing Media: CMC Proprietary (CMC 05) and ANSI ASC X12 837 version 3041**

Billing modifications:

- CMC Proprietary: Place of Service
- ANSI ASC X12 837 v.3041: Loop 2400, SV105 – Place of Service

Billing information:

- Claims currently required to be billed on paper will continue to be required to be billed on paper on or after September 22, 2003.
- There is no field change for the current Medi-Cal Medical Place of Service for the above two electronic claim formats. Providers will continue to bill the interim (local) values on these formats before and after the September 22, 2003 implementation date. For a list of valid values, please refer to the appropriate Medi-Cal Provider Manual.

Code Set: Place of Service – Vision**Billing Media: Vision Paper Claims (45-1) and ANSI ASC X12N 837P version 4010A1**

Billing modifications:

- Paper (45-1): Field # 7 – Place of Service
- ANSI ASC X12N 837P version 4010A1: Loop 2300, CLM05-1 and Loop 2400, SV105 – Place of Service

Billing information:

- Claims currently required to be billed on paper will continue to be required to be billed on paper on or after September 22, 2003. All current Medi-Cal Place of Service codes will be correlated to National Place of Service codes.
- The following correlation shows the national value for this field to be used when completing a claim for a beginning date of service on or after September 22, 2003.
- When completing a claim for a beginning date of service before September 22, 2003, use the current Medi-Cal code.
- The following correlation is in Medi-Cal Current Code value order.

| PLACE OF SERVICE – VISION | | | |
|---------------------------|--|-----------------|--|
| LOCAL VALUES | DESCRIPTION | NATIONAL VALUES | DESCRIPTION |
| 1 | Office | 11 | Office |
| 2 | Home | 12 | Home |
| 3 | Inpatient Hospital | 21 | Inpatient Hospital |
| 4 | Nursing Facility Level B (SNF) | 31 | Skilled Nursing Facility (SNF) |
| 5 | Outpatient Hospital | 22 | Outpatient Hospital |
| 6 | Independent Laboratory | 81 | Independent Laboratory |
| 7 | Other (Describe in Remarks Section) | 99 | Other (Describe in Remarks Section) |
| 8 | Independent Kidney Disease Treatment Center | 65 | End Stage Renal Disease Treatment Facility |
| 9 | Clinic | 25 | Birthing Center |
| 9 | Clinic | 53 | Community Mental Health Center |
| 9 | Clinic | 71 | State of Local Public Health Clinic |
| 9 | Clinic | 72 | Rural Health Clinic |
| A | Ambulatory Surgery Clinic | 24 | Ambulatory Surgery Clinic |
| B | Emergency Room | 23 | Emergency Room (Hospital) |
| C | Nursing Facility Level A (ICF) | 32 | Nursing Facility |
| F | Subacute Care Facility | 99 | Other (Describe in Remarks Section) |
| G | Intermediate Care Facility – Developmentally Disabled (ICF/DD) | 54 | Intermediate Care Facility – Mentally Retarded |
| H | Intermediate Care Facility – Developmentally Disabled, Habilitative (ICF/DD-H) | 54 | Intermediate Care Facility – Mentally Retarded |
| I | Intermediate Care Facility – Developmentally Disabled, Nursing (ICF/DD-N) | 54 | Intermediate Care Facility – Mentally Retarded |

Bolded items denote changes to previously used values.

Code Set: Place of Service – Vision

Billing Media: CMC Proprietary (CMC 07)

Billing modification:

- CMC Proprietary: Place of Service

Billing information:

- Claims currently required to be billed on paper will continue to be required to be billed on paper on or after September 22, 2003.
- There is no field change for the current Medi-Cal Vision Place of Service for the proprietary electronic claim format. Providers will continue to bill the interim (local) values on this format before and after the September 22, 2003 implementation date. For a list of valid values, please refer to the appropriate Medi-Cal Provider Manual.