

Code Correlations: Value Codes (Patient's Share of Cost)

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), Version 4 Flat File, CMC Proprietary (CMC 03 and 04), ANSI ASC X12N 837 version 3041
- ❖ Long Term Care Paper Claims (25-1), CMC Proprietary (CMC 02)
- ❖ Inpatient, Outpatient and Long Term Care ANSI ASC X12N 837I version 4010A1

Code Set: Value Codes (Patient Share of Cost)

Billing Media: Inpatient and Outpatient Paper Claims (UB-92), Version 4 Flat File, CMC Proprietary (CMC 03 and 04) and ANSI ASC X12 837 version 3041

Billing modifications:

- Paper (UB-92): Field Locator (FL) Codes 39-41 Value Codes
- Version 4 Flat File: Record Type 41, Field 16-39 Value Codes
- CMC Proprietary: Patient's Share of Cost
- ANSI ASC X12 837 version 3041: Loop 2300, AMT 02 – Share of Cost Amount

Billing information:

- Medi-Cal currently only uses one value code – “23” to represent Patient Share of Cost.
- Claims currently required to be billed on paper are still required to be billed on paper at this time.
- There is no change in billing for Patient Share of Cost for these format types for all dates of service.

Code Set: Value Codes (Patient Share of Cost)

Billing Media: Long Term Care Paper Claims (25-1) and CMC Proprietary (CMC 02)

Billing modifications:

- Paper (25-1): Field #18 – Patient Liability
- CMC Proprietary: Patient Liability

Billing information:

- Claims currently required to be billed on paper are still required to be billed on paper at this time.
- There is no change in billing for Patient Share of Cost for these format types for all dates of service.

Code Set: Value Codes (Patient Share of Cost)

Billing Media: Inpatient, Outpatient and Long Term Care ANSI ASC X12N 837I version 4010A1

Billing modifications:

- Loop 2300, AMT 02 – Patient Paid Amount

Billing information:

- Claims currently required to be billed on paper are still required to be billed on paper at this time.
- The Patient Share of Cost will be carried in the Patient Paid Amount field when completing a claim for all dates of service.