# Provider Memorandum

**Value Code 80 and 81 Accommodation Revenue Code Requirements**

Effective August 1, 2020, Molina Healthcare of Illinois (Molina) will require inpatient claims to be billed with accommodation revenue codes and corresponding data elements in the specific format detailed below. This requirement is consistent with the Illinois Department of Health and Family Services (HFS) Hospital Handbook, chapter 200 and with current IAMHP billing guidelines.

**Accommodation Revenue Code Service Units**

Accommodation revenue codes on an inpatient claim are to report only the ***authorized and covered days.*** For an accommodation revenue code, the corresponding service units reported in box 46 (Loop 2400 segment SV2-05 on 837I) of the paper UB-04 form should only report the total number of authorized and covered days associated with that revenue code.

For admission to discharge claims (Bill Type 0XX1) and Interim Final Claims (Bill Type 0XX4), the day of discharge should not be counted in the total units reported for the associated accommodation revenue codes and should not be counted in the total units reported in value code 80 or value code 81.

For interim first (Bill Type 0XX2) and Interim continuing (Bill Type 0XX3) claims, the Through date should be counted in the total units reported for the associated accommodation revenue codes and should be counted in the total units reported in value code 80 or value code 81.

**Examples**

    **Example 1: Admit to Discharge with non-covered days**

        Bill Type

            0111-admit to discharge

        Admission Date

            11/10/2019

        Statement Covered Period

            From = 11/10/2019

            Through = 11/18/2019

        Days approved under authorization

            11/10/2019 – 11/14/2019

        Accommodation Revenue Code Units

            0110 = 5 service units

        Value Codes

            80 = 5

            81 = 3 (These are the unapproved/unauthorized days. In this scenario, the discharge date is not counted in the value code 80/81 calculation)

        Occurrence span 74

            11/15/2019 – 11/17/2019

        Condition Code

            C3

| 1 Illinois Hospital | 2 Illinois Hospital | 3a PAT. CNTL # 11111 | | 4 TYPE OF BILL |
|---|---|---|---|---|
| 123 Wellness Blvd | PO BOX 111111 | b. MED. REC. # 11111 | | 0111 |
| Chicago Il, 60613 | Chicago, IL 60613 | 5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM / THROUGH | 7 |
| | | 1234567891 | 111019 / 111819 | |

| 8 PATIENT NAME | a 125464646 | 9 PATIENT ADDRESS | a | | | | |
|---|---|---|---|---|---|---|---|
| b John Q. Patient | | b | | | c | d | e |

| 10 BIRTHDATE | 11 SEX | 12 DATE | ADMISSION 13 HR 14 TYPE | 15 SRC | 16 DHR | 17 STAT | 18 | 19 | 20 | 21 | CONDITION CODES 22 23 24 25 | 26 | 27 | 28 | 29 ACDT STATE | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8/17/55 | M | 111019 | 1 1 | | | 01 | C3 | | | | | | | | | |

| 31 OCCURRENCE CODE DATE | 32 OCCURRENCE CODE DATE | 33 OCCURRENCE CODE DATE | 34 OCCURRENCE CODE DATE | 35 CODE OCCURRENCE SPAN FROM THROUGH | 36 CODE OCCURRENCE SPAN FROM THROUGH | 37 |
|---|---|---|---|---|---|---|
| | | | | 74 111519 111719 | | |

| 38 | | 39 CODE VALUE CODES AMOUNT | 40 CODE VALUE CODES AMOUNT | 41 CODE VALUE CODES AMOUNT |
|---|---|---|---|---|
| | a | 80 | 5 | |
| | b | 81 | 3 | |
| | c | | | |
| | d | | | |

| 42 REV. CD. | 43 DESCRIPTION | 44 HCPCS / RATE / HIPPS CODE | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES | 49 |
|---|---|---|---|---|---|---|---|
| 0110 | Room and Board-Private | | 111019 | 5.00 | 20000 | 0.00 | |

**Example 2: Admit to discharge claim that is fully covered**

Bill Type

    0111 – admit to discharge

Admission Date

    11/10/2019

Statement Covered Period

    From = 11/10/2019

    Through = 11/18/2019

Days approved under authorization

    11/10/2019 – 11/18/2019

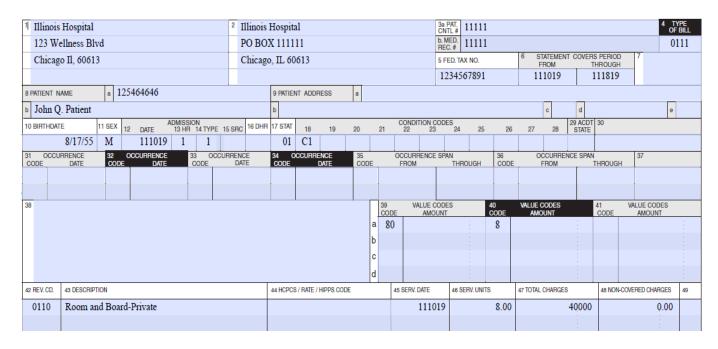Accommodation Revenue Code Units

    0110 = 8 Service units

Value Codes

    80 = 8 (in this scenario, the discharge date is not counted in the value code 80/81 calculation)

Condition Code

    C1

| 1| Illinois Hospital | | 2 Illinois Hospital | | 3a PAT. CNTL # 11111 | | | 4 TYPE OF BILL |
|---|---|---|---|---|---|---|---|---|
| | 123 Wellness Blvd | | PO BOX 111111 | | b. MED. REC. # 11111 | | | 0111 |
| | Chicago Il, 60613 | | Chicago, IL 60613 | | 5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM    THROUGH | | 7 |
| | | | | | 1234567891 | 111019      111819 | | |

| 8 PATIENT NAME | a | 125464646 | | 9 PATIENT ADDRESS | a | | | | |
|---|---|---|---|---|---|---|---|---|---|
| b | John Q. Patient | | | b | | | c | d | e |

| 10 BIRTHDATE | 11 SEX | 12 DATE | ADMISSION 13 HR | 14 TYPE | 15 SRC | 16 DHR | 17 STAT | 18 | 19 | 20 | 21 | CONDITION CODES 22   23   24   25 | 26 | 27 | 28 | 29 ACDT STATE | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8/17/55 | M | 111019 | 1 | 1 | | | 01 | C1 | | | | | | | | | |

| 31 OCCURRENCE CODE    DATE | 32 OCCURRENCE CODE    DATE | 33 OCCURRENCE CODE    DATE | 34 OCCURRENCE CODE    DATE | 35 OCCURRENCE SPAN CODE   FROM   THROUGH | 36 OCCURRENCE SPAN CODE   FROM   THROUGH | 37 |
|---|---|---|---|---|---|---|
| | | | | | | |

| 38 | | | 39 CODE   VALUE CODES AMOUNT | 40 CODE   VALUE CODES AMOUNT | 41 CODE   VALUE CODES AMOUNT |
|---|---|---|---|---|---|
| | | a | 80        | 8        | |
| | | b | | | |
| | | c | | | |
| | | d | | | |

| 42 REV. CD. | 43 DESCRIPTION | 44 HCPCS / RATE / HIPPS CODE | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES | 49 |
|---|---|---|---|---|---|---|---|
| 0110 | Room and Board-Private | | 111019 | 8.00 | 40000 | 0.00 | |

**Example 3: Interim First Claim with non-covered days**

Bill Type

0112 – admit to discharge

Admission Date

11/10/2019

Statement Covered Period

From = 11/10/2019

Through = 11/18/2019

Days approved under authorization

11/10/2019 – 11/14/2019

Accommodation Revenue Code Units

0110 = 5 Service units

Value Codes

80 = 5

81 = 4 (in this scenario the final day is counted in the Value Code 80/81 calculation).

Occurrence span 74

11/15/2019-11/18/2019

Condition Code

C3

| 1 Illinois Hospital | 2 Illinois Hospital | 3a PAT. CNTL # 11111 | | 4 TYPE OF BILL |
|---|---|---|---|---|
| 123 Wellness Blvd | PO BOX 111111 | b. MED. REC. # 11111 | | 0112 |
| Chicago Il, 60613 | Chicago, IL 60613 | 5 FED. TAX NO. 1234567891 | 6 STATEMENT COVERS PERIOD FROM 111019 THROUGH 111819 | 7 |

| 8 PATIENT NAME | a 125464646 | 9 PATIENT ADDRESS a | | | c | d | | e |
|---|---|---|---|---|---|---|---|---|
| b John Q. Patient | | b | | | | | | |

| 10 BIRTHDATE | 11 SEX | 12 DATE | ADMISSION 13 HR | 14 TYPE | 15 SRC | 16 DHR | 17 STAT | 18 | 19 | 20 | 21 | CONDITION CODES 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 ACDT STATE | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8/17/55 | M | 111019 | 1 | 1 | | | 30 | C3 | | | | | | | | | | | | |

| 31 OCCURRENCE CODE/DATE | 32 OCCURRENCE CODE/DATE | 33 OCCURRENCE CODE/DATE | 34 OCCURRENCE CODE/DATE | 35 CODE | OCCURRENCE SPAN FROM | THROUGH | 36 CODE | OCCURRENCE SPAN FROM | THROUGH | 37 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 74 | 111519 | 111819 | | | | |

| 38 | | 39 CODE | VALUE CODES AMOUNT | 40 CODE | VALUE CODES AMOUNT | 41 CODE | VALUE CODES AMOUNT |
|---|---|---|---|---|---|---|---|
| | a | 80 | | 5 | | | |
| | b | 81 | | 4 | | | |
| | c | | | | | | |
| | d | | | | | | |

| 42 REV. CD. | 43 DESCRIPTION | 44 HCPCS / RATE / HIPPS CODE | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES | 49 |
|---|---|---|---|---|---|---|---|
| 0110 | Room and Board-Private | | 111019 | 5.00 | 40000 | 0.00 | |

**Example 4: Incorrect Billing of Admit to Discharge Claim with non-covered days**

Bill Type

0111 – admit to discharge

Admission Date

11/10/2019

Statement Covered Period

From = 11/10/2019

Through = 11/18/2019

Days approved under authorization

11/10/2019 – 11/14/2019

Accommodation Revenue Code Units

0110=9 Service units**\*\*INCORRECT: The discharge date should not be counted as an accommodation unit on admit to discharge or interim final claims**

Value Codes

80=5

81=4 **\*\*INCORRECT: The discharge date should not be counted in the value code 80/81 calculation on admit to discharge or interim final claims**

Occurrence span 74

None **\*\*INCORRECT: Occurrence span 74 is required to report the span of non covered days reported in value code 81**

Condition Code

C1 **\*\*INCORRECT: Condition code C1 indicates that the stay is approved as billed. This stay is partially approved. Condition Code C3 should be used.**

| 1 Illinois Hospital | | 2 Illinois Hospital | | 3a PAT. CNTL # 11111 | | 4 TYPE OF BILL |
|---|---|---|---|---|---|---|
| 123 Wellness Blvd | | PO BOX 111111 | | b. MED. REC. # 11111 | | 0111 |
| Chicago Il, 60613 | | Chicago, IL 60613 | | 5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM 111019 THROUGH 111819 | 7 |
| | | | | 1234567891 | | |

| 8 PATIENT NAME | a 125464646 | 9 PATIENT ADDRESS | a | | | | |
|---|---|---|---|---|---|---|---|
| b John Q. Patient | | b | | c | d | | e |

| 10 BIRTHDATE | 11 SEX | 12 DATE | ADMISSION 13 HR | 14 TYPE | 15 SRC | 16 DHR | 17 STAT | 18 | 19 | 20 | 21 | CONDITION CODES 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 ACDT STATE | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8/17/55 | M | 111019 | 1 | 1 | | | 01 | ==C1== | | | | | | | | | | | | |

| 31 OCCURRENCE CODE DATE | 32 OCCURRENCE CODE DATE | 33 OCCURRENCE CODE DATE | 34 OCCURRENCE CODE DATE | 35 OCCURRENCE CODE FROM THROUGH | 36 OCCURRENCE SPAN CODE FROM THROUGH | 37 |
|---|---|---|---|---|---|---|
| | | | | | | |

| 38 | | 39 CODE | VALUE CODES AMOUNT | 40 CODE | VALUE CODES AMOUNT | 41 CODE | VALUE CODES AMOUNT |
|---|---|---|---|---|---|---|---|
| | a | 80 | | 5 | | | |
| | b | 81 | | ==4== | | | |
| | c | | | | | | |
| | d | | | | | | |

| 42 REV. CD. | 43 DESCRIPTION | 44 HCPCS / RATE / HIPPS CODE | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES | 49 |
|---|---|---|---|---|---|---|---|
| 0110 | Room and Board-Private | | 111019 | ==9.00== | 40000 | 0.00 | |

## Questions

Providers with questions may contact their provider network managers or email the Provider Network Management Department at MHILProviderNetworkManagement@MolinaHealthcare.com.

Providers who need help identifying their assigned provider network manager may visit Molina's Service Area page at www.MolinaHealthcare.com/providers/il/medicaid/contacts/Pages/servicearea.aspx.

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