


PROVIDER BULLETIN

 <p>AETNA BETTER HEALTH® OF FLORIDA</p> <p>261 N. University Drive Plantation, FL 33324 www.AetnaBetterHealth.com/Florida</p>	Date:	October 4, 2023
	Purpose:	Formulary Change: Remind SNF providers that code value 81 can not be billed on a UB-04 form.
	Subject:	Skilled Nursing Facilities (SNF) Billing – Value Codes
	Products:	Skilled Nursing Facilities (SNF)
	From:	<u>Provider Relations</u>

Aetna Better Health® of Florida

Skilled Nursing Facilities (SNF) Billing – Value Codes

Dear Providers,

Aetna Better Health of Florida (ABHFL) would like to remind you that per the AHCA provider reimbursement handbook for UB-04 billing, only value code 31 and 80 are valid for Long Term Care (LTC) facilities.

Value Code 81

Please note, value code 81 is **not** a valid code for use by Long Term Care Facilities. Claims submitted with value code 81 will be denied as this is not a valid code. For further information please see [The Florida Medicaid Provider Reimbursement Handbook, Ub-04](#), chapter 1, page 52 (1-29).

Value Codes 31 and 80

Code 31	Patient Responsibility. If the patient has a patient responsibility, enter value code 31 and the amount. The amount entered should be the amount for the entire month even when billing a partial month. The Medicaid computer system will do a prorated calculation for partial days. Medicaid reimburses the date of admission, but not the date of discharge, so that day is not included in the total number of days. If the recipient is admitted and discharged on the same day, the system will count it as one day. The Department of Children and Families (DCF) staff calculates the patient responsibility and notifies the nursing facility in writing of the correct amount of patient responsibility. The facility must receive this notice before it submits its first claim for payment. When DCF notifies a facility of a change in the amount of patient responsibility for a past month, the facility must submit an adjusted claim. For Medicare crossover claims (level of care X), enter the patient responsibility amount unless the recipient is a QMB only or a QMB+. There is no patient responsibility for QMB and QMB+ nursing facility residents during the Medicare coinsurance period.
Code 80	Covered Days. The number of days covered by the primary payer as qualified by the payer.

Additional Resources:

- https://ahca.myflorida.com/content/download/7032/file/RH_08_080701_UB-04_ver1_3.pdf

We appreciate the excellent care you provide to our members. As always, please don't hesitate to contact our ABHFL Provider Services line if you have any questions at:

Phone: MMA: [1-800-441-5501](tel:1-800-441-5501) TTY (711)

LTC: [1-844-645-7371](tel:1-844-645-7371) TTY (711)

FHK: [1-844-528-5815](tel:1-844-528-5815) TTY (711)

Email: FLMedicaidProviderRelations@aetna.com

Thank you,

Aetna Better Health of Florida

www.aetnabetterhealth.com/florida

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