

NF Provider Notice – 8/4/16
LTC Claim Revenue Center Codes for NFs

Policy Change: Effective with 7/1/16 DOS ([ORC 5165.152](#)), three additional new Revenue Center Codes (RCCs) were added to the three existing flat fee RCCs to direct different reimbursement for NF Medicaid residents from the lowest acuity groups (PA1 and PA2), based on the most recent MDS assessment completed prior to the claim DOS. The regular low acuity flat rate fee has been adjusted to \$115.00 for a full covered day. However, the flat fee reimbursement is reduced to \$91.70 if the provider is not cooperative with the Long Term Care Ombudsman Program efforts to direct appropriate care for the NF resident.

The following Revenue Center Codes (RCCs) are currently in use for NFs billing Long Term Care (LTC) Claims:

- RCC 0101 – Full Covered Day
- RCC 0160 – Full Day: Short-Term Stay for Waiver Consumer
- RCC 0183 – Leave Day: Therapeutic
- RCC 0185 – Leave Day: Hospital

- RCC 0220* – Flat Fee Full Covered Day
- RCC 0169* – Flat Fee Full Day: Short-Term Stay for Waiver Consumer
- RCC 0189* – Flat Fee Leave Day

- RCC 0229* – Flat Fee Full Covered Day (reduced rate)
- RCC 0769* – Flat Fee: Short-Term Stay for Waiver Consumer (reduced rate)
- RCC 0180* – Flat Fee Leave Day (reduced rate)

***Flat Fee Reimbursement Rates:**

Effective with 7/1/12 DOS, three RCCs were implemented to direct different reimbursement for NF Medicaid residents from the lowest acuity groups (PA1 and PA2), as identified by the most recent MDS assessment completed prior to the claim DOS. A low acuity flat rate fee of \$130.00 was paid for DOS 7/1/12 – 6/30/16 in place of the facility's per diem rate for a full covered day.

Effective with 7/1/16 DOS, three additional new RCCs were added to the three existing flat fee RCCs to direct different reimbursement for NF Medicaid residents from the lowest acuity groups (PA1 and PA2). The regular low acuity flat rate fee has been adjusted to \$115.00 for a full covered day. However, the flat fee reimbursement is reduced to \$91.70 if the provider is not cooperative with the LTC Ombudsman Program efforts to direct appropriate care for the NF resident.

NFs are required to bill the appropriate flat fee RCC on claims submitted for low acuity residents.