



iCare Guide for Skilled Nursing Facilities CLAIMS PROCESSING OVERVIEW

Disclaimer: This information is provided as a courtesy from iCare to assist you in claims submission billing. This is not in the place of the Forward Health and CMS Guidelines. iCare relies upon Forward Health and CMS for payment rules and submission requirements.

SECTION	PAGE
Table of Contents	2
iCare Skilled Nursing (SNF) UB Guidelines	3
Claim Example - Medicaid	4
Claim Example - Medicare	4
Claim Example - Therapies	5
Claim Example - Dual Eligible	5

iCare Skilled Nursing (SNF) UB GUIDELINES

January 2013

Box	Description	Comments
1	Provider Name and Address	
4	Bill Type	
5	Federal Tax ID	
6	Statement Covers Period	Not required for Bill type 322 or 323
8b	Patient Name	
9a-e	Patient Address	
10	Date of Birth	
11	Patient Sex	
12	Admission Date	Required for Inpatient, Home Health, and SNF claims
14	Admission Type	<u>Inpatient claims only</u>
15	Admission Source	
17	Discharge Status	Not required for Rural Health or Federally Qualified Clinics
35		Not required
42	Revenue Codes	<p>⇒ MEDICAID: 019X and 018X for leave of absence. *PLEASE NOTE: Claims should NOT be billed with revenue codes 0110-0129. <u>These are non-covered.</u></p> <p>⇒ MEDICARE:</p> <ul style="list-style-type: none"> • <u>First line</u> - Box 42- Rev 0022 (Same line Box 44 five (5) digit Medicare RUGS code) • <u>Second line</u> - 019X Room & Board <p>⇒ DUAL ELIGIBLE:</p> <ul style="list-style-type: none"> • <u>First line</u> – Box 42- Rev 0022 (Same line Box 44 five (5) digit Medicare RUGS code) • <u>Second line</u> - 019X Room-Board <p>*PLEASE NOTE: Claims submitted without this information will be denied. (See Example)</p>
44	RUGS Codes	<p>⇒ MEDICAID: The required three (3) digit code</p> <p>⇒ MEDICARE: The required five (5) digit code</p> <p>⇒ DUAL ELIGIBLE: In order to avoid the companion claim (Medicaid claim) from denying, the Medicaid RUGS-48 code needs to be included on the R & B line. (See Example)</p>
45	Service Date	Required for Home Health and SNF
46	Service Units	
47	Total/Line Item Charges	<p>⇒ Negative Amount: Claim will reject for "No Dollar Amount".</p> <p>⇒ Total Charges MUST equal the sum of the line item charges or claim will reject "Total charge does not match line charge totals".</p> <p>⇒ Total charges on claim with Revenue Codes 0022 may be zero.</p>
49	Unlabeled	
56	NPI	
57a-c	Other Provider ID	Required for ESRD claims
58a	Insured's Name	
59a	Relationship to Uninsured	
60a	Insured Identification No#	
67	Primary Diagnosis Code	Box 67a-67Q other diagnosis code Present on Admission Indicator
69	Admitting Diagnosis Code	Inpatient claims only
80	Remarks	Disclaimer M7-M8
81a-d	Taxonomy Code	<p>⇒ ELECTRONIC SUBMISSIONS: Loop N0# 2000A_BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL, Segment PRV,element PRV02-PXC, PRV03=value populated</p> <p>⇒ PAPER SUBMISSIONS: B3Taxonomy</p>

EXAMPLES:

1) Medicaid –

1 MEDICAID CLAIM EXAMPLE		2		3a PAT. CNTRL # 123456		4 TYPE OF BILL 213	
Lake Michigan Rehab		Print Form		5 MED. REC. # 123456			
2115 E Michigan Pl		RESET		5 FED. TAX NO. 212121212		6 STATEMENT COVERS PERIOD FROM 110112 THROUGH 113012	
Milwaukee, WI 53202							
8 PATIENT NAME a				9 PATIENT ADDRESS a 2115 E MICHIGAN PLACE			
b PATIENT, IMA				b MILWAUKEE c WI d 53202			
10 BIRTHDATE 01011929	11 SEX M	12 DATE 10112	13 HR 15	14 TYPE 3	15 SRC 4	16 DHR	17 STAT 30
ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30							
31 OCCURRENCE DATE 32 OCCURRENCE DATE 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 OCCURRENCE SPAN FROM THROUGH 36 OCCURRENCE SPAN FROM THROUGH 37							
38 ICARE PO BOX 547 BUCKEYSTOWN, MD 21717				39 VALUE CODES AMOUNT a 80 3000		40 VALUE CODES AMOUNT	
				b		c	
				c		d	
				d			
42 REV. CD. 0194	43 DESCRIPTION 110112-113012	44 HCPCS / RATE / HIPPS CODE RAA 152.80	45 SERV. DATE 113012	46 SERV. UNITS 30	47 TOTAL CHARGES 4584.00	48 NON-COVERED CHARGES	49

2) Medicare –

1 MEDICARE		2		3a PAT. CNTRL # 123456		4 TYPE OF BILL 213	
LAKE MICHIGAN REHAB		Print Form		5 MED. REC. # 123456			
2115 E MICHIGAN PLACE		RESET		5 FED. TAX NO. 123456789		6 STATEMENT COVERS PERIOD FROM 110112 THROUGH 113012	
MILWAUKEE, WI 53202							
8 PATIENT NAME a				9 PATIENT ADDRESS a 2115 E MICHIGAN PL			
b PATIENT DOE				b MILWAUKEE c WI d 53202			
10 BIRTHDATE 01011945	11 SEX M	12 DATE 082412	13 HR 14	14 TYPE 3	15 SRC 4	16 DHR	17 STAT 30
ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30							
31 OCCURRENCE DATE 32 OCCURRENCE DATE 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 OCCURRENCE SPAN FROM THROUGH 36 OCCURRENCE SPAN FROM THROUGH 37							
38 ICARE PO BOX 547 BUCKEYSTOWN, MD 21717				39 VALUE CODES AMOUNT a 80 3000		40 VALUE CODES AMOUNT	
				b		c	
				c		d	
				d			
42 REV. CD. 0022	43 DESCRIPTION 0120 Room and Board	44 HCPCS / RATE / HIPPS CODE RVC40	45 SERV. DATE 111912	46 SERV. UNITS 9	47 TOTAL CHARGES 4373.19	48 NON-COVERED CHARGES	49

3) Therapies – Medicaid Room and Board needs to be on the same claim.

1 THERAPIES EXAMPLE LAKE MICHIGAN REHAB 2115 E MICHIGAN PLACE MILWAUKEE, WI 53202		2		3a PAT. CNTL # 123456 3b MED. REC. # 123456		4 TYPE OF BILL 223	
8 PATIENT NAME		9 PATIENT ADDRESS 2115 E MICHIGAN PLACE		5 FED. TAX NO. 261124063		6 STATEMENT COVERS PERIOD FROM 112912 THROUGH 113012	
b PATIENT DOE		b MILWAUKEE		c WI		d 53202	
10 BIRTHDATE 11111929	11 SEX M	12 DATE 110112	13 HR 15	14 TYPE 3	15 SRC 4	16 DHR 30	17 STAT
30 ICARE PO BOX 547 BUCKEYSTOWN, MD 21717 EXAMPLE							
39 CODE VALUE CODES AMOUNT							
40 CODE VALUE CODES AMOUNT							
41 CODE VALUE CODES AMOUNT							
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / ICDPCS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0192	ROOM AND BOARD	RAD	113012	1	150.00		1
0420	PHYSICAL THERAPY	97116 GP 59	113012	1	75.00		2
0420	PHYSICAL THERAPY	97530 GP	113012	1	75.00		3
0430	OCCUPATIONAL THERAPY	97003 GO	113012	1	75.00		4
0430	OCCUPATIONAL THERAPY	97110 GO	113012	2	150.00		5
0430	OCCUPATIONAL THERAPY	97535 GO 59	113012	2	150.00		6
0440	SPEECH PATHOLOGY	92506 GN	112912	1	175.00		7
0440	SPEECH PATHOLOGY	92507 GN	112912	1	90.00		8

4) Dual Eligible –

1 MEDICARE/MEDICAID (DUAL) LAKE MICHIGAN REHAB 2115 E MICHIGAN PLACE MILWAUKEE, WI 53202		2		3a PAT. CNTL # 123456 3b MED. REC. # 123456		4 TYPE OF BILL 213	
8 PATIENT NAME		9 PATIENT ADDRESS 2115 E MICHIGAN PL		5 FED. TAX NO. 123456789		6 STATEMENT COVERS PERIOD FROM 110112 THROUGH 113012	
b PATIENT DOE		b MILWAUKEE		c WI		d 53202	
10 BIRTHDATE 01011945	11 SEX M	12 DATE 082412	13 HR 14	14 TYPE 3	15 SRC 4	16 DHR 30	17 STAT
30 ICARE PO BOX 547 BUCKEYSTOWN, MD 21717							
39 CODE VALUE CODES AMOUNT							
40 CODE VALUE CODES AMOUNT							
41 CODE VALUE CODES AMOUNT							
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / ICDPCS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0022		RVC40	101912	9	0:00		1
0022		RUC0D	111612	12	0:00		2
0022		RUC51	112112	9	0:00		3
0194	ROOM & BOARD/PVT	485.91 RAC		9	4373.19		4
0194	ROOM & BOARD/PVT	566.40 RAD		21	11894.40		5
0250	PHARMACY		113012	1	564.11		6
0420	PHYSICAL THERAPY		113012	64	4800.00		7
0440	OCCUPATIONAL THERAPY		113012	70	5250.00		8
0440	SPEECH THERAPY		113012	23	2070.00		9