

# *i*Care 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.

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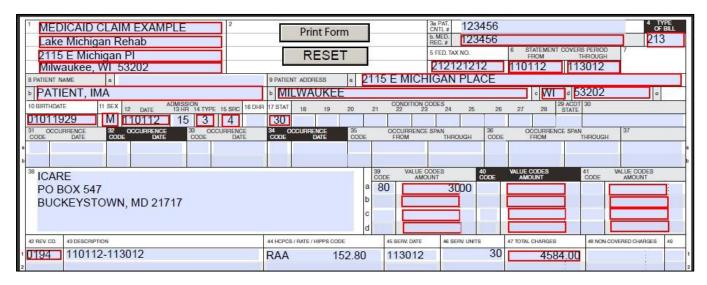
## iCare Skilled Nursing (SNF) UB GUIDELINES

January 2013

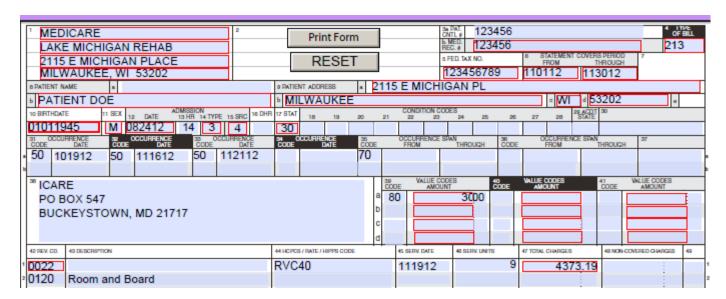
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Box	Description	Comments
1	Provider Name and Address	
4	Bill Type	
5	Federal Tax ID	
6	Statement Covers Period	Not required for Bill type 322 or 323
8b	Patient Name	
9а-е	Patient Address	
10	Date of Birth	
11	Patient Sex	
12	Admission Date	Required for Inpatient, Home Health, and SNF claims
14	Admission Type	Inpatient claims only
15	Admission Source	
17	Discharge Status	Not required for Rural Health or Federally Qualified Clinics
35		Not required
42	Revenue Codes	<ul> <li>➡ MEDICAID: 019X and 018X for leave of absence.</li> <li>*PLEASE NOTE: Claims should NOT be billed with revenue codes 0110-0129. These are non-covered.</li> <li>➡ MEDICARE:         <ul> <li>First line - Box 42- Rev 0022 (Same line Box 44 five ( 5) digit Medicare RUGS code)</li> <li>Second line - 019X Room &amp; Board</li> </ul> </li> <li>➡ DUAL ELIGIBLE:         <ul> <li>First line - Box 42- Rev 0022 (Same line Box 44 five ( 5) digit Medicare RUGS code)</li> <li>Second line - 019X Room-Board</li> <li>* PLEASE NOTE: Claims submitted without this information will be denied. (See Example)</li> </ul> </li> </ul>
44	RUGS Codes	<ul> <li>➡ MEDICAID: The required three (3) digit code</li> <li>➡ MEDICARE: The required five (5) digit code</li> <li>➡ 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 &amp; B line. (See Example)</li> </ul>
45	Service Date	Required for Home Health and SNF
46	Service Units	
47	Total/Line Item Charges	<ul> <li>⇒ Negative Amount: Claim will reject for "No Dollar Amount".</li> <li>⇒ Total Charges MUST equal the sum of the line item charges or claim will reject "Total charge does not match line charge totals".</li> <li>⇒ Total charges on claim with Revenue Codes 0022 may be zero.</li> </ul>
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#	Day 67a 670 other diagnosis and Discourt on Adviced in Tradicator
67	Primary Diagnosis Code	Box 67a-67Q other diagnosis code Present on Admission Indicator
69 80	Admitting Diagnosis Code Remarks	Inpatient claims only Disclaimer M7-M8
81a-d	Taxonomy Code	⇒ ELECTRONIC SUBMISSIONS: Loop N0# 2000A_BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL, Segment PRV,element PRV02-PXC, PRV03=value populated  ⇒ PAPER SUBMISSIONS: B3Taxonomy

#### **EXAMPLES**:

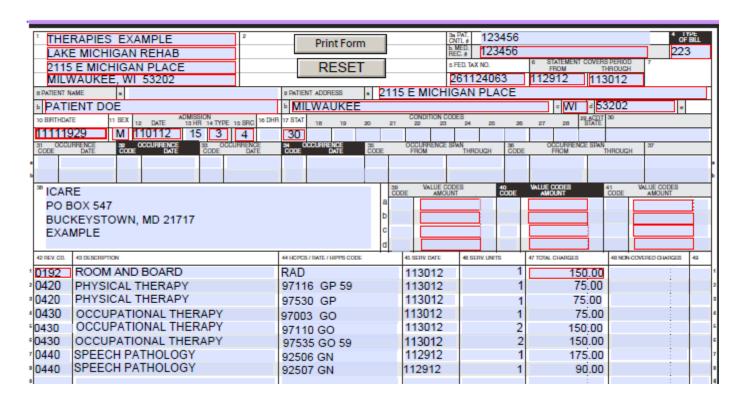
#### 1) Medicaid -



#### 2) Medicare -



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



### 4) Dual Eligible -

