



*i*Care Guide for Skilled Nursing Facilities CLAIMS PROCESSING OVERVIEW

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

SECTION	PAGE
Table of Contents	2
<i>i</i>Care Skilled Nursing (SNF) UB Guidelines	3
Claim Example - Medicaid	4
Claim Example - Medicare	4
Claim Example – Dual Eligible	5
Claim Example – Medicaid Therapies	6-8

iCare Skilled Nursing (SNF) UB-04 GUIDELINES

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	<i>Inpatient claims only</i>
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. <i>These are non-covered.</i></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> - 012X 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 <ul style="list-style-type: none"> • *PLEASE NOTE: Claims submitted without this information will be denied. (<i>See Example</i>)
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. (<i>See Example</i>)</p>
45	Service Date	Required for Home Health
46	Service Units	Total units should equal the total confinement days
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 must 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>

3) Dual Eligible – Example

Medicare Prime and Dual Member claims for R&B and Therapies need to be billed on one claim.

Provider Name		PrintForm		123 456		213	
Address		RESET		123 456			
City, WI 53202				123456789		110114 113014	
Doc Name		Address		2115 E Michigan Pl		53202	
Doc Job		MINNESOTA					
14 BRIDGE		15 DATE		16 TIME		17 DAY	
01011945		002414		14 3 4		30	
20 OCCURRENCE		30 OCCURRENCE		40 OCCURRENCE		50 OCCURRENCE	
50 101914		50 111614		50 112114			
60		60		60		60	
70		70		70		70	
80		80		80		80	
90		90		90		90	
P.O. Box 660346		Dallas, Texas 75266-0346		3000			
0022		RUC40		110114		9	
0194		RUC00		111614		12	
0194		485.91 RAC				9	
0250		566.40 RAD		113014		1	
0420		phys ka thre apy		113014		64	
0430		oca pthre apy		113014		70	
0440		Spe ca thre apy		113014		23	
0001		PAGE 1 OF 1		CREATION DATE		XXXX	
01		01		01		01	
Medicare		Care		Y		Y	
Patient Doe		Patient Doe		18		18	
015789		25000		436		3310	
015789		015789		015789		015789	
XX Disclaimer code M7 or M8							

5) Medicaid Therapies:

iCare has determined that Medicaid covered therapy services provided in a skilled nursing facility must be billed in the following manner to be considered for payment.

- Claims must be submitted on a CMS 1500 form.
- The rendering provider on the CMS 1500 form must be a provider qualified to provide therapy service.
- Providers may submit claims for these services under the nursing home NPI, but should refer to the appropriate service areas for more information about covered services, service limitations under the BadgerCare Plus Benchmark Plan, prior authorization guidelines, and claim submission instructions. (ForwardHealth Topic 3215)
- When the rendering provider is employed by, or under contract to, a therapy group, therapy clinic, speech and hearing clinic, or nursing home, the billing provider number of the group, clinic, or nursing home must be indicated on the claim. A performing provider number must be indicated. (ForwardHealth Topic 2765)
- When the rendering provider is employed by or under contract to a rehabilitation agency, the billing provider number of the rehabilitation agency must be indicated on the claim. A rendering provider number should not be indicated (ForwardHealth Topic 2762)
- Claims can contain the services from only one rendering provider per claim form.
- Claims for PT, OT, and SLP services require the referring physician's name and NPI.

An example of claims with an explanation of the required fields is attached for your reference. More information is available at Forward Health (www.forwardhealth.wi.gov).

In order for us to process these claims efficiently, please send us a roster of the therapists that will bill under your NPI. Please include the therapist name, credential and NPI number.



iCare Requirements for Clean Claim (CMS 1500)

Box	Description	Comments
1a	Insured's ID Number	
2	Patient Name	
3	Birth Date and Sex	Date of birth must be valid date and not future date
5	Patient Address	
12	Patient's or Authorized Person's Signature and Date Signed	Acceptable alternatives: Unable to sign, signature on file, SOF, Computer generated, signature marked with "X", Authorization of File, Medicare/Medicaid Reclamation Claims, Transportation, Lodging
21	Diagnosis or Nature of Illness	
24a	Dates of Service	Claim must include one detail line, must be a valid date, From date cannot include a future date, cannot have a date span into the future, cannot span a calendar year
24b	Place of Service	Must be 2 characters
24d	Procedures, Services or Supplies	Must be at least 5 characters
24f	Charges	A negative amount will be neglected
24g	Days or Units	
24i/j	Taxonomy code and prefix	Must be present here or in Box 33b. Not required for SMV, personal care attendant, Blood bank or Community Care Organization. Prefix of PXC is required for all 5010 electronic submission, for paper submission either ZZ or blank is accepted.
24J (b)	NPI	Must be 10 numerical characters. Not required for SMV claims billed with POS 41,42,99
25	Federal Tax ID Number	Must be 9 numerical characters
28	Total Charge	Total charges must equal the sum of the line charges
31	Signature of Physician or Supplier Physician	Not required for SMV claims billed with POS 41,42,99
33	Physician/Provider's Name, Billing Address, Zip Code	
33a	Billing Physician/Provider NPI	Must be 10 numerical characters. Not required for SMV claims billed with POS 41,42,99
33b	Taxonomy code and prefix	Must be present here or in Box 24i/24j. Not required for SMV, personal care attendant, Blood bank or Community Care Organization. Prefix of PXC is required for all 5010 electronic submission, for paper submission either ZZ or blank is accepted. For electronic submission: Loop Number 2310A-BILLING PROVIDER NAME, Segment PRV, ElementPRV02 =PXC, ElementPRZ03=value populated taxonomy code