LTC Residential Claim Submission via iCare Provider Portal

Log on to iCare Provider Portal  Provider Portal

From the menu on the left side select **Claims**, next select **create claim**, (see screen shot 1)

Next select **member name** (enter member last name, first name, date of birth or member Medicaid id) click on **search**, (This will bring up the members name) verify your member is correct, click **next**

Claim Type (Required) select **Institutional Inpatient Claim**, click **next**.

Provider Information
Select the claim type, provider name, and the service address.
Select Claim Type (Required) = **Institutional Inpatient Claim**

**Type of Bill**
Click next, Facility Type (Required) 21- Inpatient skilled nursing
*note this facility type with the closet match to a residential facility for UB04 submissions

**Frequency**  3 – options
01 – Admit through Discharge
02 – First Interim Claim
03 – Continuing Interim Claim
04 – Last Interim Claim

When entering the above Facility Type and Frequency, they will be converted as follows for residential facility/AFH

21 01 will be:  861 – Respite Services
21 02 will be:  862 – First claim for Client
21 03 will be:  863 – Continuous claim for Client
21 04 will be:  864 – Last claim for Client

**Statement From Date and Statement To Date**
**MM/DD/YYYY** through **MM/DD/YYYY**

**Admission Details**
Admission Date (the date the member came to your facility) enter **MM/DD/YYYY**

**Admission Hour**
Select – admission time = **00**

**Type of Admission**
Admission Sources
Select – 9 – Information Not Available

Discharge Details
Discharge Date (the though date on claim) enter MM/DD/YYYY

Discharge Hour (Required)
Select – discharge time = 00

Discharge Status (Required)
Select – discharge status = 30 – Still patient

Select the ICD type & primary Diagnosis Code to enter service details.

ICD Type (Required)
Select – ICD 10

Primary Diagnosis Code (Required)
Enter – Z02.9

POA Indicator (*not a required field)
Present on Admission (POA) – means the primary diagnosis was present at the time admission occurs
Select Yes, No, Unknown, Clinically Undetermined or Exempt

Accept Assignment check box
indicate whether you agree (or is required by law) to accept the Medicare-approved amount as full payment for covered services

Service Line 1
Date of Service From Date and Date of Service To Date
MM/DD/YYYY through MM/DD/YYYY

Revenue Code
Enter - room and board Rev (example: 0120)

CPT/HCPCS (previously referred to as HIPAA)
Enter the code that is approved on your Service Request, it must be a 5 digit/character code.
  • If a CPT/HCPCS is not provided, use only the Revenue code

Units (Required)
Enter – number of units/days

**Unit Type (Required)**
Select unit type = Days

**Charge (Required)**
Calculate – Rev code rates x number of days – Enter Charge amount

Click + **Add Service Line** to submit additional charges

**Once the fields are complete on each service line, click View Estimate**

**Next**
**Confirm Claims Service Line is correct. Next** **Submit Claim**

Please be sure to review your claim to ensure accuracy. Any corrected claims will need to be submitted on the hard copy LTC Residential Claim form.

**Corrected Claims**

Follow the above instructions to submit a claim. But, use the following Frequency in the Statement Summary

Frequency 06 – adjustment of a prior claim (make changes to a paid claim)
Frequency 07 – Replacement of a prior claim (make changes to a denied claim)
<table>
<thead>
<tr>
<th>Type of Bill</th>
<th>Facility Type</th>
<th>Frequency</th>
<th>Statement Dates</th>
<th>Admission Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Select facility type</td>
<td>Select frequency</td>
<td>Statement From Date</td>
<td>Admission Date</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Statement To Date</td>
<td>04/18/2023</td>
</tr>
<tr>
<td></td>
<td></td>
<td>02 - First Interim Claim</td>
<td>04/18/2023</td>
<td>04/18/2023</td>
</tr>
<tr>
<td>Admission Details</td>
<td>Admission Date</td>
<td>Admission Hour</td>
<td>Type of Admission</td>
<td></td>
</tr>
<tr>
<td></td>
<td>04/18/2023</td>
<td>17</td>
<td>Select type of admission</td>
<td></td>
</tr>
</tbody>
</table>
Discharge Details

Discharge Date: 04/18/2023
Discharge Hour: 17

Admission Sources:
- Information Not Available

Discharge Details:

Discharge Date: 04/18/2023
Discharge Status: (Required)

Service Details (Required):
Select the ICD type & primary Diagnosis Code to enter service details.

ICD Type (Required): ICD-10
Primary Diagnosis Code (Required): Enter primary diagnosis code
POA Indicator: Select POA indicator
### Service Details (Required)

Select the ICD type & primary Diagnosis Code to enter service details.

<table>
<thead>
<tr>
<th>ICD Type</th>
<th>(Required)</th>
<th>Primary Diagnosis Code</th>
<th>(Required)</th>
<th>POA Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10</td>
<td></td>
<td>2024</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Service Line 1

- **Date of Service From:** 04/18/2023
- **Date of Service To:** 04/18/2023

#### Revenue Code

**Enter Revenue Code:**

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>CPT / HCPCS</th>
<th>Modifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>0120</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### NDC Code

- **Units:** (Required)
- **Unit Type:** (Required)
- **Charge:** (Required)
- **Ambulance:**

<table>
<thead>
<tr>
<th>NDC Code</th>
<th>Units</th>
<th>(Required)</th>
<th>Unit Type</th>
<th>(Required)</th>
<th>Charge</th>
<th>(Required)</th>
<th>Ambulance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td></td>
<td>Units</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
<td>Units</td>
<td>$1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Date(s)</td>
<td>Revenue Code</td>
<td>Charged</td>
<td>Allowed</td>
<td>Plan Discount</td>
<td>Copay</td>
<td>Coinurance</td>
<td>Deductible</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------</td>
<td>---------</td>
<td>---------</td>
<td>---------------</td>
<td>-------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>04/10/2021-04/11/2021</td>
<td>9120</td>
<td>$1.00</td>
<td>$0.00</td>
<td>$1.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

CPT Description
0120-Room & Board - Semi-private (2 beds)