ICF Billing Instructions

Intermediate Care Facilities (ICF)/Individuals with Intellectual Disabilities (IID) Billing Instructions

***Type of Bill (TOB)**: Required – Enter the appropriate 3-digit code as follows:

- 1st Digit – Type of Facility
  - 6 = Intermediate Care (LOC = ICF/MR)
- 2nd Digit – Classification
  - 5 = Intermediate Care Level - I
  - 6 = Intermediate Care Level - II
  - 7 = Intermediate Care Level - III
- 3rd Digit – Frequency
  - 1 = Admit Through Discharge Claim
  - 2 = Interim - First Claim
  - 3 = Interim – Continuing Claim
  - 4 = Interim – Final Claim
  - 7 = Adjustment/Replacement of Prior Claim
  - 8 = Void/Cancel of a Prior Claim

**61X is no longer a recognized Type of Bill for ICF/IID

***Value Code**: Required – Enter the appropriate Value Code

- Covered Days is reported with Value Code 80, which must be entered in Form Locator 39-41 of the UB-04

***Revenue Code**: Required – Enter the applicable revenue code(s) which identifies the service provided. Bill a Level of Care (LOC) Revenue Code only once during the month unless the LOC changes during the month. Use the following revenue codes and descriptions:

- 183 = LOA – Home – Traditional Style Bed or ICF/IID
- 184 = LOA – Home – Home Style Facility
- 191 = Intermediate I – Traditional Style Bed
- 192 = Intermediate II – Traditional Style Bed
- 193 = Intermediate III – Traditional Style Bed
- 194 = ICF/IID

***National Provider Identifier (NPI)** – The 10-digit NPI must be entered

***Attending Provider**: Required – The Attending provider name and the NPI cannot be the billing provider. The individual attending provider information must be entered in this field. The Attending provider must be enrolled with Arkansas Medicaid.

Claim Example:

1 Provider Name
Address
City, State, Zip
Telephone

2

3a PAT. CNTL # 1111
b. MED. REC. # 1111111111

4 TYPE OF BILL 654

5 FED. TAX NO. 00-000000

6 STATEMENT COVERS PERIOD FROM 040119 THROUGH 040519

7

8 PATIENT NAME a XXXX
b

9 PATIENT ADDRESS a Street Address
b City c St d Zip e

10 BIRTHDATE MMDYYYY | 11 SEX F | ADMISSION 12 DATE 040119 | 13 HR | 14 TYPE | 15 SRC | 16 DHR | 17 STAT 01 | CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28 | 29 ACDT STATE | 30

31 OCCURRENCE CODE DATE | 32 OCCURRENCE CODE DATE | 33 OCCURRENCE CODE DATE | 34 OCCURRENCE CODE DATE | 35 OCCURRENCE SPAN CODE FROM THROUGH | 36 OCCURRENCE SPAN CODE FROM THROUGH | 37

38

39 VALUE CODES CODE AMOUNT | 40 VALUE CODES CODE AMOUNT | 41 VALUE CODES CODE AMOUNT
a 80 1900
b
c
d

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
193	Intermediate III - Traditional Style Bed		04012019	5			
0001	PAGE 1 OF 1	CREATION DATE		TOTALS			

50 PAYER NAME A ARTC | 51 HEALTH PLAN ID XXXXXX | 52 REL. INFO | 53 ASG. BEN. | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 NPI 123456789 | 57 OTHER PRV ID 1234567

58 INSURED'S NAME A Member's Name | 59 P. REL | 60 INSURED'S UNIQUE ID U00000000 | 61 GROUP NAME | 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME

66 DX F71 | 67 A B C D E F G H I J K L M N O P Q | 68

69 ADMIT DX | 70 PATIENT REASON DX a b c | 71 PPS CODE | 72 ECI a b c | 73

74 PRINCIPAL PROCEDURE CODE DATE | a. OTHER PROCEDURE CODE DATE | b. OTHER PROCEDURE CODE DATE | 75

76 ATTENDING NPI 1298765432 QUAL
LAST Doe FIRST Jane

c. OTHER PROCEDURE CODE DATE | d. OTHER PROCEDURE CODE DATE | e. OTHER PROCEDURE CODE DATE

77 OPERATING NPI QUAL
LAST FIRST

80 REMARKS | 81CC a b c d

78 OTHER NPI QUAL
LAST FIRST

79 OTHER NPI QUAL
LAST FIRST

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC National Uniform Billing Committee LIC9213257 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Questions?
Contact Arkansas Total Care at: 1-866-282-6280