Neighborhood Health Plan OF RHODE ISLAND™

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D-SNP Sample Institutional UB-04 Claim Forms Available for Skilled Nursing Facilities

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Neighborhood Health Plan of Rhode Island (Neighborhood) has created sample institutional UB-04 claim forms to help skilled nursing facilities with **INTEGRITY for Duals (HMO D-SNP**) claim submissions.

These sample forms are intended to help providers visualize where key claim data elements should be included when submitting D-SNP claims.

For purposes of D-SNP claim submission "skilled" refers to the applicable Medicare skilled nursing facility billing requirements.

The following sample claim forms are now available:

- Skilled Nursing Facility Claim Example
- Custodial Nursing Facility Claim Example
- UB-04 Field Locator Reference

These examples are intended to serve as visual references only. They are designed to help providers understand the placement of required and situational UB-04 claim fields, including type of bill, statement covers period, revenue code, HCPCS/rate/HIPPS codes and more.

Providers are responsible for submitting claims that accurately reflect the services rendered and using the appropriate codes, dates, charges and required claim information for each member and service.

Please note:

- The sample forms contain dummy information and are marked "Sample Use Only."
- Any codes or values shown are for example purposes only.
- Occurrence codes and value codes may be required depending on the claim type and services rendered.

Providers should continue to refer to the applicable billing guidelines for official claim submission requirements:

- Skilled Nursing Facility D-SNP Billing Presentation
- Skilled Nursing Facility D-SNP Billing Reference Guide
- Skilled Nursing Facilities Payment Policy

Thank you for your continued partnership and for the care you provide to Neighborhood members.