Neighborhood Health Plan OF RHODE ISLAND™

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Skilled Nursing Facility Claims Submission Guidance for INTEGRITY for Duals

Neighborhood News – July 2026

Neighborhood Health Plan of Rhode Island (Neighborhood) recently hosted a provider webinar regarding skilled nursing facility (SNF) claims submission, billing guidance and operational requirements for **Neighborhood INTEGRITY for Duals (HMO D-SNP**).

During the webinar, Neighborhood reviewed several common claim submission issues impacting the processing of nursing facility claims and provided guidance regarding billing requirements and claim submission expectations. The webinar presentation and SNF billing reference guide are available below for providers who attended the session and for those who were unable to attend:

- **Skilled Nursing Facility D-SNP Billing and Claims Slide Deck**
- **Skilled Nursing Facility D-SNP Billing Reference Guide**

Providers should also review Chapter 6 and Chapter 7 of the Medicare Claims Processing Manual requirements for full skilled nursing facility billing requirements and claim submission expectations.

As a reminder, for dates of service on and after **January 1, 2026, skilled nursing facility providers must bill Neighborhood in the same manner they bill Medicare.** Claims must be submitted on an institutional UB-04 claim form. Claims submitted on a 1500 professional claim form will not process correctly.

Rejected Claims

Neighborhood has identified instances where providers submitted corrected claims for claims that previously rejected. Rejected claims should be resubmitted as new claims rather than corrected claims.

Providers are encouraged to review remittance advice (RA) and 835 files carefully prior to resubmitting claims to help avoid duplicate claim submissions.

Previously submitted claims that did not pay

- If the original services were submitted on a 1500 professional claim form, **submit a new claim with the required billing elements on an institutional claim form**.
- If the original services were already submitted on an institutional claim form, **submit a corrected claim with the required billing elements**.

Neighborhood will prioritize the review and processing of corrected claims and resubmissions related to this issue.

Note: Providers should not resubmit or correct claims before the original claim has adjudicated.

Bill Type Guidance - Custodial

Neighborhood is issuing updated billing guidance for custodial nursing facility services billed for members enrolled in INTEGRITY for Duals.

For new claim submissions, providers billing custodial nursing facility services should submit claims using the appropriate bill type within the **26X** series. This aligns with updated state guidance and the Skilled Nursing Facility Payment Policy.

Previously, Neighborhood communicated guidance referencing bill types within the **21X** series for certain custodial nursing facility claims. Providers do not need to resubmit previously submitted claims solely due to this updated bill type guidance. Claims previously submitted with a **21X bill type** will continue to process if all other required claim elements are present and accurate.

If a provider is submitting a corrected claim for a denial on a claim originally billed with a 21X bill type, providers should not change the bill type to **26X** on the corrected claim. Instead, providers should correct the issue that caused the denial and maintain the original bill type from the initial submission.

Common Claim Submission Issues Identified

Neighborhood has identified several common claim submission issues that may result in claims denying, rejecting or not processing correctly. In order to avoid these issues, please review the below information as well as Neighborhood's Skilled Nursing Facility Payment Policy and Chapter 6 and Chapter 7 of the Medicare Claims Processing Manual for additional claims submission expectations and billing guidance.

	Billing Error	Skilled/Custodial	Results In…	Recommended Action
1	Billing charges on HIPPS claim line	Skilled	Claim will not process correctly	Charges on the HIPPS line should be billed as $0.00
2	Billing revenue code 0022 along with additional room and board revenue codes	Skilled	Claim will deny	Claims billed with 0022 should not also include room and board revenue codes
3	Billing skilled and custodial services on the same claim	Both	Claim will deny or process incorrectly	Skilled and custodial services should be billed separately
4	Missing occurrence code 50 when applicable	Skilled	Claim will deny or process incorrectly	Include occurrence code 50 when applicable

5	Missing occurrence code 70 when applicable	Skilled	Claim will not process correctly	Include occurrence code 70 when applicable
6	Billing incorrect covered day units for HIPPS rate codes	Skilled	Claim will not process correctly	Use correct number of covered day units
7	Billing incorrect or incomplete HIPPS codes	Both	Claim will not process correctly	Submit the complete and appropriate five-character HIPPS code
8	Submitting claims on the incorrect claim type	Both	Claim will not process correctly.	Submit claims on an institutional UB-04 claim form
9	Using incorrect member ID numbers	Both	Claim will not process correctly	Use the member's INTEGRITY for Duals ID which begins with "12"

Neighborhood acknowledges the unanticipated challenges providers have faced with the implementation of the new D-SNP plans. We apologize for the inconvenience this has caused and appreciate your continued partnership. Thank you for the care you provide to our members.