

Home Health Medicare Billing Codes Sheet

Type of Bill (TOB)* (FL 4)

322 Request for Anticipated Payment (RAP)	329 Final Claim for Episode
327 Adjustment Claim	320 Nonpayment Claim
328 Void/Cancel Prior RAP/Claim	34X Outpatient Services
3XG or 3XI Contractor adjustment	

Claims Filing Section of MRG for HHAs
CMS Pub. 100-4, Chapter 10

* FISS will automatically change the 2nd digit of the TOB, if required.

Source of Admission Codes (FL 15)

1	Physician Referral	7	Emergency Room
2	Clinic Referral	8	Court/Law Enforcement
3	HMO Referral	9	Information Not Available
4	Transfer from Hospital	A	Transfer from Critical Access Hospital (CAH)
5	Transfer from SNF	B	Transfer from Another HHA
6	Transfer from Other Health Care Facility	C	Readmission to Same HHA

Claims Filing Section of MRG for HHAs
CMS Pub. 100-4, Chapter 10

Claim Change Reason Codes (CCRC) (FL 18-28) & Adjustment Reason Codes (ARC) (FISS only)

Description	CCRC	ARC	TOB
Changes in Service Dates	D0	RF	3X7
Changes to Charges	D1	RG	3X7
Changes in revenue/HCP/HIPPS codes	D2	RH	3X7
Cancel to correct provider/HIC #	D5	RI	3X8
Cancel duplicate or OIG payment	D6	RJ	3X8
Change to make Medicare secondary	D7	RK	3X7
Change to make Medicare primary	D8	RL	3X7
Any other/multiple change (s)	D9	RM	3X7
Change in patient status	E0	RN	3X7

NOTE: RAPs cannot be adjusted. If information must be changed on a processed RAP, it must be cancelled and resubmitted to Medicare.

Claims Filing Section of MRG for HHAs
CMS Pub. 100-4, Chapter 25

Medicare Secondary Payer (MSP) Value Codes (VC) (FL 39-41) & Payer Codes (PC) (FISS only)

Description	VC	PC	Description	VC	PC
Working Aged	12	A	Public Health Svc/Other Federal	16	F
ESRD	13	B	Disabled	43	G
Conditional Payment – no fault	14	C	Black Lung	41	H
Conditional Payment – Worker's Compensation	15	C	Veteran's Administration	42	I
Conditional Payment – liability	47	C	Liability (attorney involved)	47	L
No Fault (no attorney involved)	14	D	Medicare		Z
Worker's Compensation	15	E			

NOTE: Medicare does not make payments on MSP RAPs. Submit RAPs with Medicare as primary.

Claims Filing & MSP Sections of MRG
CMS Pub. 100-5, Chapter 3

Core Based Statistical Area (CBSA) Value Code (FL 39-41)

61 MSA/CBSA code for where HH services were provided. MSA/CBSA codes are required on all 32X and 33X TOB. CBSA codes are required when the "THROUGH" date (FL 6) is on or after January 1, 2006.

Place "61" in the first value code field locator and the MSA/CBSA code in the dollar amount column followed by two zeros.

Claims Filing Section of MRG for HHAs
CMS Pub. 100-4, Chapter 10

Web Site References

Quick Reference Tools/Medicare Reference Guide for Home Health Agencies/FISS Reference Guide
https://www.cahabagba.com/part_a/education_and_outreach/educational_materials/hha.htm

Home Health & Hospice Medicare A Newsletters

https://www.cahabagba.com/part_a/education_and_outreach/newsletter/index.htm

CMS Pub. 100

<http://www.cms.hhs.gov/Manuals/IOM/list.asp#>



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Patient Status Codes (FL 17)

01	Discharge to home or self-care (routine discharge)	43	Discharge/transfer to federal hospital
02	Discharge/transfer to short-term general hospital	50	Discharge/transfer for hospice services in the home
03	Discharge/transfer to SNF	51	Discharge/transfer to hospice services in a medical facility
04	Discharge/transfer to ICF	61	Discharge/transfer to hospital-based Medicare approved swing bed
05	Discharge/transfer/refer to another type of institution or refer for outpatient services to another institution	62	Discharge/transfer to IRF (inpatient rehabilitation facility)
06	Discharge/transfer to home care of another HHA OR discharge and readmit to the same HHA within a 60-day episode	63	Discharge/transfer to long-term care hospital
07	Left against medical advice or discontinued care	64	Discharge/transfer to Medicaid certified, but non-Medicare certified nursing facility
20	Expired	65	Discharge/transfer to psychiatric hospital or psychiatric part unit of a hospital
30*	Still a beneficiary/services continue to be provided	66	Discharge/transfer to CAH

Claims Filing Section of MRG for HHAs
CMS Pub. 100-4, Chapter 10

* RAPS must contain 30 in FL 17.

Revenue Codes (FL 42)

0001	Total units/charges	044X	Speech Language Pathology
0023	HIPPS code	055X	Skilled Nursing
027X	Medical/Surgical Supplies	056X	Medical Social Services
029X	Durable Medical Equipment (DME) (Other Than Renal)	057X	Home Health Aide
042X	Physical Therapy	060X	Oxygen
043X	Occupational Therapy	062X	Medical/Surgical Supplies – (report additional breakdown in supplies category for surgical dressings)

Claims Filing Section of MRG for HHAs
CMS Pub. 100-4, Chapter 10

* For revenue codes ending in an "X", sub-classifications exist. Use a "0" to indicate general classification when the sub-classifications are not appropriate.

Common Home Health Billing Errors by Reason Code (RC) (When RAP/claim is in FISS status/location (S/LOC) T B9997 or R B9997)

RC	Resource	RC	Resolution/Resource
38107	Quick reference tool "Avoiding Reason Code 38107"	32226	Ensure units are billed as required for revenue codes on FISS claim page 02. See June 1, 2007, <i>Home Health & Hospice Medicare A Newslines</i> , pgs. 32-33
U5381/ U538G	Quick reference tool "Avoiding Billing Errors Caused By Overlapping Home Health Episodes"; Also access quick reference tool "Special Billing Situations Under HH PPS" for billing transfers and discharge/readmit	31755	Initial episodes: Ensure "FROM" date, "ADMIT DATE" and 0023 revenue code service date are equal Subsequent episodes: Service date for one visit must match service date on 0023 revenue line
C7273	January 1, 2006, <i>Home Health & Hospice Medicare A Newslines</i> , pgs. 57-59	30715	March 1, 2007, <i>Home Health & Hospice Medicare A Newslines</i> , pgs. 17-19
38050, 38157, 38200	June 1, 2007, <i>Home Health & Hospice Medicare A Newslines</i> , pgs. 30-31	32038	Ensure valid CBSA code billed. Access valid CBSA codes at http://www.cms.hhs.gov/HomeHealthPPS/HHPPSRN/list.asp

Quick Reference Tools available at https://www.cahabagba.com/part_a/education_and_outreach/educational_materials/hha.htm

Home Health & Hospice Medicare A Newslines available at https://www.cahabagba.com/part_a/education_and_outreach/newsletter/index.htm



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FISS Fields and UB-04 Field Locators (FL) for Home Health Billing

R = required

C = conditional

N = not required

O = optional

FISS Pg	FISS Field Name	UB FL	Data Entered	RAP	Claims
1	HIC	60	Medicare (HIC) number	R	R
1	TOB	4	Type of Bill	R	R
1	OSCAR	57	Oscar/Legacy Medicare number	R ¹	R ¹
1	NPI	56	NPI number	R ¹	R ¹
1	PAT. CNTL #	3a	Patient Control Number	O	O
1	STMT DATE FROM	6	From date of service	R	R
1	TO	6	To date of service	R	R
1	LAST	8	Patient's last name	R	R
1	FIRST	8	Patient's first name	R	R
1	DOB	10	Patient's date of birth	R	R
1	ADDR1	9	Patient's address	R	R
1	ADDR 2	9	City State	R	R
1	ZIP	9	Zip code	R	R
1	SEX	11	Gender (M or F)	R	R
1	ADMIT DATE	12	Date of admission	R	R
1	HR	13	Admission hour	R ²	R ²
1	STAT	17	Patient status	R	R
1	COND CODES	18-28	Condition codes	C	C
1	OCC DCS/DATE	31-34	Occurrence code(s)/date(s)	N	C
1	SPAN CODES/DATES	35-36	Occurrence span code(s)/date(s)	N	C
1	FAC ZIP	1	Zip code for provider or subpart	R ¹	R ¹
1	DCN	64	Document control number	N	C ³
1	VALUE CODES	39-41	Value codes	R ⁴	R ⁴
2	REV	42	Revenue codes	R ⁵	R
2	HCPC	44	HCPCS	R ⁶	R
2	MODIFS	44	Modifiers	N	C
2	TOT UNIT	46	Total Units	N	R
2	COV UNIT	46	Covered Units	N	R
2	TOT CHARGES	47	Total charges	N	R
2	NCOV CHARGES	48	Noncovered charges	N	C

FISS Pg	FISS Field Name	UB FL	Data Entered	RAP	Claims
2	SERV DT	45	Service Date	R ⁷	R
3	CD	50	Payer code	R	R
3	PAYER	50	Payer name	R	R
3	RI	52	Release of information	R	R
3	MEDICAL RECORD NBR	3b	Medical Record Number	O	O
3	DIAGNOSIS CODES	67	Diagnosis codes	R	R
3	ATT PHYS	76	Primary care physician's UPIN	R	R
3	NPI	76	Primary care physician's NPI	R	R
3	LN	76	Primary physician's last name	R	R
3	FN	76	Primary physician's first name	R	R
3	MI	76	Primary physician's middle initial	O	O
3	OPR PHYS	77	Operating physician's UPIN	C	C
3	NPI	77	Operating physician's NPI	C	C
3	LN	77	Operating physician's last name	C	C
3	FN	77	Operating physician's first name	C	C
3	MI	77	Operating physician's middle initial	O	O
3	OTH PHYS	77	Other physician's UPIN	C	C
3	NPI	77	Other physician's NPI	C	C
3	LN	77	Other physician's last name	C	C
3	FN	77	Other physician's first name	C	C
3	MI	77	Other physician's middle initial	O	O
4	REMARKS	80	Remarks (adjustments, cancels, demand/no-pay bills, MSP)	C	C
5	INSURED NAME	58	Insured's last name, first name	N	C ⁸
5	SEX	N/A	Insured's sex code	N	C ⁸
5	DOB	N/A	Insured's date of birth	N	C ⁸
5	REL	59	Patient's relationship	N	C ⁸
5	CERT-SSN-HIC	60	Insured's ID/HIC#	N	C ⁸
5	GROUP NAME	61	Insurance group name	N	C ⁸
5	GROUP NUMBER	62	Insurance group number	N	C ⁸
5	TREAT AUTH CODE	63	OASIS Matching Key	R	R ⁹

¹ OSCAR/UPIN or NPI (FL56) required before 5/23/07. NPI & FAC ZIP required effective 5/23/07.

² Required for DDE

³ Adjustments & cancels only

⁴ Value code 61 and CBSA code required

⁵ Rev codes 0023 and 0001 required on RAPs & final claims

⁶ HIPPS code required on RAPs

⁷ RAPs require the 1st covered, Medicare billable service date along with revenue code 0023 & the HIPPS code

⁸ Only required when Medicare is the secondary payer

⁹ When Medicare is the secondary or tertiary payer, the OASIS Matching Key is entered on the second or third TREAT AUTH CODE line.



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