CHAPTER 12
ADDENDUM Q

EXAMPLES OF CLAIMS SUBMISSION UNDER HOME HEALTH AGENCY PROSPECTIVE PAYMENT SYSTEM (HHA PPS)

Due to the size of Figure 12-Q-1, please go to the next page.

FIGURE 12-Q-1 REQUEST FOR ANTICIPATED PAYMENT (RAP) - NON-TRANSFER SITUATION

1 Your Agency Name
Address
City ST Zip
2
3a PAT. CNTL #
b. MED REC. #
4 TYPE OF BILL: 322
5 FED. TAX NO
6 STATEMENT COVERS PERIOD FROM: 10012000 THROUGH: 10012000
7

8 PATIENT NAME a Doe Jane M
9 PATIENT ADDRESS a 123 Main Street Anywhere ST 50000
b c d e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DRG	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	39
03151920	F	10012000			1		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	
a																a
b																b

38

	41 CODE	VALUE CODES AMOUNT		42 CODE	VALUE CODES AMOUNT		41 CODE	VALUE CODES AMOUNT	
a	61	1900	00						
b									
c									
d									

	42 REV CD.	43 DESCRIPTON	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHANGES		48 NON-COVERED CHANGES		49	
1	0023	HH Services	HAEJ1	10012000		0	00				1
2	0001					0	00				2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23		PAGE ____ OF ____	CREATION DATE		TOTALS						23

	50 PAYER	51 HEALTH PL;AN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A	Medicare	167999	Y				57 OTHER PRV ID	A
B								B
C								C

	58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
A	Doe, Jane M		123456789A			A
B						B
C						C

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A	200010012000093001			A
B				B
C				C

66 DX: 1629 67 A B C D E F G H 68
I J K L M N O P Q

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

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

80 REMARKS
81 CC a b c d

76 ATTENDING NPI A12345 QUAL
LAST Green FIRST Mark
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

UB-04 CMS-1450 APPROVED OMB NO. THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

NUBC National Uniform Billing Committee LIC9213257

FIGURE 12-Q-2 RAP - NON-TRANSFER SITUATION WITH LINE ITEM SERVICE ADDED

This is an example of what a RAP might look like if other line item data had to be added because your software required a total charge greater than zero on the CMS 1450 UB-04. The system will look only at the HIPPS code information in order to generate payment. Remember that you will also need to enter this line item data on the Claim. That is, in this example, your claim would also contain the charge for the Skilled Nursing visit on10/01/2000.

1 Your Agency Name
Address
City ST Zip
2
3a PAT. CNTL #
b. MED REC. #
4 TYPE OF BILL: 322
5 FED. TAX NO
6 STATEMENT COVERS PERIOD FROM: 10012000 THROUGH: 10012000
7

8 PATIENT NAME a: Doe Jane M
9 PATIENT ADDRESS a: 123 Main Street Anywhere ST 50000
b c d e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DRG	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	39
03151920	F	10012000			1		30													

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

38

	41 CODE	VALUE CODES AMOUNT		42 CODE	VALUE CODES AMOUNT		41 CODE	VALUE CODES AMOUNT	
a	61	1900	00						
b									
c									
d									

	42 REV. CD.	43 DESCRIPTON	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES		48 NON-COVERED CHARGES	49	
1	0023	HH Services	HAEJ1	10012000		0	00			1
2	0550	Skilled Nurse Visit		10012000		150	00			2
3	0001					150	00			3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23		PAGE ____ OF ____	CREATION DATE		TOTALS					23

	50 PAYER	51 HEALTH PL;AN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A	Medicare	167999	Y				57 OTHER PRV ID	A
B								B
C								C

	58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
A	Doe, Jane M		123456789A			A
B						B
C						C

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A	200010012000093001			A
B				B
C				C

66 DX: 1629 67 A B C D E F G H 68
I J K L M N O P Q

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

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

80 REMARKS | 81CC a b c d

76 ATTENDING NPI A12345 QUAL
LAST Green FIRST Mark
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

UB-04 CMS-1450 APPROVED OMB NO. THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

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FIGURE 12-Q-3 RAP - TRANSFER SITUATION

Note: Source of Admission Form Locator (FL) 15 is a B, which indicates that this beneficiary transferred to your Home Health Agency (HHA) from another HHA.

1 Your Agency Name	2	3a PAT. CNTL #	4 TYPE OF BILL
Address		b. MED REC. #	322
City ST Zip		5 FED. TAX NO	6 STATEMENT COVERS PERIOD FROM 10162000 THROUGH 10162000
			7

8 PATIENT NAME	9 PATIENT ADDRESS
a Doe Jane M	a 123 Main Street Anywhere ST 50000
b	b c d e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DRG	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	39
03151920	F	10162000			B		30													

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

38		41 CODE	VALUE CODES AMOUNT		42 CODE	VALUE CODES AMOUNT		41 CODE	VALUE CODES AMOUNT	
	a	61	1900	00						
	b									
	c									
	d									

	42 REV CD.	43 DESCRIPTON	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHANGES		48 NON-COVERED CHANGES		49	
1	0023	HH Services	HAEJ1	10162000		0	00				1
2	0001					0	00				2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23		***PAGE____ OF ____***	***CREATION DATE***		***TOTALS***						23

	50 PAYER	51 HEALTH PL;AN ID	52 REL. INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A	Medicare	167999	Y				57	A
B							OTHER	B
C							PRV ID	C

	58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
A	Doe, Jane M		123456789A			A
B						B
C						C

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A	200010162000101401			A
B				B
C				C

66 DX	1629	67	A	B	C	D	E	F	G	H	68
	I	J	K	L	M	N	O	P	Q		

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

76 ATTENDING	NPI A12345	QUAL
LAST Green		FIRST Mark
77 OPERATING	NPI	QUAL
LAST		FIRST
78 OTHER	NPI	QUAL
LAST		FIRST
79 OTHER	NPI	QUAL
LAST		FIRST

80 REMARKS	81CC	
	a	
	b	
	c	
	d	

UB-04 CMS-1450 APPROVED OMB NO. THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

NUBC National Uniform Billing Committee LIC9213257

FIGURE 12-Q-4 RAP - DISCHARGE/RE-ADMIT

Note: Source of Admission (FL **15**) is a C, which indicates that this beneficiary was discharged from your HHA, but was readmitted within the same 60-day episode.

1 Your Agency Name	2	3a PAT. CNTL #	4 TYPE OF BILL
Address		b. MED REC. #	3X2
City ST Zip		5 FED. TAX NO	6 STATEMENT COVERS PERIOD FROM 10162000 THROUGH 10162000
			7

8 PATIENT NAME a Doe Jane M	9 PATIENT ADDRESS a 123 Main Street Anywhere ST 50000		
b	b	c	d e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DRG	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	39
03151920	F	10162000			C		30													

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

38	41 CODE	VALUE CODES AMOUNT	42 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
	a 61	1900 00				
	b					
	c					
	d					

	42 REV CD.	43 DESCRIPTON	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHANGES	48 NON-COVERED CHANGES	49	
1	0023	HH Services	HAEJ1	10162000		0 00			1
2	0001					0 00			2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23		PAGE ____ OF ____	CREATION DATE		TOTALS				23

	50 PAYER	51 HEALTH PL;AN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A	Medicare	167999	Y				57	A
B							OTHER	B
C							PRV ID	C

	58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
A	Doe, Jane M		123456789A			A
B						B
C						C

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A	200010162000101401			A
B				B
C				C

66 DX	67	A	B	C	D	E	F	G	H	68
1629										
	I	J	K	L	M	N	O	P	Q	

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

76 ATTENDING	NPI A12345	QUAL	
LAST Green		FIRST Mark	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS	81CC		
	a		
	b		
	c		
	d		

UB-04 CMS-1450 APPROVED OMB NO. THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

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FIGURE 12-Q-5 RAP - CANCELLATION

Note: The Type of Bill (TOB) changes to end in an 8, a Claim Change Reason Code (e.g., D5) is included, and the RHHI's Internal Control Number (ICN) that identified the original RAP is included.

1 Your Agency Name	2	3a PAT. CNTL #	4 TYPE OF BILL
Address		b. MED REC. #	328
City ST Zip		5 FED. TAX NO	6 STATEMENT COVERS PERIOD FROM 10012000 THROUGH 10012000

8 PATIENT NAME	9 PATIENT ADDRESS
a Doe Jane M	a 123 Main Street Anywhere ST 50000
b	b c d e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DRG	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	39
03151920	F	10012000			C		30	D5												

31 CODE	OCCURRENCE DATE	32 CODE	OCCURRENCE DATE	33 CODE	OCCURRENCE DATE	34 CODE	OCCURRENCE DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
a														2001952340508 a
b														b

38	41 CODE	VALUE CODES AMOUNT	42 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
	a 61	1900 00				
	b					
	c					
	d					

	42 REV CD.	43 DESCRIPTON	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHANGES	48 NON-COVERED CHANGES	49	
1	0023	HH Services	HAEJ1	10012000		0 00			1
2	0001					0 00			2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23		*PAGE ____ OF ____*	*CREATION DATE*		*TOTALS*				23

	50 PAYER	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A	Medicare	167999	Y				57 OTHER PRV ID	A
B								B
C								C

	58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
A	Doe, Jane M		123456789A			A
B						B
C						C

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A	200010012000093001			A
B				B
C				C

66 DX	67	A	B	C	D	E	F	G	H	68
1629										
I	J	K	L	M	N	O	P	Q		

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

76 ATTENDING	NPI A12345	QUAL
LAST Green	FIRST Mark	
77 OPERATING	NPI	QUAL
LAST	FIRST	
78 OTHER	NPI	QUAL
LAST	FIRST	
79 OTHER	NPI	QUAL
LAST	FIRST	

80 REMARKS	81CC	
	a	
	b	
	c	
	d	

UB-04 CMS-1450 APPROVED OMB NO. THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

NUBC National Uniform Billing Committee LIC9213257

FIGURE 12-Q-6 CLAIM - NON-TRANSFER SITUATION

1 Your Agency Name
Address
City ST Zip
2
3a PAT. CNTL #
b. MED REC. #
4 TYPE OF BILL: 329
5 FED. TAX NO
6 STATEMENT COVERS PERIOD FROM: 10012000 THROUGH: 11292000
7

8 PATIENT NAME a Doe Jane M
9 PATIENT ADDRESS a 123 Main Street Anywhere ST 50000
b c d e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DRG	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	39
03151920	F	10012000			1		30													

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

38

	41 CODE	VALUE CODES AMOUNT		42 CODE	VALUE CODES AMOUNT		41 CODE	VALUE CODES AMOUNT	
a	61	1900	00						
b									
c									
d									

	42 REV CD.	43 DESCRIPTON	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHANGES		48 NON-COVERED CHANGES	49	
1	0023	HH Services	HAEJ1	10012000		0	00			1
2	0550	Skilled Nurse Visit	G0154	10012000	2	150	00			2
3	0570	HH Aide	G0156	10012000	3	75	00			3
4	0550	Skilled Nurse Visit	G0154	10102000	2	150	00			4
5	0570	HH Aide	G0156	10102000	2	75	00			5
6	0420	Physical Therapy	G0151	10152000	3	200	00			6
7	0550	Skilled Nurse Visit	G0154	10202000	2	150	00			7
8	0570	HH Aide	G0156	10202000	2	75	00			8
9	0420	Physical Therapy	G0151	10252000	3	200	00			9
10	0550	Skilled Nurse Visit	G0154	10302000	2	150	00			10
11	0570	HH Aide	G0156	10302000	2	75	00			11
12	0420	Physical Therapy	G0151	11042000	3	200	00			12
13	0550	Skilled Nurse Visit	G0154	11102000	1	150	00			13
14	0570	HH Aide	G0156	11102000	2	75	00			14
15	0420	Physical Therapy	G0151	11142000	3	200	00			15
16	0550	Skilled Nurse Visit	G0154	11202000	2	150	00			16
17	0570	HH Aide	G0156	11202000	3	75	00			17
18	0420	Physical Therapy	G0151	11242000	3	200	00			18
19	0550	Skilled Nurse Visit	G0154	11292000	2	150	00			19
20	0570	HH Aide	G0156	11292000	2	75	00			20
21	0270	Supplies			11	132	58			21
22	0001				43	2707	58			22
23		PAGE ____ OF ____	CREATION DATE		TOTALS					23

	50 PAYER	51 HEALTH PL;AN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A	Medicare	167999	Y				57 OTHER PRV ID	A
B								B
C								C

	58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
A	Doe, Jane M		123456789A			A
B						B
C						C

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A	200010012000093001			A
B				B
C				C

66 DX: 1629 67 A B C D E F G H 68
I J K L M N O P Q

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

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

80 REMARKS
81CC a b c d

76 ATTENDING	NPI A12345	QUAL	
LAST Green		FIRST Mark	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

UB-04 CMS-1450 APPROVED OMB NO. THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

NUBC National Uniform Billing Committee LIC9213257

FIGURE 12-Q-7 CLAIM - TRANSFER SITUATION - BENEFICIARY TRANSFERS TO YOUR HHA

Note: Source of Admission (FL 15) is a B, which indicates that this beneficiary transferred to your HHA from another HHA.

1 Your Agency Name	2	3a PAT. CNTL #	4 TYPE OF BILL: 329
Address		b. MED REC. #	
City ST Zip		5 FED. TAX NO	6 STATEMENT COVERS PERIOD FROM 10012000 THROUGH 11292000
			7

8 PATIENT NAME	9 PATIENT ADDRESS
a Doe Jane M	a 123 Main Street Anywhere ST 50000
b	b c d e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DRG	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	39
03151920	F	10012000			B		30													

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

38		41 CODE	VALUE CODES AMOUNT		42 CODE	VALUE CODES AMOUNT		41 CODE	VALUE CODES AMOUNT	
	a	61	1900	00						
	b									
	c									
	d									

	42 REV CD.	43 DESCRIPTON	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHANGES		48 NON-COVERED CHANGES	49	
1	0023	HH Services	HAEJ1	10012000		0	00			1
2	0550	Skilled Nurse Visit	G0154	10012000	2	150	00			2
3	0570	HH Aide	G0156	10012000	3	75	00			3
4	0550	Skilled Nurse Visit	G0154	10102000	2	150	00			4
5	0570	HH Aide	G0156	10102000	2	75	00			5
6	0420	Physical Therapy	G0151	10152000	3	200	00			6
7	0550	Skilled Nurse Visit	G0154	10202000	2	150	00			7
8	0570	HH Aide	G0156	10202000	2	75	00			8
9	0420	Physical Therapy	G0151	10252000	3	200	00			9
10	0550	Skilled Nurse Visit	G0154	10302000	2	150	00			10
11	0570	HH Aide	G0156	10302000	2	75	00			11
12	0420	Physical Therapy	G0151	11042000	3	200	00			12
13	0550	Skilled Nurse Visit	G0154	11102000	1	150	00			13
14	0570	HH Aide	G0156	11102000	2	75	00			14
15	0420	Physical Therapy	G0151	11142000	3	200	00			15
16	0550	Skilled Nurse Visit	G0154	11202000	2	150	00			16
17	0570	HH Aide	G0156	11202000	3	75	00			17
18	0420	Physical Therapy	G0151	11242000	3	200	00			18
19	0550	Skilled Nurse Visit	G0154	11292000	2	150	00			19
20	0570	HH Aide	G0156	11292000	2	75	00			20
21	0270	Supplies			11	132	58			21
22	0001				43	2707	58			22
23		PAGE ____ OF ____	CREATION DATE		TOTALS					23

	50 PAYER	51 HEALTH PL;AN ID	52 REL. INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A	Medicare	167999	Y				57	A
B							OTHER	B
C							PRV ID	C

	58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
A	Doe, Jane M		123456789A			A
B						B
C						C

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A	200010012000093001			A
B				B
C				C

66 DX	67	A	B	C	D	E	F	G	H	68
1629										
	I	J	K	L	M	N	O	P	Q	

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

76 ATTENDING	NPI A12345	QUAL
LAST Green		FIRST Mark
77 OPERATING	NPI	QUAL
LAST		FIRST
78 OTHER	NPI	QUAL
LAST		FIRST
79 OTHER	NPI	QUAL
LAST		FIRST

80 REMARKS	81CC	
	a	
	b	
	c	
	d	

UB-04 CMS-1450 APPROVED OMB NO. THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

NUBC National Uniform Billing Committee LIC9213257

FIGURE 12-Q-8 CLAIM - SIGNIFICANT CHANGE IN CONDITION (SCIC) SITUATION

Note: Two HIPPS Codes appear on this claim due to a SCIC.

1 Your Agency Name
Address
City ST Zip
2
3a PAT. CNTL. #
b. MED REC. #
4 TYPE OF BILL: 329
5 FED. TAX NO
6 STATEMENT COVERS PERIOD FROM: 10012000 THROUGH: 11292000
7

8 PATIENT NAME a Doe Jane M
9 PATIENT ADDRESS a 123 Main Street Anywhere ST 50000

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DRG	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	39
03151920	F	10012000			1		30													

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

38

	41 CODE	VALUE CODES AMOUNT		42 CODE	VALUE CODES AMOUNT		41 CODE	VALUE CODES AMOUNT	
a	61	1900	00						
b									
c									
d									

	42 REV CD	43 DESCRIPTON	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES		48 NON-COVERED CHARGES	49	
1	0023	HH Services	HAEJ1	10012000		0	00			1
2	0023	HH Services	HBFJ4	11102000		0	00			2
3	0550	Skilled Nurse Visit	G0154	10012000	2	150	00			3
4	0570	HH Aide	G0156	10012000	3	75	00			4
5	0550	Skilled Nurse Visit	G0154	10102000	2	150	00			5
6	0570	HH Aide	G0156	10102000	2	75	00			6
7	0420	Physical Therapy	G0151	10152000	3	200	00			7
8	0550	Skilled Nurse Visit	G0154	10202000	2	150	00			8
9	0570	HH Aide	G0156	10202000	2	75	00			9
10	0420	Physical Therapy	G0151	10252000	3	200	00			10
11	0550	Skilled Nurse Visit	G0154	10302000	2	150	00			11
12	0570	HH Aide	G0156	10302000	2	75	00			12
13	0420	Physical Therapy	G0151	11042000	3	200	00			13
14	0550	Skilled Nurse Visit	G0154	11102000	1	150	00			14
15	0570	HH Aide	G0156	11102000	2	75	00			15
16	0420	Physical Therapy	G0151	11142000	3	200	00			16
17	0550	Skilled Nurse Visit	G0154	11202000	2	150	00			17
18	0570	HH Aide	G0156	11202000	3	75	00			18
19	0420	Physical Therapy	G0151	11242000	3	200	00			19
20	0550	Skilled Nurse Visit	G0154	11292000	2	150	00			20
21	0270	Supplies			11	132	58			21
22	0001				43	2632	58			22
23		PAGE ____ OF ____	CREATION DATE		TOTALS					23

	50 PAYER	51 HEALTH PL;AN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A	Medicare	167999	Y				57 OTHER PRV ID	A
B								B
C								C

	58 INSURED'S NAME	59 PREL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
A	Doe, Jane M		123456789A			A
B						B
C						C

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A	200010012000093001			A
B				B
C				C

66 DX: 1629 67 A B C D E F G H 68
I J K L M N O P Q

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

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

76 ATTENDING NPI A12345 QUAL
LAST Green FIRST Mark
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
81CC a b c d

UB-04 CMS-1450 APPROVED OMB NO. THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

NUBC National Uniform Billing Committee LIC9213257

FIGURE 12-Q-9 CLAIM - NO-RAP-LOW UTILIZATION PAYMENT ADJUSTMENT (LUPA) CLAIM

In this example, the beneficiary transferred to another HHA. Your HHA provided two services and had not yet submitted the RAP when the beneficiary transferred; therefore, you have a No-RAP-LUPA Claim situation.

1 Your Agency Name
Address
City ST Zip
2
3a PAT. CNTL #
b. MED REC. #
4 TYPE OF BILL: 329
5 FED. TAX NO
6 STATEMENT COVERS PERIOD FROM: 10012000 THROUGH: 10032000
7

8 PATIENT NAME a Doe Jane M
9 PATIENT ADDRESS a 123 Main Street Anywhere ST 50000
b c d e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DRG	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	39
03151920	F	10012000			1		06													

	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
a															
b															

38

	41 VALUE CODES CODE	AMOUNT	42 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	61	1900 00				
b						
c						
d						

	42 REV CD.	43 DESCRIPTON	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHANGES		48 NON-COVERED CHANGES	49
1	0023	HH Services	HAEJ1	10012000		0	00		
2	0550	Skilled Nurse Visit	G0154	10012000	2	150	00		
3	0570	HH Aide	G0156	10012000	3	75	00		
4									
5	0001				5	225	00		
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23		PAGE ____ OF ____	CREATION DATE		TOTALS				

	50 PAYER	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A	Medicare	167999	Y				57 OTHER PRV ID	
B								
C								

	58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A	Doe, Jane M		123456789A		
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A	200010012000093001		
B			
C			

66 DX: 1629 67 A B C D E F G H 68
I J K L M N O P Q

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

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

76 ATTENDING NPI A12345 QUAL
LAST Green FIRST Mark
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
81 CC a b c d

UB-04 CMS-1450 APPROVED OMB NO. THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

NUBC National Uniform Billing Committee LIC9213257

FIGURE 12-Q-10 CLAIM ADJUSTMENT

NOTE: The TOB changes to end in a 7, a Claim Change Reason Code (e.g., D9) is included, and the RHHI's ICN that identifies the original claim is included. Remarks are noted in FL 80 at the bottom of the claim.

1 Your Agency Name
Address
City ST Zip
2
3a PAT. CNTL #
b. MED REC. #
4 TYPE OF BILL: 327
5 FED. TAX NO
6 STATEMENT COVERS PERIOD FROM: 10012000 THROUGH: 11292000
7

8 PATIENT NAME a Doe Jane M
9 PATIENT ADDRESS a 123 Main Street Anywhere ST 50000

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DRG	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	39
03151920	F	10012000			1		30	D9												

31 CODE	OCCURRENCE DATE	32 CODE	OCCURRENCE DATE	33 CODE	OCCURRENCE DATE	34 CODE	OCCURRENCE DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
a														2002332340508 a
b														b

38

	41 CODE	VALUE CODES AMOUNT		42 CODE	VALUE CODES AMOUNT		41 CODE	VALUE CODES AMOUNT	
a	61	1900	00						
b									
c									
d									

	42 REV CD.	43 DESCRIPTON	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHANGES		48 NON-COVERED CHANGES	49	
1	0023	HH Services	HAEJ1	10012000		0	00			1
2	0550	Skilled Nurse Visit	G0154	10012000	2	150	00			2
3	0570	HH Aide	G0156	10012000	3	75	00			3
4	0550	Skilled Nurse Visit	G0154	10102000	2	150	00			4
5	0570	HH Aide	G0156	10102000	2	75	00			5
6	0420	Physical Therapy	G0151	10152000	3	200	00			6
7	0550	Skilled Nurse Visit	G0154	10202000	2	150	00			7
8	0570	HH Aide	G0156	10202000	2	75	00			8
9	0420	Physical Therapy	G0151	10252000	3	200	00			9
10	0550	Skilled Nurse Visit	G0154	10302000	2	150	00			10
11	0570	HH Aide	G0156	10302000	2	75	00			11
12	0420	Physical Therapy	G0151	11042000	3	200	00			12
13	0550	Skilled Nurse Visit	G0154	11102000	1	150	00			13
14	0570	HH Aide	G0156	11102000	2	75	00			14
15	0420	Physical Therapy	G0151	11142000	3	200	00			15
16	0550	Skilled Nurse Visit	G0154	11202000	2	150	00			16
17	0570	HH Aide	G0156	11202000	3	75	00			17
18	0420	Physical Therapy	G0151	11242000	3	200	00			18
19	0550	Skilled Nurse Visit	G0154	11292000	2	150	00			19
20	0570	HH Aide	G0156	11292000	2	75	00			20
21	0270	Supplies			11	132	58			21
22	0001				43	2707	58			22
23		PAGE ____ OF ____	CREATION DATE		TOTALS					23

	50 PAYER	51 HEALTH PL;AN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A	Medicare	167999	Y				57 OTHER PRV ID	A
B								B
C								C

	58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
A	Doe, Jane M		123456789A			A
B						B
C						C

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A	200010012000093001			A
B				B
C				C

66 DX: 1629 67 A B C D E F G H 68
I J K L M N O P Q

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

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

76 ATTENDING NPI A12345 QUAL
LAST Green FIRST Mark
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
Adjusted line item date of service on last therapy visit - from 11/24 to 11/25/2000, and changed 15-minute increments from 3 to 4.

81CC a b c d

UB-04 CMS-1450 APPROVED OMB NO. THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

NUBC National Uniform Billing Committee LIC9213257

FIGURE 12-Q-11 CLAIM - CANCELLATION

NOTE: The TOB changes to end in an 8, a Claim Change Reason Code (e.g., D6) is included, and the RHHI's ICN that identified the original claim is included.

1 Your Agency Name
Address
City ST Zip
2
3a PAT. CNTL #
b. MED REC. #
4 TYPE OF BILL: 328
5 FED. TAX NO
6 STATEMENT COVERS PERIOD FROM: 10012000 THROUGH: 11292000
7

8 PATIENT NAME a: Doe Jane M
9 PATIENT ADDRESS a: 123 Main Street Anywhere ST 50000
b c d e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DRG	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	39
03151920	F	10012000			1		30	D6												

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
a														2002332340508 a
b														b

38

	41 VALUE CODES CODE	AMOUNT	42 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	61	1900 00				
b						
c						
d						

	42 REV CD.	43 DESCRIPTON	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHANGES	48 NON-COVERED CHANGES	49
1	0023	HH Services	HAEJ1	10012000		0 00		1
2	0550	Skilled Nurse Visit	G0154	10012000	2	150 00		2
3	0570	HH Aide	G0156	10012000	3	75 00		3
4	0550	Skilled Nurse Visit	G0154	10102000	2	150 00		4
5	0570	HH Aide	G0156	10102000	2	75 00		5
6	0420	Physical Therapy	G0151	10152000	3	200 00		6
7	0550	Skilled Nurse Visit	G0154	10202000	2	150 00		7
8	0570	HH Aide	G0156	10202000	2	75 00		8
9	0420	Physical Therapy	G0151	10252000	3	200 00		9
10	0550	Skilled Nurse Visit	G0154	10302000	2	150 00		10
11	0570	HH Aide	G0156	10302000	2	75 00		11
12	0420	Physical Therapy	G0151	11042000	3	200 00		12
13	0550	Skilled Nurse Visit	G0154	11102000	1	150 00		13
14	0570	HH Aide	G0156	11102000	2	75 00		14
15	0420	Physical Therapy	G0151	11142000	3	200 00		15
16	0550	Skilled Nurse Visit	G0154	11202000	2	150 00		16
17	0570	HH Aide	G0156	11202000	3	75 00		17
18	0420	Physical Therapy	G0151	11242000	3	200 00		18
19	0550	Skilled Nurse Visit	G0154	11292000	2	150 00		19
20	0570	HH Aide	G0156	11292000	2	75 00		20
21	0270	Supplies			11	132 58		21
22	0001				43	2707 58		22
23		***PAGE ____ OF ____***	***CREATION DATE***		***TOTALS***			23

	50 PAYER	51 HEALTH PL;AN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A	Medicare	167999	Y				57 OTHER PRV ID	A
B								B
C								C

	58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
A	Doe, Jane M		123456789A			A
B						B
C						C

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A	200010012000093001			A
B				B
C				C

66 DX: 1629 67 A B C D E F G H 68
I J K L M N O P Q

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

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

	76 ATTENDING	NPI A12345	QUAL
	LAST Green		FIRST Mark
	77 OPERATING	NPI	QUAL
	LAST		FIRST
	78 OTHER	NPI	QUAL
	LAST		FIRST
	79 OTHER	NPI	QUAL
	LAST		FIRST

80 REMARKS
81CC a b c d

UB-04 CMS-1450 APPROVED OMB NO. THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

NUBC National Uniform Billing Committee LIC9213257