CHAPTER 12
ADDENDUM O

EXAMPLES OF CLAIMS SUBMISSION UNDER HHAPPS

FIGURE 12-O-1 RAP - NON-TRANSFER SITUATION

Your Agency Name
Address
City, State, Zip

322

10012000 10012000

Doe Jane M

123 Main Street Anywhere IA 50000

03151920 F 10012000 1 30

61 1900 00

42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0023	HH Services	HAEJ1	10012000		0 00		
0001					0 00		

50 PAYER: Medicare
51 PROVIDER NO.: 167999
52 REL INFO: Y
53 ASG BEN
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56
57 DUE FROM PATIENT
58 INSURED'S NAME: Doe, Jane M
59 P.REL'N CERT.-SSN-HIC.-ID NO.: 123456789A
61 GROUP NAME
62 INSURANCE GROUP NO.
63 TREATMENT AUTHORIZATION CODES: 200010012000093001
65 EMPLOYER NAME
66 EMPLOYER LOCATION
67 PRIN DIAG CD: 1629
76 ADM. DIAG. CD.
77 E-CODE
78
79 P.C.
80 PRINCIPAL PROCEDURE CODE DATE
82 ATTENDING PHYS. ID: A12345 Greene, Mark
83 OTHER PHYS. ID
84 REMARKS
85 PROVIDER REPRESENTATIVE: X Ima Clerk
86 DATE: 10012000

FIGURE 12-O-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 UB-92. 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 on 10/01/2000.

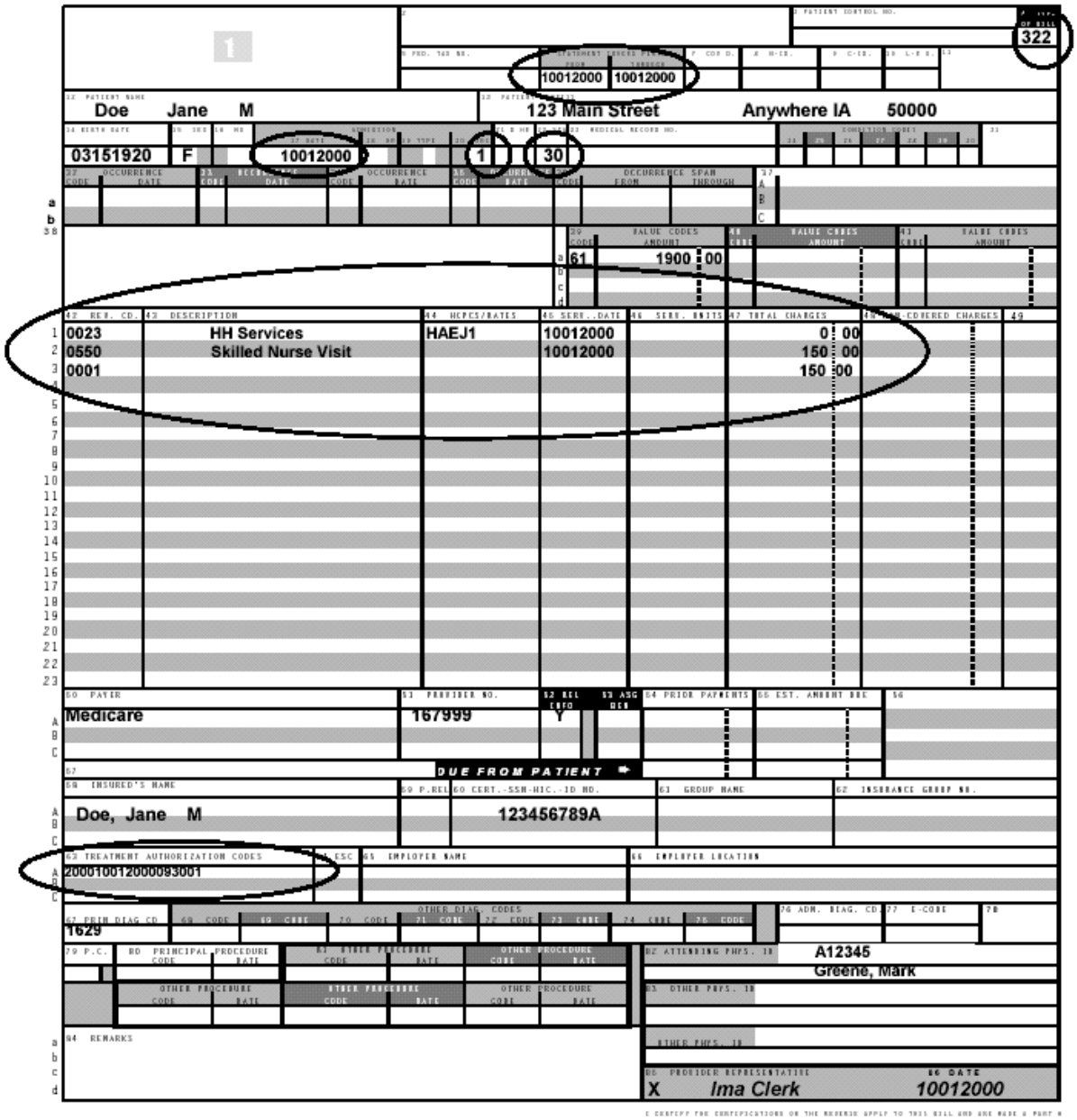


FIGURE 12-O-3 RAP - TRANSFER SITUATION

NOTE: Source of Admission (FL 20) is a B, which indicates that this beneficiary transferred to your HHA from another HHA.

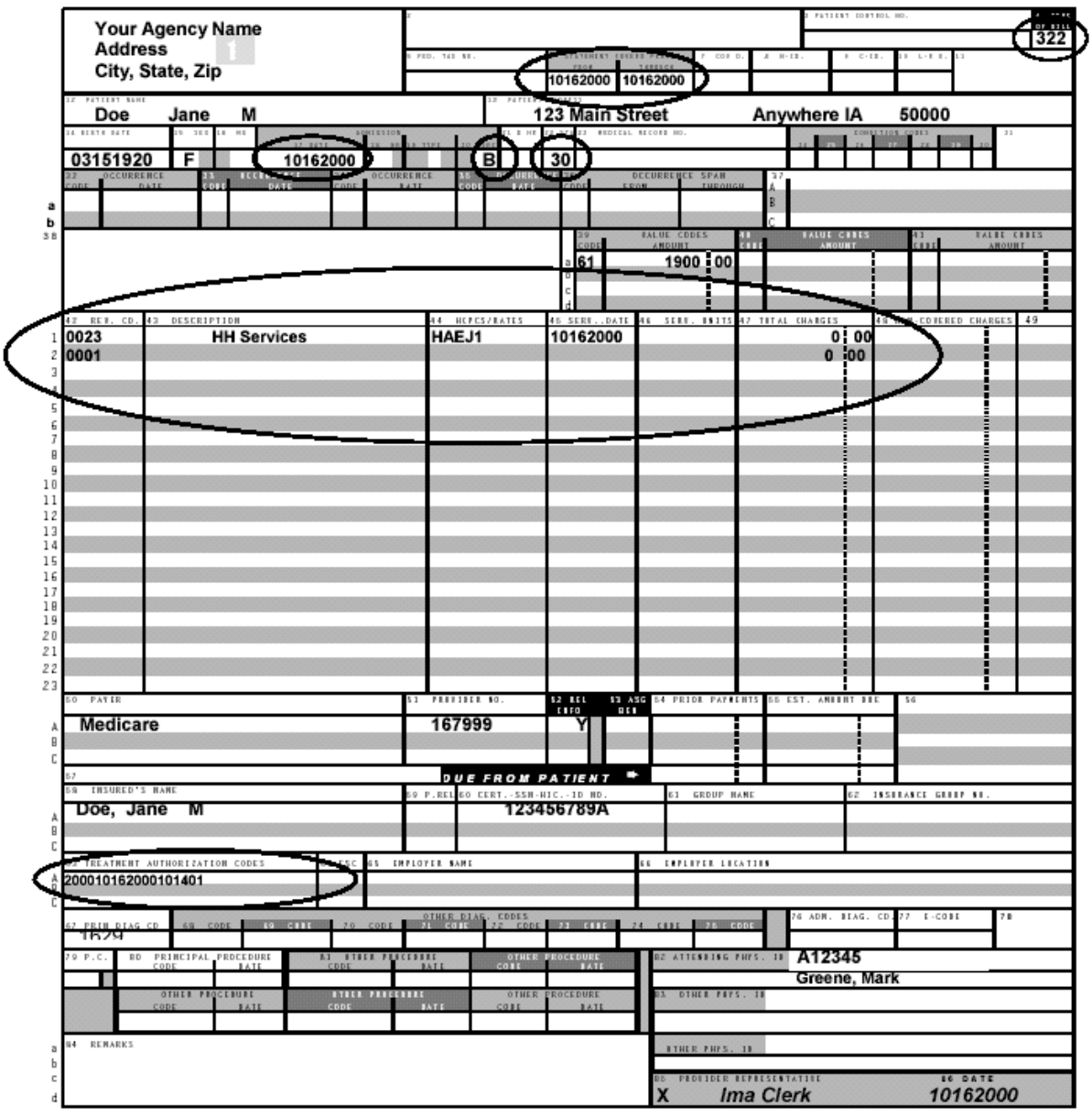


FIGURE 12-O-4 RAP - DISCHARGE/RE-ADMIT

NOTE: Source of Admission (FL 20) is a C, which indicates that this beneficiary was discharged from your HHA, but was readmitted within the same 60-day episode.

Your Agency Name
Address
City, State, Zip

3X2

10162000 10162000

Doe Jane M

123 Main Street Anywhere IA 50000

03151920 F 10162000 C 30

61 1900 00

42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0023	HH Services	HAEJ1	10162000		0 00		
0001					0 00		

50 PAYER: Medicare
51 PROVIDER NO.: 167999
52 REL CITO: Y
53 ASG BEN
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
DUE FROM PATIENT

58 INSURED'S NAME: Doe, Jane M
59 P.REL
60 CERT.-SSN-HIC.-ID NO.: 123456789A
61 GROUP NAME
62 INSURANCE GROUP NO.

62 TREATMENT AUTHORIZATION CODES: 20001016200010140 1
65 EMPLOYER NAME
66 EMPLOYER LOCATION

67 PRIN DIAG CD: 1629
OTHER DIAG. CODES
76 ADM. DIAG. CD.
77 E-CODE

79 P.C.
80 PRINCIPAL PROCEDURE CODE DATE
81 OTHER PROCEDURE CODE DATE
OTHER PROCEDURE CODE DATE
OTHER PROCEDURE CODE DATE
OTHER PROCEDURE CODE DATE
82 ATTENDING PHYS. ID: A12345
Greene, Mark
83 OTHER PHYS. ID
84 REMARKS
OTHER PHYS. ID
85 PROVIDER REPRESENTATIVE: X Ima Clerk
86 DATE: 10162000

FIGURE 12-O-5 RAP - CANCELLATION

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

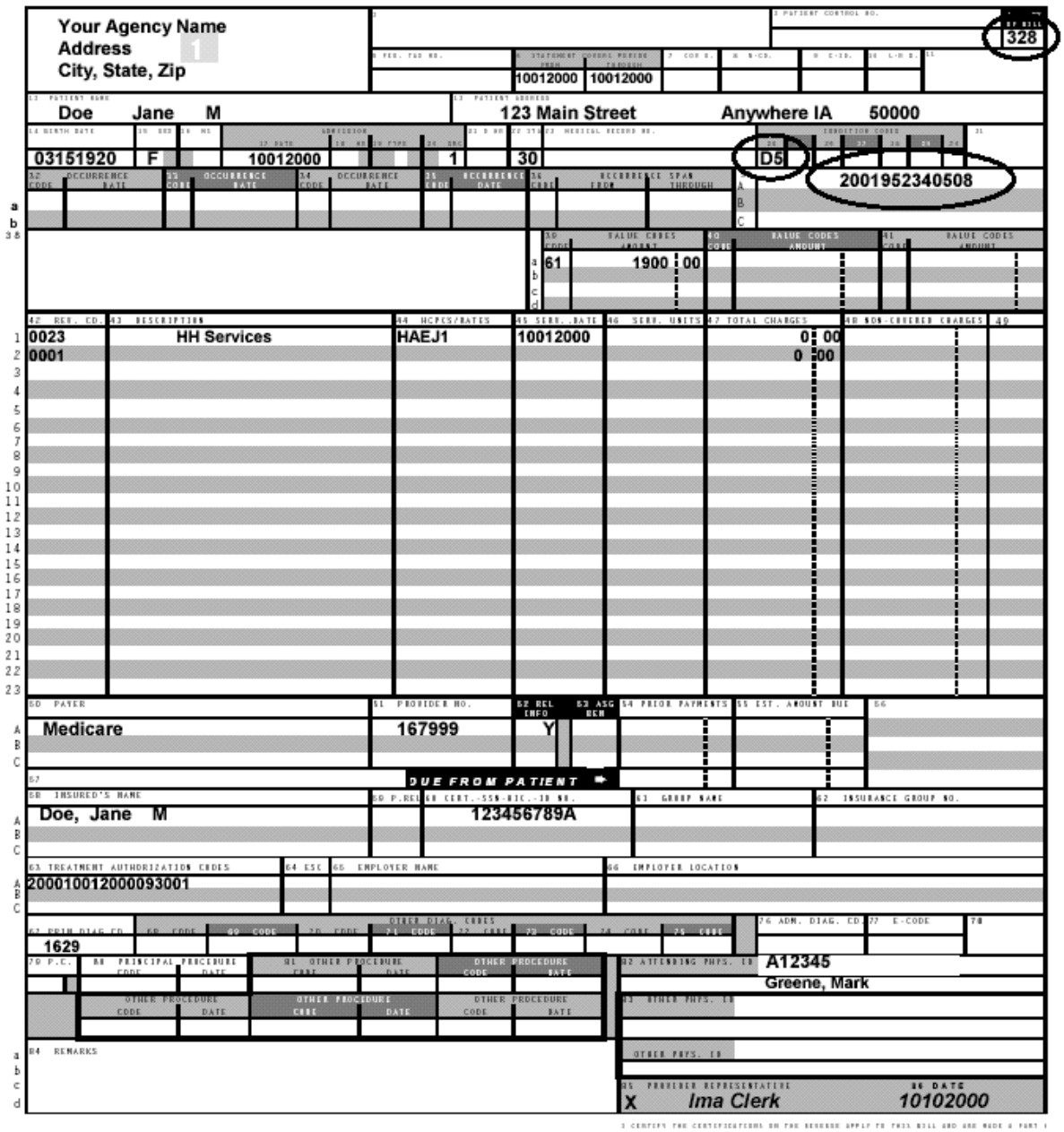


FIGURE 12-O-6 CLAIM - NON-TRANSFER SITUATION

Your Agency Name
Address
City, State, Zip

329

10012000 11292000

Doe Jane M — 123 Main Street Anywhere IA 50000

03151920 F 10012000 1 30

29 CODE	VALUE CODES AMOUNT	30 CODE	VALUE CODES AMOUNT	31 CODE	VALUE CODES AMOUNT
61	1900 00				

42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0023	HH Services	HAEJ1	10012000		0 00		
0550	Skilled Nurse	G0154	10012000	2	150 00		
0570	HH Aide	G0156	10012000	3	75 00		
0550	Skilled Nurse	G0154	10102000	2	150 00		
0570	HH Aide	G0156	10102000	2	75 00		
0420	Physical Therapy	G0151	10152000	3	200 00		
0550	Skilled Nurse	G0154	10202000	2	150 00		
0570	HH Aide	G0156	10202000	2	75 00		
0420	Physical Therapy	G0151	10252000	3	200 00		
0550	Skilled Nurse	G0154	10302000	2	150 00		
0570	HH Aide	G0156	10302000	2	75 00		
0420	Physical Therapy	G0151	11042000	3	200 00		
0550	Skilled Nurse	G0154	11102000	1	150 00		
0570	HH Aide	G0156	11102000	2	75 00		
0420	Physical Therapy	G0151	11142000	3	200 00		
0550	Skilled Nurse	G0154	11202000	2	150 00		
0570	HH Aide	G0156	11202000	3	75 00		
0420	Physical Therapy	G0151	11242000	3	200 00		
0550	Skilled Nurse	G0154	11292000	2	150 00		
0570	HH Aide	G0156	11292000	2	75 00		
0270	Supplies			11	132 58		
0001				43	2707 58		

50 PAYER	51 PROVIDER NO.	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
Medicare	167999	Y				

DUE FROM PATIENT

58 INSURED'S NAME	59 P.REL	60 CERT.-SSN-HIC.-ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
Doe, Jane M		123456789A		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
200010012000093001			

67 PRIN DIAG CD	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD	77 E-CODE	78
1629											

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	82 ATTENDING PHYS. ID
							A12345 Greene, Mark
	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	83 OTHER PHYS. ID

84 REMARKS

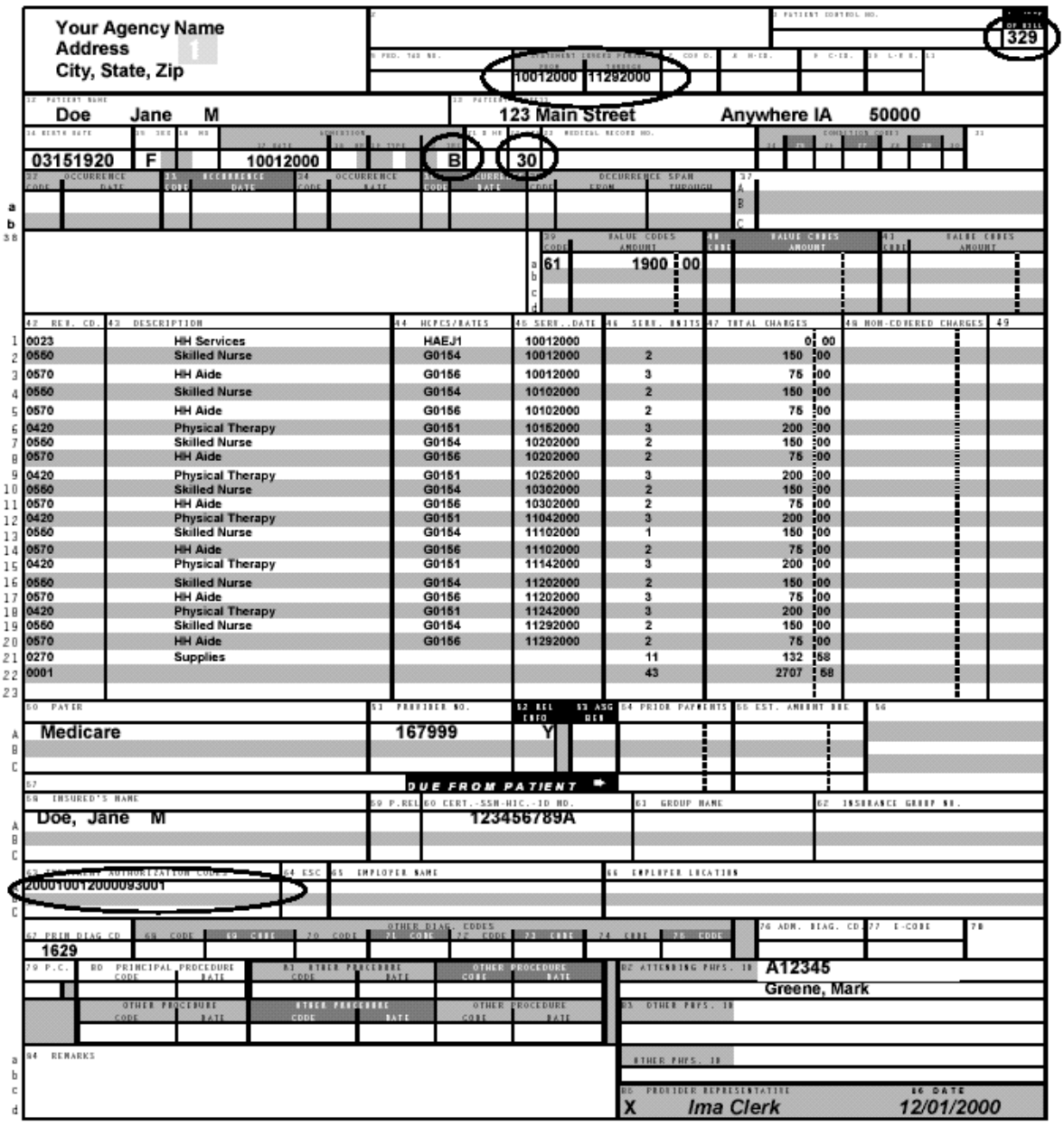
OTHER PHYS. ID

85 PROVIDER REPRESENTATIVE: X Ima Clerk — 86 DATE: 12/01/2000

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART H

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

NOTE: Source of Admission (FL 20) is a B, which indicates that this beneficiary transferred to your HHA from another HHA.



Your Agency Name
Address
City, State, Zip

329

10012000 11292000

Doe Jane M

123 Main Street Anywhere IA 50000

03151920 F 10012000 B 30

61 1900 00

42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0023	HH Services	HAEJ1	10012000		0 00	
0550	Skilled Nurse	G0154	10012000	2	150 00	
0570	HH Aide	G0156	10012000	3	75 00	
0550	Skilled Nurse	G0154	10102000	2	150 00	
0570	HH Aide	G0156	10102000	2	75 00	
0420	Physical Therapy	G0151	10152000	3	200 00	
0550	Skilled Nurse	G0154	10202000	2	150 00	
0570	HH Aide	G0156	10202000	2	75 00	
0420	Physical Therapy	G0151	10252000	3	200 00	
0550	Skilled Nurse	G0154	10302000	2	150 00	
0570	HH Aide	G0156	10302000	2	75 00	
0420	Physical Therapy	G0151	11042000	3	200 00	
0550	Skilled Nurse	G0154	11102000	1	150 00	
0570	HH Aide	G0156	11102000	2	75 00	
0420	Physical Therapy	G0151	11142000	3	200 00	
0550	Skilled Nurse	G0154	11202000	2	150 00	
0570	HH Aide	G0156	11202000	3	75 00	
0420	Physical Therapy	G0151	11242000	3	200 00	
0550	Skilled Nurse	G0154	11292000	2	150 00	
0570	HH Aide	G0156	11292000	2	75 00	
0270	Supplies			11	132 58	
0001				43	2707 58	

Medicare 167999 Y

DUE FROM PATIENT

Doe, Jane M 123456789A

200010012000093001

1629

A12345
Greene, Mark

X Ima Clerk 12/01/2000

FIGURE 12-O-8 CLAIM - SCIC SITUATION

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

Your Agency Name
Address
City, State, Zip

329

10012000 11292000

Doe Jane M — 123 Main Street — Anywhere IA 50000

03151920 F 10012000 1 30

61 1900 00

	REV. CD	DESCRIPTION	HCPCS/RATES	SERV. DATE	SERV. UNITS	TOTAL CHARGES
1	0023	HH Services	HAEJ1	10012000		0 00
2	0023	HH Services	HBFJ4	11102000		0 00
3	0560	Skilled Nurse	G0154	10012000	2	150 00
4	0570	HH Aide	G0156	10012000	3	75 00
5	0560	Skilled Nurse	G0154	10102000	2	150 00
6	0570	HH Aide	G0156	10102000	2	75 00
7	0420	Physical Therapy	G0151	10162000	3	200 00
8	0560	Skilled Nurse	G0154	10202000	2	150 00
9	0570	HH Aide	G0156	10202000	2	75 00
10	0420	Physical Therapy	G0151	10262000	3	200 00
11	0560	Skilled Nurse	G0154	10302000	2	150 00
12	0570	HH Aide	G0156	10302000	2	75 00
13	0420	Physical Therapy	G0151	11042000	3	200 00
14	0560	Skilled Nurse	G0154	11102000	1	150 00
15	0570	HH Aide	G0156	11102000	2	75 00
16	0420	Physical Therapy	G0151	11142000	3	200 00
17	0560	Skilled Nurse	G0154	11202000	2	150 00
18	0570	HH Aide	G0156	11202000	3	75 00
19	0420	Physical Therapy	G0151	11242000	3	200 00
20	0560	Skilled Nurse	G0154	11292000	2	150 00
21	0270	Supplies			11	132 58
22	0001				43	2632 58

Medicare — 167999 — Y

DUE FROM PATIENT

Doe, Jane M — 123456789A

200011022000110101

1629

A12345 Greene, Mark

X Ima Clerk 12/01/2000

FIGURE 12-O-9 CLAIM - NO-RAP-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.

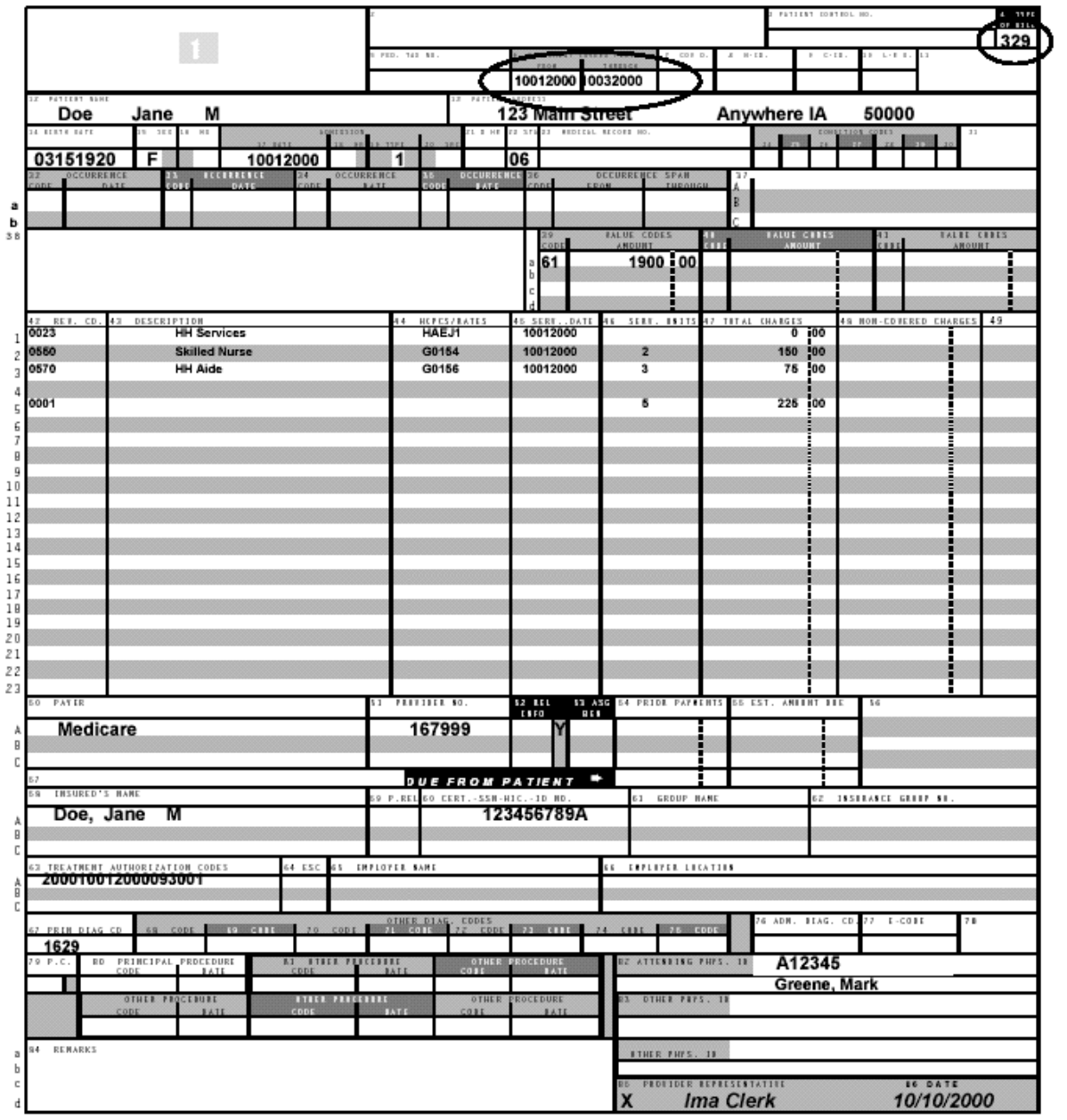


FIGURE 12-O-10 CLAIM ADJUSTMENT

NOTE: The type of bill changes to end in a 7, a Claim Change Reason Code (e.g., D9) is included, and the RHHI's Internal Control Number that identifies the original Claim is included. Remarks are noted in FL 84 at the bottom of the claim.

Your Agency Name
Address
City, State, Zip

TYPE OF BILL: 327

STATEMENT COVERS PERIOD: FROM 10012000 THROUGH 11292000

PATIENT NAME: Doe Jane M
PATIENT ADDRESS: 123 Main Street Anywhere IA 50000

BIRTH DATE: 03151920 SEX: F ADMISSION DATE: 10012000 TYPE: 1 STATUS: 30 CONDITION CODES: D9 MEDICAL RECORD NO.: 2002332340508

VALUE CODES AMOUNT: 61 1900 00

	REV. CD.	DESCRIPTION	HCPCS/RATES	SERV. DATE	SERV. UNITS	TOTAL CHARGES	NON-COVERED CHARGES
1	0023	HH Services	HAEJ1	10012000		0 00	
2	0560	Skilled Nurse	G0154	10012000	2	150 00	
3	0570	HH Aide	G0156	10012000	3	75 00	
4	0560	Skilled Nurse	G0154	10102000	2	150 00	
5	0570	HH Aide	G0156	10102000	2	75 00	
6	0420	Physical Therapy	G0151	10162000	3	200 00	
7	0560	Skilled Nurse	G0154	10202000	2	150 00	
8	0570	HH Aide	G0156	10202000	2	75 00	
9	0420	Physical Therapy	G0151	10262000	3	200 00	
10	0560	Skilled Nurse	G0154	10302000	2	150 00	
11	0570	HH Aide	G0156	10302000	2	75 00	
12	0420	Physical Therapy	G0151	11042000	3	200 00	
13	0560	Skilled Nurse	G0154	11102000	1	150 00	
14	0570	HH Aide	G0156	11102000	2	75 00	
15	0420	Physical Therapy	G0151	11142000	3	200 00	
16	0560	Skilled Nurse	G0154	11202000	2	150 00	
17	0570	HH Aide	G0156	11202000	3	75 00	
18	0420	Physical Therapy	G0151	11262000	4	200 00	
19	0560	Skilled Nurse	G0154	11292000	2	150 00	
20	0570	HH Aide	G0156	11292000	2	75 00	
21	0270	Supplies			11	132 58	
22	0001				43	2707 58	
23							

PAYER: Medicare
PROVIDER NO.: 167999
REL. INFO.: Y
ASG. BEN.:
PRIOR PAYMENTS:
EST. AMOUNT DUE:
DUE FROM PATIENT

INSURED'S NAME: Doe, Jane M
CERT.-SSN-HIC.-ID NO.: 123456789A

TREATMENT AUTHORIZATION CODES: 200010022000093001

PRIN. DIAG. CD.: 1629

ATTENDING PHYS. ID: A12345 Greene, Mark

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.

PROVIDER REPRESENTATIVE: X Ima Clerk
DATE: 12/20/2000

FIGURE 12-O-11 CLAIM - CANCELLATION

NOTE: The type of bill changes to end in an 8, a Claim Change Reason Code (e.g., D6) is included, and the RHHI's Internal Control Number that identified the original Claim is included.

Your Agency Name
Address
City, State, Zip

328

10012000 11292000

Doe Jane M

123 Main Street Anywhere IA 50000

03151920 F 10012000 1 30 D6 2002332340508

61 1900 00

	42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0023	HH Services	HAEJ1	10012000		0 00		
2	0550	Skilled Nurse	G0154	10012000	2	150 00		
3	0570	HH Aide	G0156	10012000	3	75 00		
4	0550	Skilled Nurse	G0154	10102000	2	150 00		
5	0570	HH Aide	G0156	10102000	2	75 00		
6	0420	Physical Therapy	G0151	10152000	3	200 00		
7	0550	Skilled Nurse	G0154	10202000	2	150 00		
8	0570	HH Aide	G0156	10202000	2	75 00		
9	0420	Physical Therapy	G0151	10252000	3	200 00		
10	0550	Skilled Nurse	G0154	10302000	2	150 00		
11	0570	HH Aide	G0156	10302000	2	75 00		
12	0420	Physical Therapy	G0151	11042000	3	200 00		
13	0550	Skilled Nurse	G0154	11102000	1	150 00		
14	0570	HH Aide	G0156	11102000	2	75 00		
15	0420	Physical Therapy	G0151	11142000	3	200 00		
16	0550	Skilled Nurse	G0154	11202000	2	150 00		
17	0570	HH Aide	G0156	11202000	3	75 00		
18	0420	Physical Therapy	G0151	11252000	4	200 00		
19	0550	Skilled Nurse	G0154	11292000	2	150 00		
20	0570	HH Aide	G0156	11292000	2	75 00		
21	0270	Supplies			11	132 58		
22	0001				43	2707 58		
23								

50 PAYER: Medicare
51 PROVIDER NO.: 167999
52 REL INFO: Y
53 ASG BEN
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56
57 DUE FROM PATIENT
58 INSURED'S NAME: Doe, Jane M
59 P.REL
60 CERT.-SSN-HIC.-ID NO.: 123456789A
61 GROUP NAME
62 INSURANCE GROUP NO.
63 TREATMENT AUTHORIZATION CODES: 200010012000093001
64 ESC
65 EMPLOYER NAME
66 EMPLOYER LOCATION
67 PRIN DIAG CD: 1629
68 CODE 69 CODE 70 CODE 71 CODE 72 CODE 73 CODE 74 CODE 75 CODE
76 ADM. DIAG. CD
77 E-CODE
78
79 P.C.
80 PRINCIPAL PROCEDURE CODE DATE
81 OTHER PROCEDURE CODE DATE
OTHER PROCEDURE CODE DATE
82 ATTENDING PHYS. ID: A12345 Greene, Mark
83 OTHER PHYS. ID
84 REMARKS
85 PROVIDER REPRESENTATIVE: X Ima Clerk
86 DATE: 12/20/2000