Chapter 12 Addendum P

Examples Of Claims Submission Under Home Health Agency Prospective Payment System (HHA PPS)

Revision:

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

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

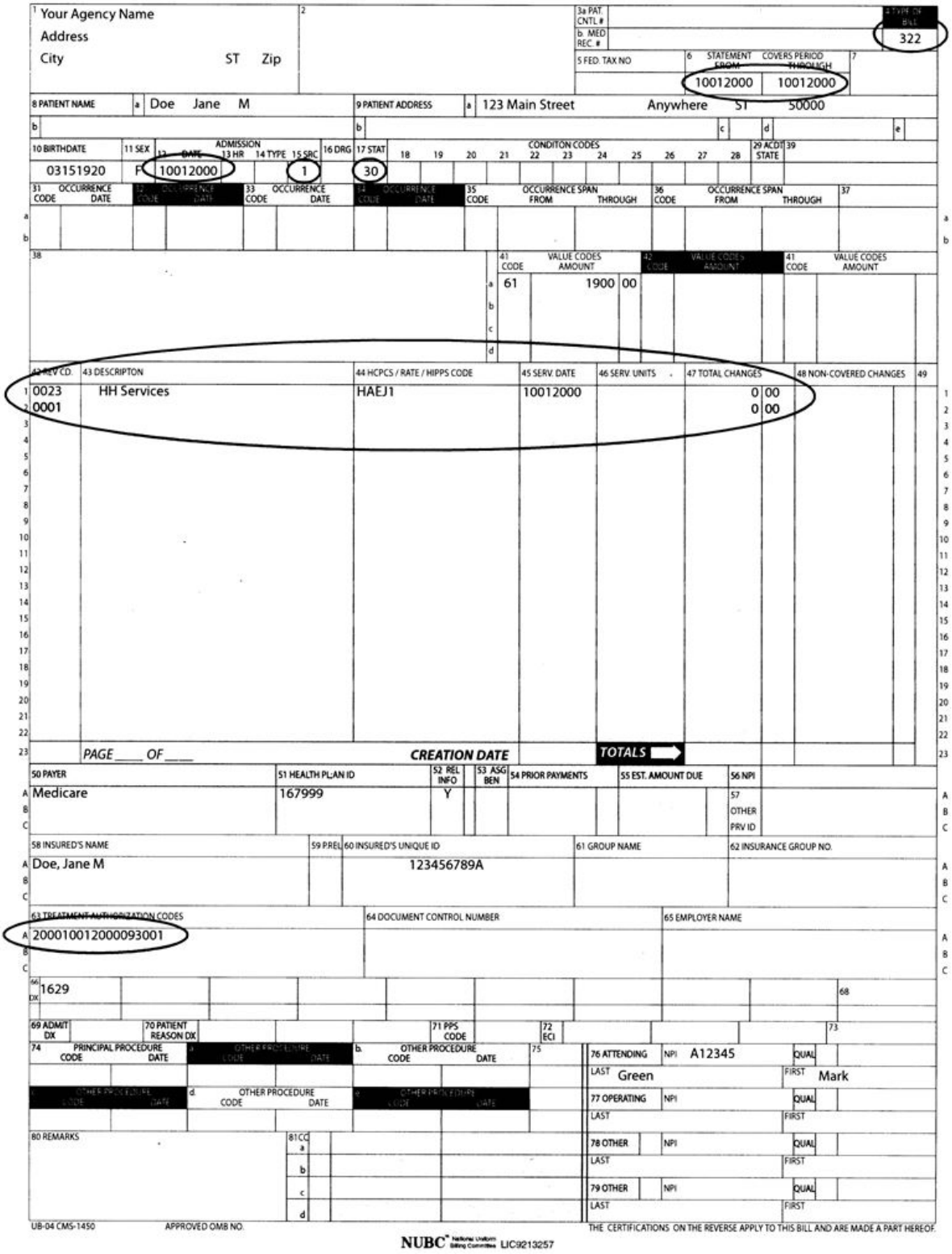


FIGURE 12.P-2 RAP - NON-TRANSFER SITUATION WITH LINE ITEM SERVICE ADDED

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 on October 1, 2000.

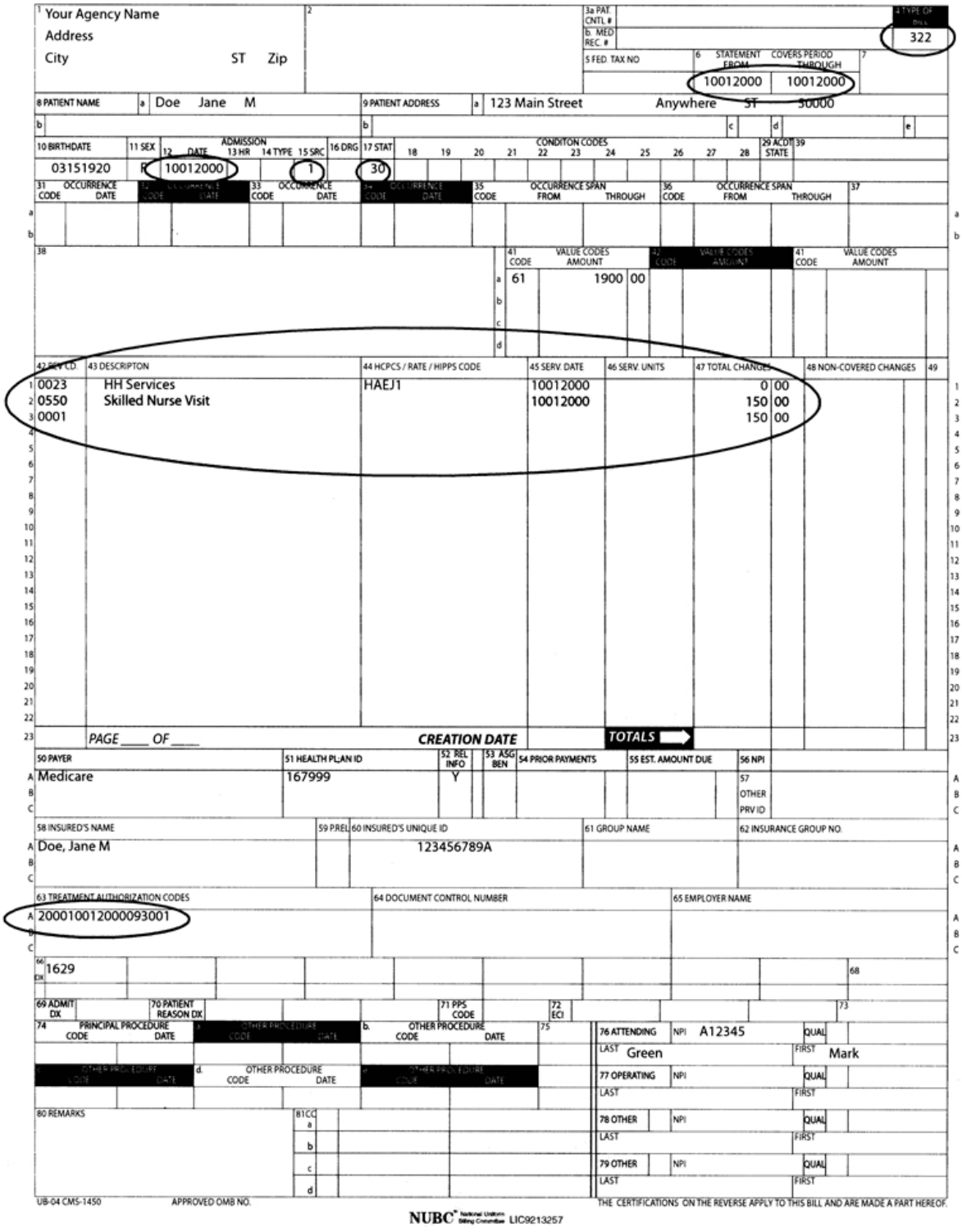


FIGURE 12.P-3 RAP - TRANSFER SITUATION

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

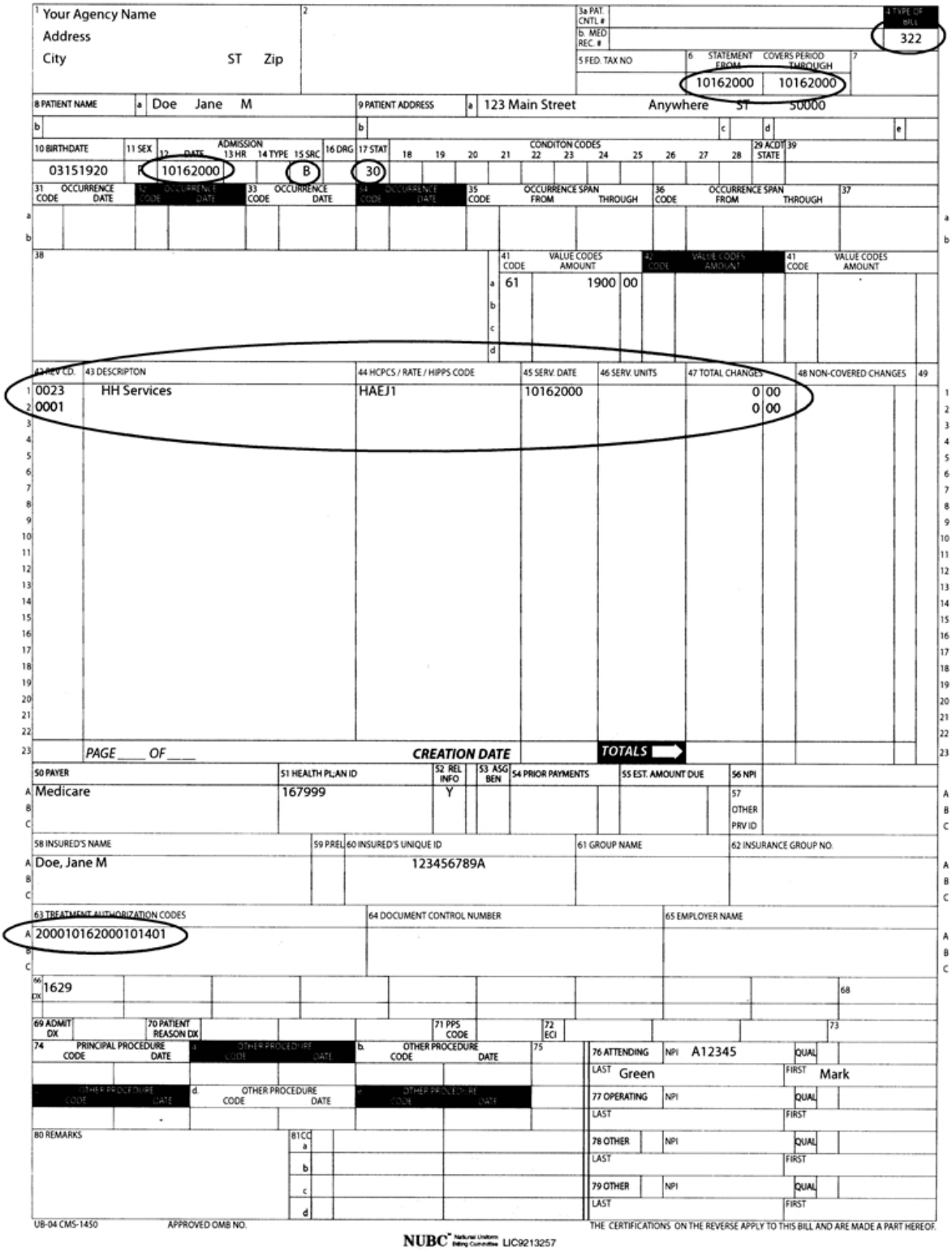


FIGURE 12.P-4 RAP - DISCHARGE/RE-ADMIT

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.

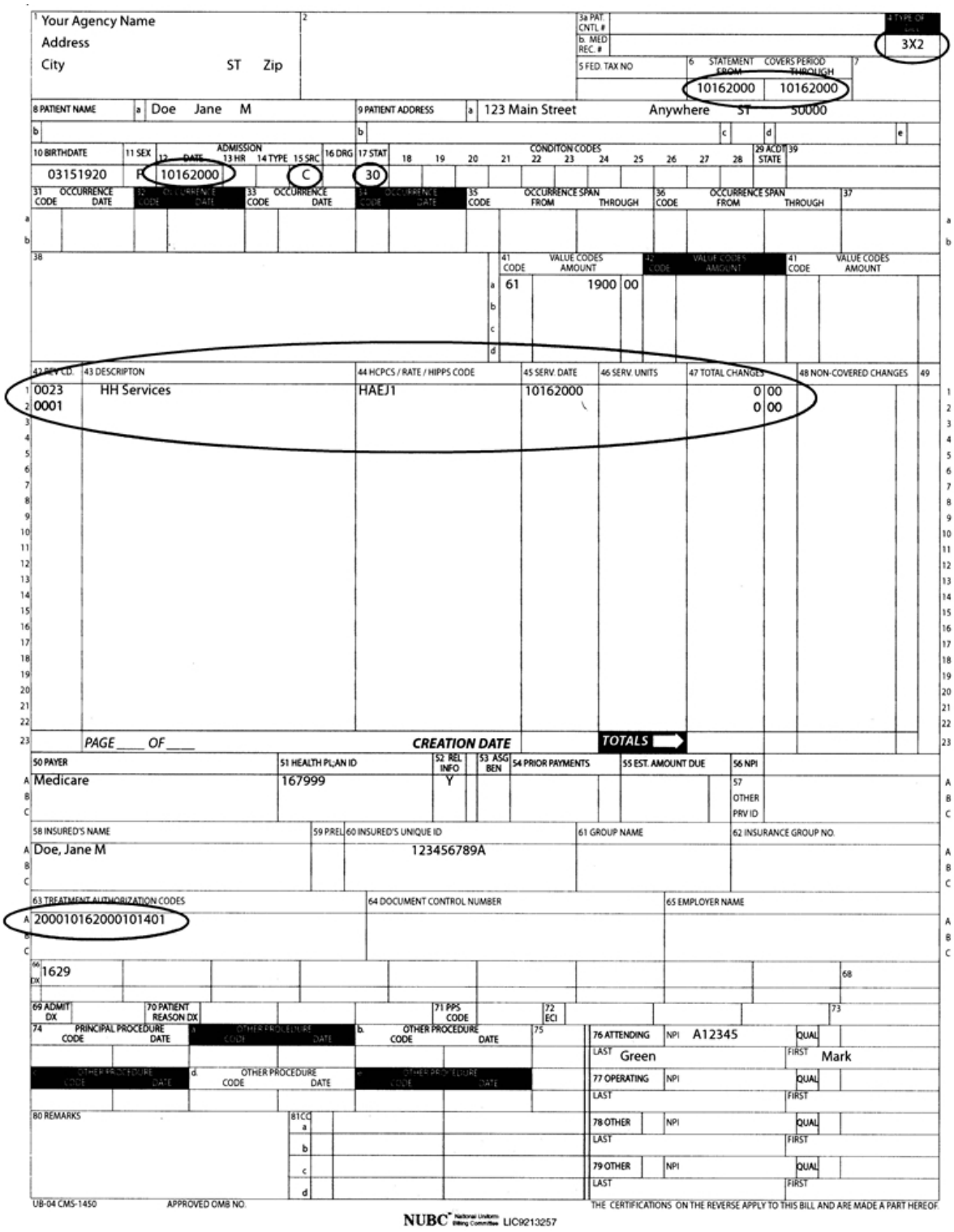


FIGURE 12.P-5 RAP - CANCELLATION

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.

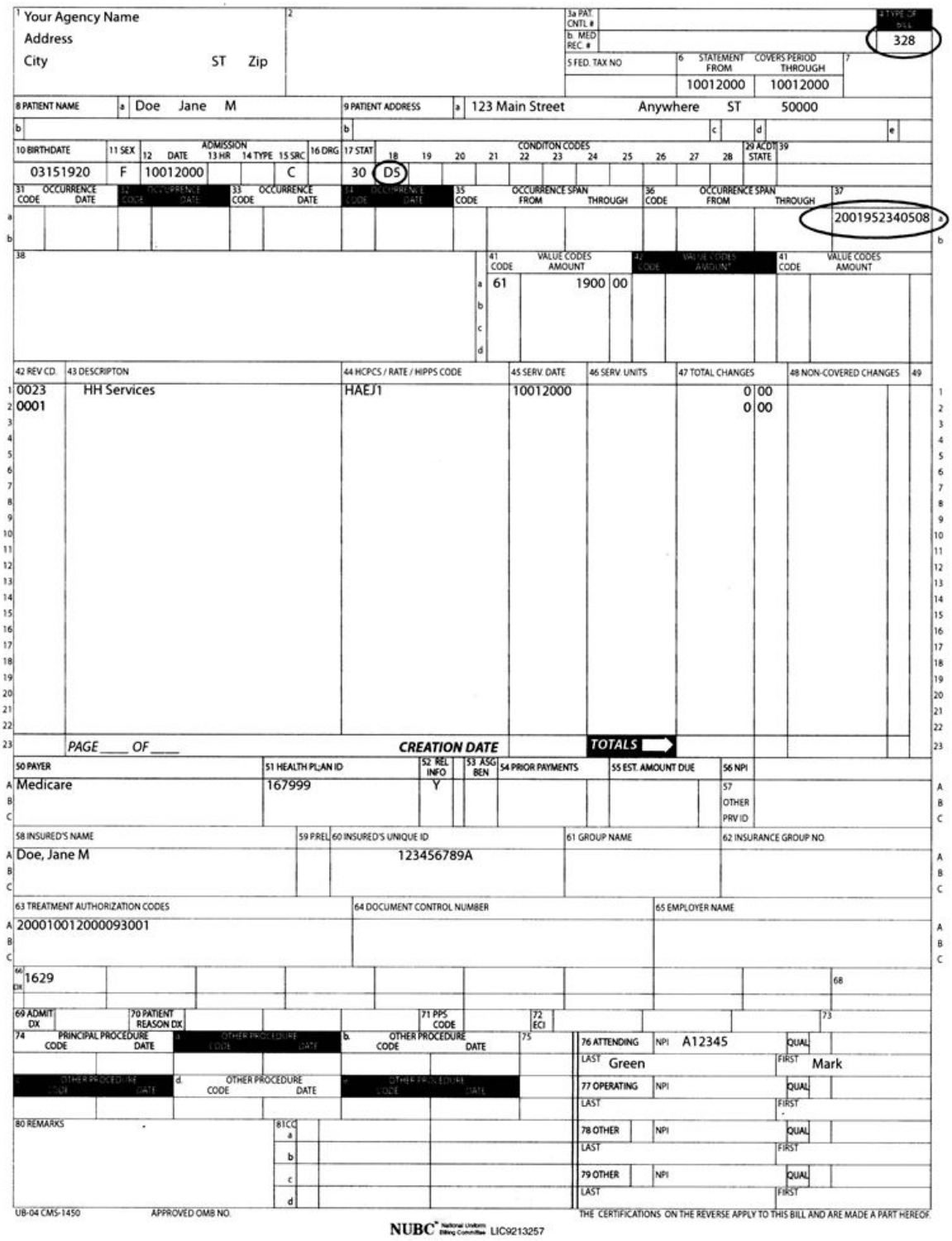
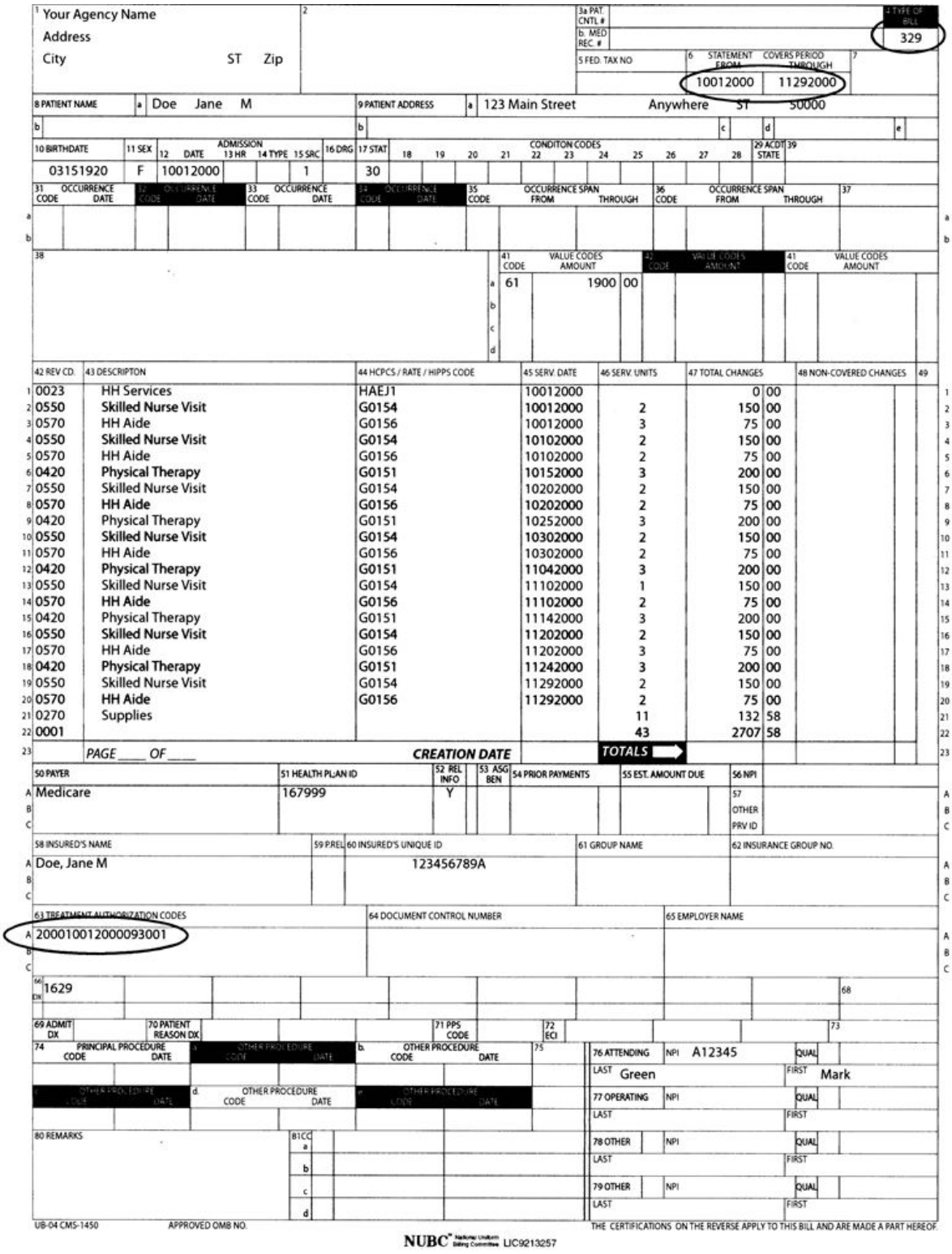


FIGURE 12.P-6 CLAIM - NON-TRANSFER SITUATION



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

8 PATIENT NAME	9 PATIENT ADDRESS	10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DRG	17 STAT	29 ACDT STATE
a Doe Jane M	a 123 Main Street Anywhere ST 50000	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

38	41 VALUE CODES CODE / AMOUNT	42 VALUE CODES CODE / AMOUNT	41 VALUE CODES CODE / AMOUNT
	a 61 1900 00		

	42 REV CD.	43 DESCRIPTION	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		
2	0550	Skilled Nurse Visit	G0154	10012000	2	150 00		
3	0570	HH Aide	G0156	10012000	3	75 00		
4	0550	Skilled Nurse Visit	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 Visit	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 Visit	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 Visit	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 Visit	G0154	11202000	2	150 00		
17	0570	HH Aide	G0156	11202000	3	75 00		
18	0420	Physical Therapy	G0151	11242000	3	200 00		
19	0550	Skilled Nurse Visit	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		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	57 OTHER PRV ID
A Medicare	167999	Y					

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

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

66 DX	68	69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73
1629						

74 PRINCIPAL PROCEDURE CODE / DATE	a. OTHER PROCEDURE CODE / DATE	b. OTHER PROCEDURE CODE / DATE	75	76 ATTENDING NPI A12345 QUAL	LAST Green	FIRST Mark
c. OTHER PROCEDURE CODE / DATE	d. OTHER PROCEDURE CODE / DATE	e. OTHER PROCEDURE CODE / DATE		77 OPERATING NPI QUAL	LAST	FIRST

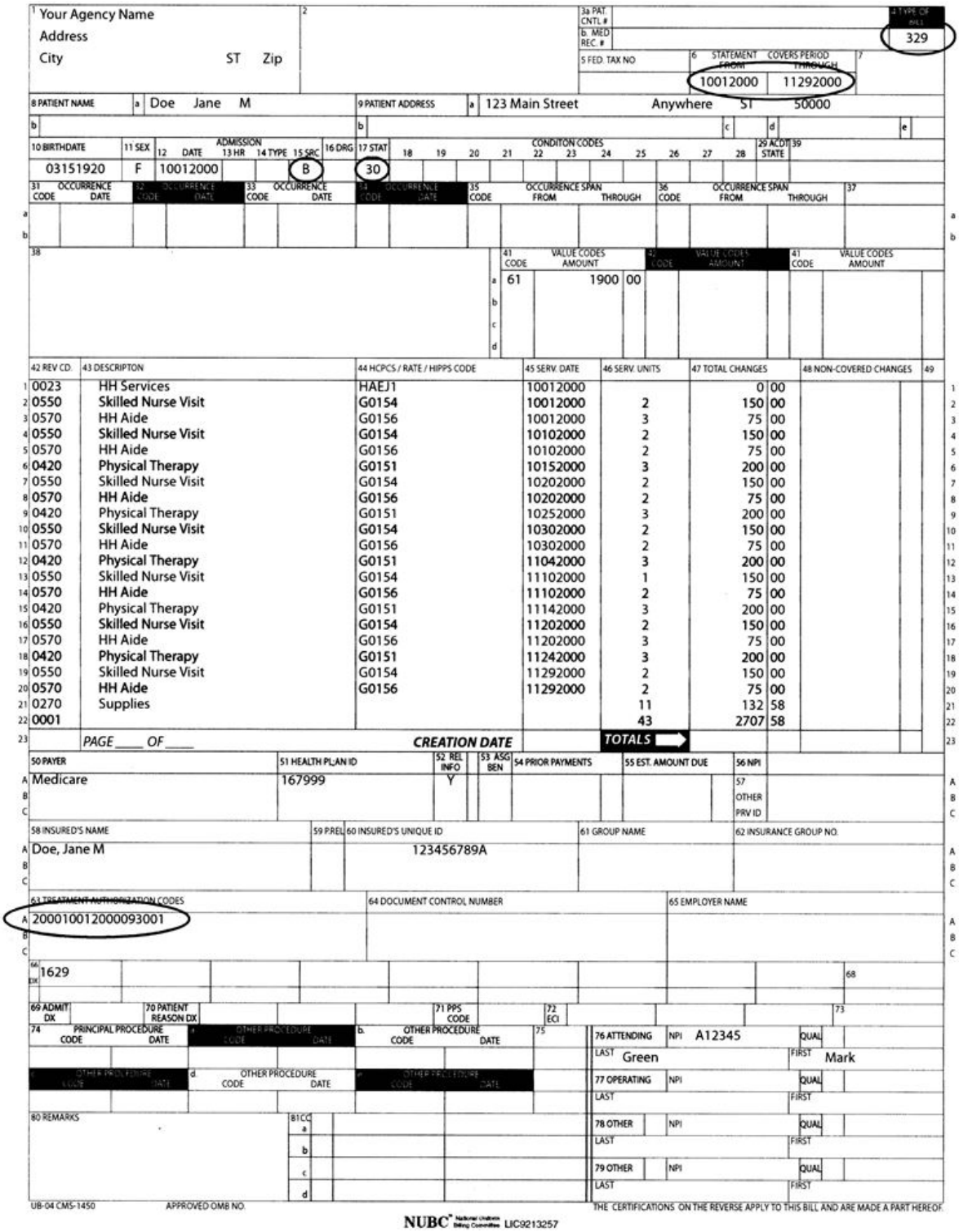
80 REMARKS	81CC			78 OTHER NPI QUAL	LAST	FIRST
	a					
	b			79 OTHER NPI QUAL	LAST	FIRST
	c					
	d					

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.P-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
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			B		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

38

41 VALUE CODES CODE	AMOUNT	42 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a 61	1900 00				

42 REV CD.	43 DESCRIPTON	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHANGES	48 NON-COVERED CHANGES	49
0023	HH Services	HAEJ1	10012000		0 00		
0550	Skilled Nurse Visit	G0154	10012000	2	150 00		
0570	HH Aide	G0156	10012000	3	75 00		
0550	Skilled Nurse Visit	G0154	10102000	2	150 00		
0570	HH Aide	G0156	10102000	2	75 00		
0420	Physical Therapy	G0151	10152000	3	200 00		
0550	Skilled Nurse Visit	G0154	10202000	2	150 00		
0570	HH Aide	G0156	10202000	2	75 00		
0420	Physical Therapy	G0151	10252000	3	200 00		
0550	Skilled Nurse Visit	G0154	10302000	2	150 00		
0570	HH Aide	G0156	10302000	2	75 00		
0420	Physical Therapy	G0151	11042000	3	200 00		
0550	Skilled Nurse Visit	G0154	11102000	1	150 00		
0570	HH Aide	G0156	11102000	2	75 00		
0420	Physical Therapy	G0151	11142000	3	200 00		
0550	Skilled Nurse Visit	G0154	11202000	2	150 00		
0570	HH Aide	G0156	11202000	3	75 00		
0420	Physical Therapy	G0151	11242000	3	200 00		
0550	Skilled Nurse Visit	G0154	11292000	2	150 00		
0570	HH Aide	G0156	11292000	2	75 00		
0270	Supplies			11	132 58		
0001				43	2707 58		
	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
Medicare	167999	Y				57 OTHER PRV ID

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

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

66 DX: 1629 | 68

69 ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 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

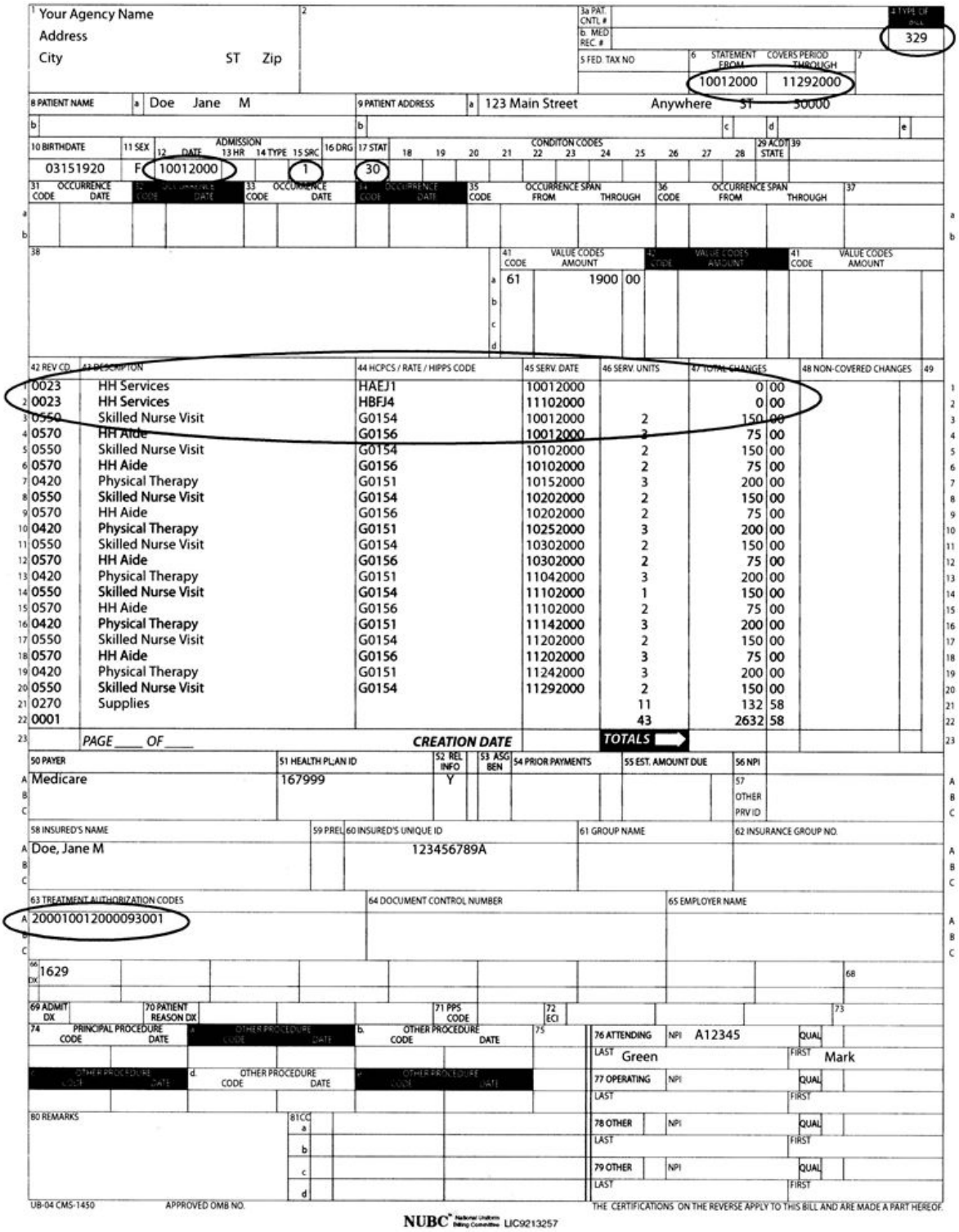
76 ATTENDING NPI A12345 QUAL
LAST Green FIRST Mark
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

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.P-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: 03151920 | 11 SEX: F | 12 ADMISSION DATE: 10012000 | 13 HR | 14 TYPE | 15 SRC: 1 | 16 DRG | 17 STAT: 30 | 18 19 20 21 CONDITION CODES 22 23 24 25 26 27 28 | 29 ACDT STATE | 39

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

38 | 41 VALUE CODES CODE AMOUNT | 42 VALUE CODES CODE AMOUNT | 41 VALUE CODES CODE AMOUNT

a 61 1900 00

42 REV CD.	43 DESCRIPTION	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	2	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: A Medicare | 51 HEALTH PLAN ID: 167999 | 52 REL INFO: Y | 53 ASG BEN | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 NPI | 57 OTHER PRV ID

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

63 TREATMENT AUTHORIZATION CODES: A 200010012000093001 | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME

66 DX: 1629 | 68

69 ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

74 PRINCIPAL PROCEDURE CODE DATE | a. OTHER PROCEDURE CODE DATE | b. OTHER PROCEDURE CODE DATE | 75

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

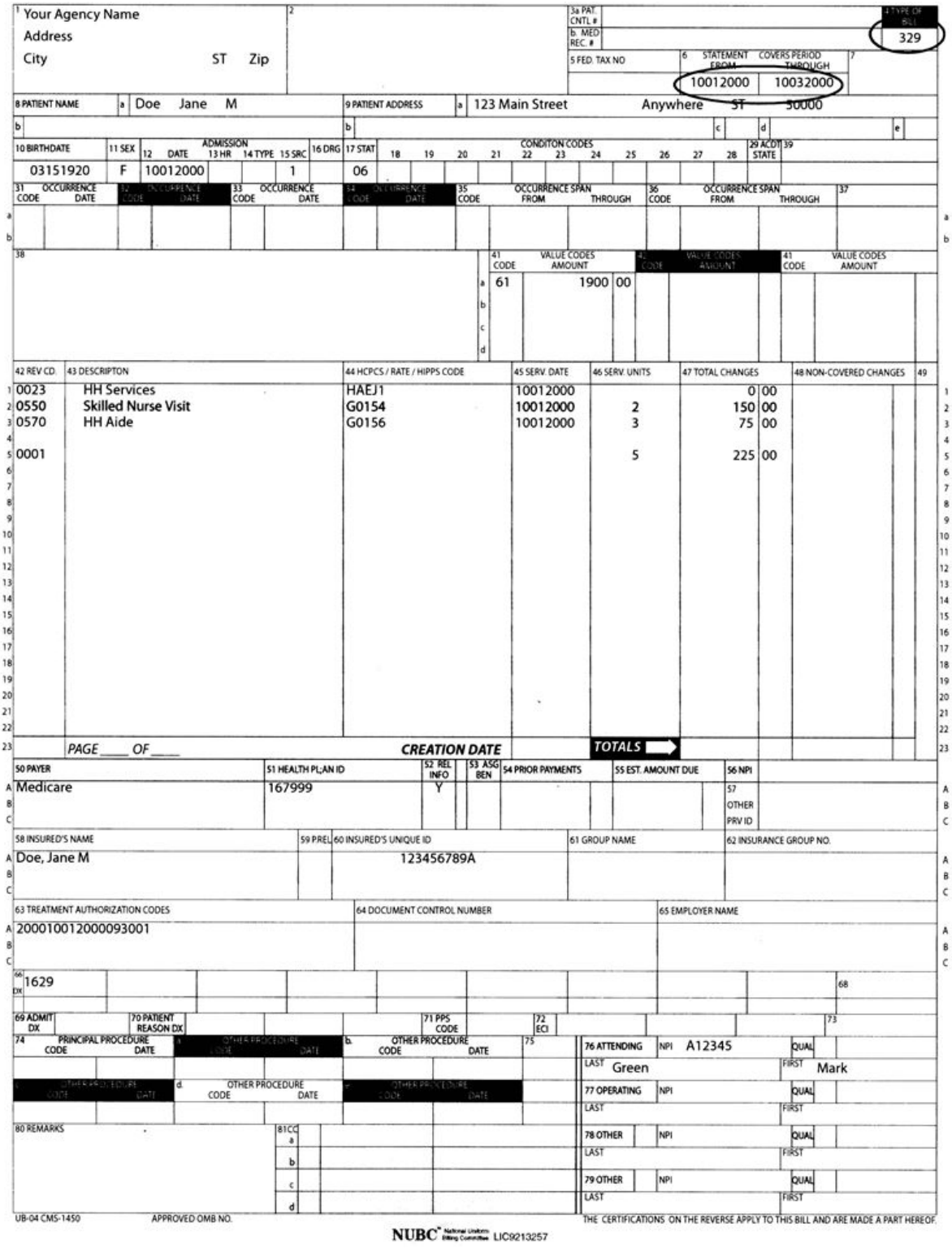
79 OTHER NPI QUAL | LAST FIRST

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.P-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

4 TYPE OF BILL: 329

6 STATEMENT COVERS PERIOD: FROM 10012000 THROUGH 10032000

8 PATIENT NAME: a Doe Jane M
9 PATIENT ADDRESS: a 123 Main Street Anywhere ST 30000

10 BIRTHDATE: 03151920
11 SEX: F
12 ADMISSION DATE: 10012000
14 TYPE: 1
17 STAT: 06

41 VALUE CODES AMOUNT: a 61 1900 00

42 REV CD.	43 DESCRIPTON	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHANGES	48 NON-COVERED CHANGES
0023	HH Services	HAEJ1	10012000		0 00	
0550	Skilled Nurse Visit	G0154	10012000	2	150 00	
0570	HH Aide	G0156	10012000	3	75 00	
0001				5	225 00	

PAGE ___ OF ___ CREATION DATE TOTALS

50 PAYER: Medicare
51 HEALTH PLAN ID: 167999
52 REL INFO: Y
56 NPI
57 OTHER PRV ID

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

63 TREATMENT AUTHORIZATION CODES: 200010012000093001
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

66 DX: 1629

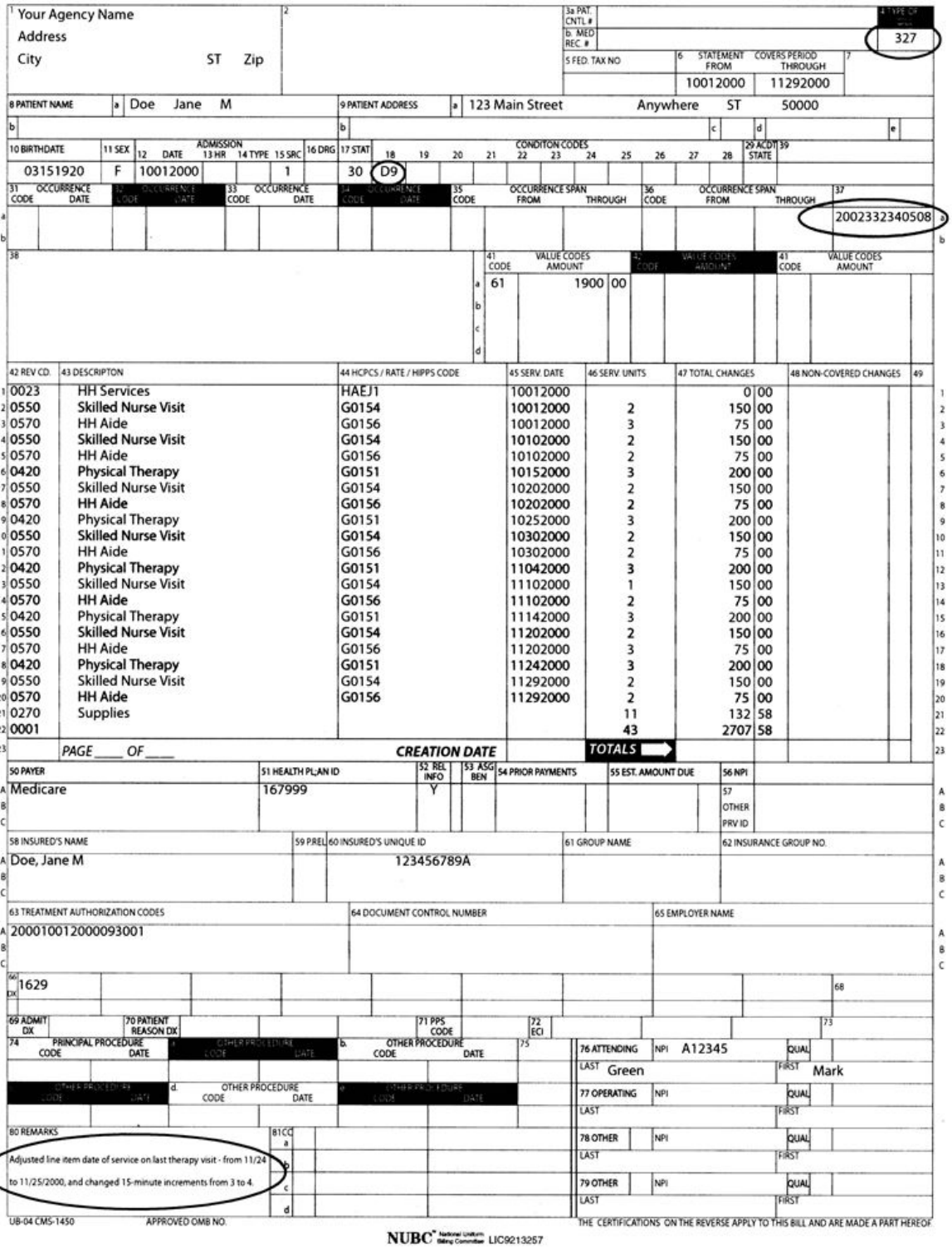
76 ATTENDING NPI A12345 QUAL
LAST Green FIRST Mark
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
81CC

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.P-10 CLAIM ADJUSTMENT

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: 03151920 — 11 SEX: F — 12 ADMISSION DATE: 10012000 — 13 HR — 14 TYPE: 1 — 15 SRC — 16 DRG — 17 STAT: 30 — 18–28 CONDITION CODES: D9 — 29 ACDT STATE — 39

31–34 OCCURRENCE CODE/DATE — 35 OCCURRENCE SPAN CODE FROM THROUGH — 36 OCCURRENCE SPAN CODE FROM THROUGH — 37: 2002332340508

38 — 41 VALUE CODES AMOUNT: a 61 1900 00 — 42 VALUE CODES AMOUNT — 43 VALUE CODES AMOUNT

	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	0550	Skilled Nurse Visit	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 Visit	G0154	10202000	2	150 00		
8	0570	HH Aide	G0156	10202000	2	75 00		
9	0420	Physical Therapy	G0151	10252000	3	200 00		
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11	0570	HH Aide	G0156	10302000	2	75 00		
12	0420	Physical Therapy	G0151	11042000	3	200 00		
13	0550	Skilled Nurse Visit	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 Visit	G0154	11202000	2	150 00		
17	0570	HH Aide	G0156	11202000	3	75 00		
18	0420	Physical Therapy	G0151	11242000	3	200 00		
19	0550	Skilled Nurse Visit	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		PAGE ___ OF ___	CREATION DATE		TOTALS			

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

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

63 TREATMENT AUTHORIZATION CODES: A 200010012000093001 — 64 DOCUMENT CONTROL NUMBER — 65 EMPLOYER NAME

67 DX: 1629 — 68

69 ADMIT DX — 70 PATIENT REASON DX — 71 PPS CODE — 72 ECI — 73

74 PRINCIPAL PROCEDURE CODE DATE — a. OTHER PROCEDURE — b. OTHER PROCEDURE — 75 — d. OTHER PROCEDURE — e. OTHER PROCEDURE

76 ATTENDING NPI A12345 QUAL — LAST Green FIRST Mark

77 OPERATING NPI QUAL — LAST FIRST

78 OTHER NPI QUAL — LAST FIRST

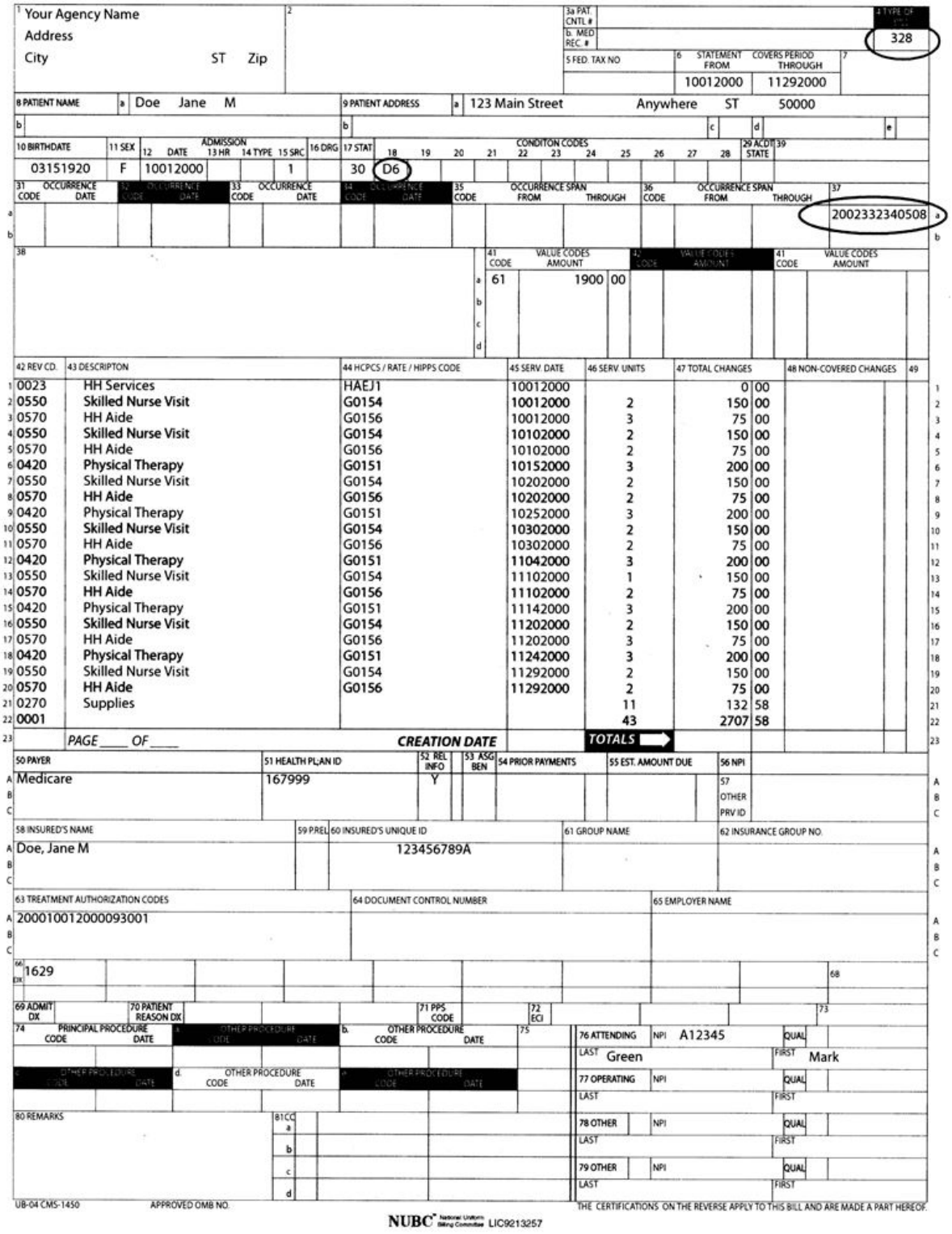
79 OTHER NPI QUAL — LAST FIRST

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. — NUBC National Uniform Billing Committee LIC9213257 — THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

FIGURE 12.P-11 CLAIM - CANCELLATION

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.



- END -