

Medicare Claims Processing Manual

Home Health Agency Billing

Crosswalk

New. Chap.	New. Sect.	Int. Pub. 13.	HH Pub. 11	Program Memos	Other	Description
10	10	A3-3638.20	HH-401-402, HH-429			General Guidelines for Payment of HHA Claims
10	10.1	A3-3639	HH-467			Home Health Prospective Payment System (HH PPS)
10	10.1.1	A3-3639.1	HH-467.1			Creation of HH PPS
10	10.1.2	A3-3639.3	HH-467.3,			Commonalities of the Cost Payment and HH PPS Environments
10	10.1.3	A3-3639.5, A3-3639.6	HH-467.5, HH-467.6,			Configuration of the HH PPS Environment
10	10.1.4	A3-3639.7	HH-467.7,			The HH PPS Episode - Unit of Payment
10	10.1.5	A3-3639.8	HH-467.8,			Number, Duration, and Claims Submission of HH PPS Episodes
10	10.1.5.1	A3-3638.16, A3-3638.5	HH-439, 440			More Than One Agency Furnished Home Health Services
10	10.1.5.2	A3-3639.9	HH-467.9,			Effect of Election of HMO and Eligibility Changes on HH PPS Episodes

New. Chap.	New. Sect.	Int. Pub. 13.	HH Pub. 11	Program Memos	Other	Description
10	10.1.6	A3-3639.10	HH-467.10,			Split Percentage Payment of Episodes and Development of Episode Rates
10	10.1.7	A3-3639.11	HH-467.11,			Basis of Medicare Prospective Payment Systems and Case-Mix
10	10.1.8	A3-3639.12	HH-467.12,			Coding of HH PPS Episode Case-Mix Groups on HH PPS Claims: (H)HRGs and HIPPS Codes
10	10.1.9	A3-3639.13, A3-3639.14	HH-467.13, HH-467.14			Composition of HIPPS Codes for HH PPS
10	10.1.10	A3-3639.15	HH-467.15,			Provider Billing Process Under HH PPS
10	10.1.10.1	A3-3639.16	HH-467.16,			Groupers Links Assessment and Payment
10	10.1.10.2	A3-3639.17	HH-467.17,			Health Insurance Query for Home Health Agencies (HIQH) Inquiry System Shows Primary HHA
10	10.1.10.3	A3-3639.18	HH-467.18,			Submission of Request for Anticipated Payment (RAP)
10	10.1.10.4	A3-3639.19	HH-467.19,			Claim Submission and Processing
10	10.1.11	A3-3639.20	HH-467.20,			Payment, Claim Adjustments and Cancellations
10	10.1.12	A3-3639.21	HH-467.21,			Request for Anticipated Payment (RAP)
10	10.1.13	A3-3639.22	HH-201.8E, HH-467.22			Transfer Situation - Payment Effects

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			HH-467.22,			
10	10.1.14	A3-3639.23	HH-467.23,			Discharge and Readmission Situation Under HH PPS - Payment Effects
10	10.1.15	A3-3639.28	HH-467.28,			Adjustments of Episode Payment - Partial Episode Payment (PEP)
10	10.1.16	A3-3639.24	HH-467.24,			Payment When Death Occurs During an HH PPS Episode
10	10.1.17	A3-3639.25	HH-467.25,			Adjustments of Episode Payment - Low Utilization Payment Adjustments (LUPAs)
10	10.1.18	A3-3639.26	HH-467.26,			Adjustments of Episode Payment - Special Submission Case: "No-RAP" LUPAs
10	10.1.19	A3-3639.27	HH-467.27,			Adjustments of Episode Payment - Therapy Threshold
10	10.1.20	A3-3639.29	HH-467.29,			Adjustments of Episode Payment - Significant Change in Condition (SCIC)
10	10.1.21	A3-3639.30	HH-467.30,			Adjustments of Episode Payment - Outlier Payments
10	10.1.22	A3-3639.31	HH-467.31,			Adjustments of Episode Payment - Exclusivity and Multiplicity of Adjustments
10	10.1.23	A3-3639.33	HH-467.33,			Exhibit: General Guidance on Line Item Billing Under HH PPS

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10	10.1.24	A3-3639.34	HH-467.34,			Exhibit: Acronym List
10	10.1.25	A3-3639.35,	HH-467.35,	PM-AB-00-112		HH PPS Consolidated Billing and Primary HHAs
10	20			PM-AB-01-111, PM AB-01-65, Dated 4/26/01		Completion of Home Health Prospective Payment System (HH PPS) Consolidated Billing Enforcement
10	20.1					Exception of Supplies from Consolidated Billing Edits on Institutional Claims
10	20.2			PM-AB-01-70, Dated 5/1/01		Only RAP Received and Services Fall Within 60 Days after RAP Start Date
10	30	A3-3640	HH-468,			Common Working File (CWF) Requirements for the Home Health Prospective Payment System (HH PPS)
10	30.1	A3-3640.1	HH-468.1,			Health Insurance Query for Home Health Agencies (HIQH)
10	30.2	A3-3640.2	HH468.2,			HIQH Inquiry and Response
10	30.3	A3-3640.3	HH-468.3,			Timeliness and Limitations of HIQH Responses
10	30.4	A3-3640.4	HH-468.4,			Inquiries to RHHIs Based on HIQH Responses
10	30.5	A3-3640.5	HH-468.5,			National Home Health Prospective Payment Episode History File

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10	30.6	A3-3640.6	HH-468.6,			Opening and Length of HH PPS Episodes
10	30.7	A3-3640.7	HH-468.7			Closing, Adjusting and Prioritizing HH PPS Episodes Based on RAPs and HHA Claim Activity
10	30.8	A3-3640.8	HH-468.8,			Other Editing and Changes for HH PPS Episodes
10	30.9	A3-3640.9	HH-468.9,			Priority Among Other Claim Types and HH PPS Consolidating Billing for Episodes
10	30.10	A3-3640.10	HH-468.10,			Medicare Secondary Payment (MSP) and the HH PPS Episodes File
10	30.11	A3-3640.11	HH-468.11,			Exhibit: Chart Summarizing the Effects of RAP/Claim Actions on the HH PPS Episode File
10	40	A3-3638.22, A3-3638.13	HH-475,			Completion of Form CMS-1450 for Home Health Agency Billing
10	40.1	A3-3638.23	HH-475.1,			Request for Anticipated Payment (RAP)
10	40.2	A3-3638.24	HH-475.2,			HH PPS Claims
10	40.3	A3-3638.25	HH-475.3,			HH PPS Claims When No RAP is Submitted - "No-RAP" LUPAs

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10	40.4	A3-3638.10	HH-400, HH-463		Def. of nom. Chg. from 42 CFR 410.2	Collection of Deductible and Coinsurance from Patient
10	40.5	A3-3638.14				Billing for Nonvisit Charges
10	50	A3-3638.30,		PM-A-01-05		Beneficiary-Driven Demand Billing Under HH PPS
10	70		HH-475.4			HH PPS Pricer Program
10	70.1		HH-475.4.A			General
10	70.2		HH-475.4.B			Input/Output Record Layout
10	70.3		HH-475.4.C			Decision Logic Used by the Pricer on RAPs
10	70.4		HH-475.4.D			Decision Logic Used by the Pricer on Claims
10	70.5		HH-475.4.E			Annual Updates to the HH Pricer
10	80		HHA 475.5			Special Billing Situations Involving OASIS Assessments
10	90	A3-3638.9, A3-3638.19	HH-461,			Medical and Other Health Services Not Covered Under the Plan of Care (Bill Type 34X)
10	90.1	A3-3638.21				Osteoporosis Injections as HHA Benefit
10	90.2					Billing Instructions for Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines

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10	100	A3-3638.17				Temporary Suspension of Home Health Services
10	110		HH-432			Billing Procedures for an Agency Being Assigned Multiple Provider Numbers or a Change in Provider Number