

Chapter 12

Addendum P

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

Revision: C-31, January 31, 2019

Due to the size of [Figure 12.P-1](#), please go to the next page.

Chapter 12, Addendum P

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

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

[illegible]

TRICARE Reimbursement Manual 6010.61-M, April 1, 2015

Chapter 12, Addendum P

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

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.

1 Your Agency Name Address City ST Zip		3a PAT CNTRL # b. MED REC # 5 FED TAX NO		4 TYPE OF BILL 322	
6 STATEMENT FROM 10012000		7 COVERS PERIOD THROUGH 10012000			
8 PATIENT NAME a Doe Jane M		9 PATIENT ADDRESS a 123 Main Street Anywhere ST 30000			
10 BIRTHDATE 03151920		11 SEX 1		12 DATE 10012000	
13 HR 1		14 TYPE 30		15 SRC 1	
16 DRG 1		17 STAT 30		18 19 20 21	
19 20 21		22 23 24 25		26 27 28 29	
30 31		32 33		34 35	
36 37		38 39		40 41	
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492 493		494 495		496 497	
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528 529		530 531		532 533	
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546 547		548 549		550 551	
552 553		554 555		556 557	
558 559		560 561		562 563	
564 565		566 567		568 569	
570 571		572 573		574 575	
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588 589		590 591		592 593	
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600 601		602 603		604 605	
606 607		608 609		610 611	
612 613		614 615		616 617	
618 619		620 621		622 623	
624 625		626 627		628 629	
630 631		632 633		634 635	
636 637		638 639		640 641	
642 643		644 645		646 647	
648 649		650 651		652 653	
654 655		656 657		658 659	
660 661		662 663		664 665	
666 667		668 669		670 671	
672 673		674 675		676 677	
678 679		680 681		682 683	
684 685		686 687		688 689	
690 691		692 693		694 695	
696 697		698 699		700 701	
702 703		704 705		706 707	
708 709		710 711		712 713	
714 715		716 717		718 719	
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726 727		728 729		730 731	
732 733		734 735		736 737	
738 739		740 741		742 743	
744 745		746 747		748 749	
750 751		752 753		754 755	
756 757		758 759		760 761	
762 763		764 765		766 767	
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774 775		776 777		778 779	
780 781		782 783		784 785	
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798 799		800 801		802 803	
804 805		806 807		808 809	
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816 817		818 819		820 821	
822 823		824 825		826 827	
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834 835		836 837		838 839	
840 841		842 843		844 845	
846 847		848 849		850 851	
852 853		854 855		856 857	
858 859		860 861		862 863	
864 865		866 867		868 869	
870 871		872 873		874 875	
876 877		878 879		880 881	
882 883		884 885		886 887	
888 889		890 891		892 893	
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900 901		902 903		904 905	
906 907		908 909		910 911	
912 913		914 915		916 917	
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996 997		998 999		1000 1001	
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1008 1009		1010 1011		1012 1013	
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1086 1087		1088 1089		1090 1091	
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1098 1099		1100 1101		1102 1103	
1104 1105		1106 1107		1108 1109	
1110 1111		1112 1113		1114 1115	
1116 1117		1118 1119		1120 1121	
1122 1123		1124 1125		1126 1127	
1128 1129		1130 1131		1132 1133	
1134 1135		1136 1137		1138 1139	
1140 1141		1142 1143		1144 1145	
1146 1147		1148 1149		1150 1151	
1152 1153		1154 1155		1156 1157	
1158 1159		1160 1161		1162 1163	
1164 1165		1166 1167		1168 1169	
1170 1171		1172 1173		1174 1175	
1176 1177		1178 1179		1180 1181	
1182 1183		1184 1185		1186 1187	
1188 1189		1190 1191		1192 1193	
1194 1195		1196 1197		1198 1199	
1200 1201		1202 1203		1204 1205	
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1248 1249		1250 1251		1252 1253	
1254 1255		1256 1257		1258 1259	
1260 1261		1262 1263		1264 1265	
1266 1267					

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

FIGURE 12.P-3 RAP - TRANSFER SITUATION

Note: **Point of Origin** [Form Locator (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. #		3b MED. REC. #		3c TYPE OF BILL 322	
4 PATIENT NAME a Doe Jane M		5 PATIENT ADDRESS a 123 Main Street		6 STATEMENT FROM 10162000		7 COVERS PERIOD THROUGH 10162000		8	
9 BIRTHDATE 03151920		10 SEX F		11 DATE OF ADMISSION 10162000		12 TYPE B		13 SRC 30	
14 DRG 10162000		15 STAT B		16 DRG 30		17		18	
19 OCCURRENCE CODE 0023		20 DATE 0001		21		22		23	
24		25		26		27		28	
29		30		31		32		33	
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769		770		771		772		773	
774		775		776		777		778	
779		780		781		782		783	
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849		850		851		852		853	
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859		860		861		862		863	
864		865		866		867		868	
869		870		871		872		873	
874		875		876		877		878	
879		880		881		882		883	
884		885		886		887		888	
889		890		891		892		893	

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

Your Agency Name		2		3a PAY CNTL #		b. MED REC. #		c. TYPE OF WORK			
Address								3X2			
City		ST Zip		5 FED. TAX NO		6 STATEMENT FROM		7 COVERS PERIOD THROUGH			
						10162000		10162000			
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 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DRG		17 STAT	
03151920		F		10162000		C		30		18 19 20 21 22 23 24 25 26 27 28 29 ACCT 39	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 CODE		36 OCCURRENCE SPAN FROM THROUGH	
										37	
a											
b											
38											
41 CODE		VALUE CODES AMOUNT		42 CODE		VALUE CODES AMOUNT		43 CODE		VALUE CODES AMOUNT	
a 61		1900 00									
b											
c											
d											
43 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES	
1 0023		HH Services		HAEJ1		10162000				0 00	
2 0001										0 00	
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Examples Of Claims Submission Under Home Health Agency Prospective Payment System (HHA PPS)

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.

1 Your Agency Name Address City ST Zip										2										3a PAT. CNTRL. # b. MED. REC. #										4 TYPE OF BILL 328																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
8 PATIENT NAME a Doe Jane M										9 PATIENT ADDRESS a 123 Main Street Anywhere ST 50000										5 FED. TAX NO										6 STATEMENT FROM 10012000										7 COVERS PERIOD THROUGH 10012000																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
10 BIRTHDATE 03151920										11 SEX F										12 DATE OF ADMISSION 10012000										13 TYPE C										14 DRG 30										15 STAT D5										16 CONDITION CODES										17										18										19										20										21										22										23										24										25										26										27										28										29										30										31										32										33										34										35										36										37										38										39										40										41										42										43										44										45										46										47										48										49																																																																																																																																																																																																																	
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42 REV CD 0023										43 DESCRIPTION HH Services										44 HCPCS / RATE / HIPPS CODE HAEJ1										45 SERV. DATE 10012000										46 SERV. UNITS										47 TOTAL CHARGES 0.00										48 NON-COVERED CHARGES 0.00										49																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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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.

TRICARE Reimbursement Manual 6010.61-M, April 1, 2015

Chapter 12, Addendum P

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

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

1 Your Agency Name		2		3a PAT CNTL #		3b MED REC #		3c TYPE OF BILL	
Address		City ST Zip		5 FED. TAX NO		6 STATEMENT FROM		7 COVERS PERIOD THROUGH	
						10012000		11292000	
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 DATE		13 HR		14 TYPE	
03151920		F		10012000		1		30	
15 SRC		16 DRG		17 STAT		18		19	
20		21		22		23		24	
25		26		27		28		29 ACCT	
								30 STATE	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE CODE	
36 OCCURRENCE FROM		37 OCCURRENCE THROUGH		38 OCCURRENCE FROM		39 OCCURRENCE THROUGH		40 OCCURRENCE FROM	
41 CODE		42 VALUE CODES		43 AMOUNT		44 CODE		45 VALUE CODES	
61		1900		00					
b		c		d		e		f	
46		47		48		49		50	
51		52		53		54		55	
56		57		58		59		60	
61		62		63		64		65	
66		67		68		69		70	
71		72		73		74		75	
76		77		78		79		80	
81		82		83		84		85	
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91		92		93		94		95	
96		97		98		99		100	

TRICARE Reimbursement Manual 6010.61-M, April 1, 2015

Chapter 12, Addendum P

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

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

Note: Point of Origin (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		3a PAT CNTL # 3b MED REC #		4 TYPE OF BILL 329	
5 FED. TAX NO.		6 STATEMENT FROM 10012000		7 COVERS PERIOD THROUGH 11292000	
8 PATIENT NAME a Doe Jane M		9 PATIENT ADDRESS a 123 Main Street Anywhere ST 50000			
10 BIRTHDATE 03151920		11 SEX F		12 DATE 10012000	
13 HR		14 TYPE B		15 SRC 30	
16 DRG		17 STAT		18 19 20 21	
22 23 24 25 26 27 28 29 ACOT STATE		30 CONDITION CODES			
31 OCCURRENCE DATE		32 CODE		33 OCCURRENCE DATE	
34 CODE		35 OCCURRENCE DATE		36 CODE	
37 OCCURRENCE DATE		38 CODE		39 OCCURRENCE DATE	
40 CODE		41 VALUE CODES AMOUNT		42 VALUE CODES AMOUNT	
43 CODE		44 VALUE CODES AMOUNT		45 VALUE CODES AMOUNT	
46 CODE		47 VALUE CODES AMOUNT		48 VALUE CODES AMOUNT	
49 CODE		50 VALUE CODES AMOUNT		51 VALUE CODES AMOUNT	
52 CODE		53 VALUE CODES AMOUNT		54 VALUE CODES AMOUNT	
55 CODE		56 VALUE CODES AMOUNT		57 VALUE CODES AMOUNT	
58 CODE		59 VALUE CODES AMOUNT		60 VALUE CODES AMOUNT	
61 CODE		62 VALUE CODES AMOUNT		63 VALUE CODES AMOUNT	
64 CODE		65 VALUE CODES AMOUNT		66 VALUE CODES AMOUNT	
67 CODE		68 VALUE CODES AMOUNT		69 VALUE CODES AMOUNT	
70 CODE		71 VALUE CODES AMOUNT		72 VALUE CODES AMOUNT	
73 CODE		74 VALUE CODES AMOUNT		75 VALUE CODES AMOUNT	
76 CODE		77 VALUE CODES AMOUNT		78 VALUE CODES AMOUNT	
79 CODE		80 VALUE CODES AMOUNT		81 VALUE CODES AMOUNT	
82 CODE		83 VALUE CODES AMOUNT		84 VALUE CODES AMOUNT	
85 CODE		86 VALUE CODES AMOUNT		87 VALUE CODES AMOUNT	
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130 CODE		131 VALUE CODES AMOUNT		132 VALUE CODES AMOUNT	
133 CODE		134 VALUE CODES AMOUNT		135 VALUE CODES AMOUNT	
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157 CODE		158 VALUE CODES AMOUNT		159 VALUE CODES AMOUNT	
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470 CODE		484 VALUE CODES AMOUNT		484 VALUE CODES AMOUNT	
471 CODE		485 VALUE CODES AMOUNT		485 VALUE CODES AMOUNT	
472 CODE		486 VALUE CODES AMOUNT		486 VALUE CODES AMOUNT	
473 CODE		487 VALUE CODES AMOUNT		487 VALUE CODES AMOUNT	
474 CODE		488 VALUE CODES AMOUNT		488 VALUE CODES AMOUNT	
475 CODE		489 VALUE CODES AMOUNT		489 VALUE CODES AMOUNT	
476 CODE		490 VALUE CODES AMOUNT		490 VALUE CODES AMOUNT	
477 CODE		491 VALUE CODES AMOUNT		491 VALUE CODES AMOUNT	
478 CODE		492 VALUE CODES AMOUNT		492 VALUE CODES AMOUNT	
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480 CODE		494 VALUE CODES AMOUNT		494 VALUE CODES AMOUNT	
481 CODE		495 VALUE CODES AMOUNT		495 VALUE CODES AMOUNT	
482 CODE		496 VALUE CODES AMOUNT		496 VALUE CODES AMOUNT	
483 CODE		497 VALUE CODES AMOUNT		497 VALUE CODES AMOUNT	
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487 CODE		501 VALUE CODES AMOUNT		501 VALUE CODES AMOUNT	
488 CODE		502 VALUE CODES AMOUNT		502 VALUE CODES AMOUNT	
489 CODE		503 VALUE CODES AMOUNT		503 VALUE CODES AMOUNT	
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493 CODE		507 VALUE CODES AMOUNT		507 VALUE CODES AMOUNT	
494 CODE		508 VALUE CODES AMOUNT		508 VALUE CODES AMOUNT	
495 CODE		509 VALUE CODES AMOUNT		509 VALUE CODES AMOUNT	
496 CODE		510 VALUE CODES AMOUNT		510 VALUE CODES AMOUNT	
497 CODE		511 VALUE CODES AMOUNT		511 VALUE CODES AMOUNT	
498 CODE		512 VALUE CODES AMOUNT		512 VALUE CODES AMOUNT	
499 CODE		513 VALUE CODES AMOUNT		513 VALUE CODES AMOUNT	
500 CODE		514 VALUE CODES AMOUNT		514 VALUE CODES AMOUNT	
501 CODE		515 VALUE CODES AMOUNT		515 VALUE CODES AMOUNT	
502 CODE		516 VALUE CODES AMOUNT		516 VALUE CODES AMOUNT	
503 CODE		517 VALUE CODES AMOUNT		517 VALUE CODES AMOUNT	
504 CODE		518 VALUE CODES AMOUNT		518 VALUE CODES AMOUNT	
505 CODE		519 VALUE CODES AMOUNT		519 VALUE CODES AMOUNT	
506 CODE		520 VALUE CODES AMOUNT		520 VALUE CODES AMOUNT	
507 CODE		521 VALUE CODES AMOUNT		521 VALUE CODES AMOUNT	
508 CODE		522 VALUE CODES AMOUNT		522 VALUE CODES AMOUNT	
509 CODE		523 VALUE CODES AMOUNT		523 VALUE CODES AMOUNT	
510 CODE		524 VALUE CODES AMOUNT		524 VALUE CODES AMOUNT	
511 CODE		525 VALUE CODES AMOUNT		525 VALUE CODES AMOUNT	
512 CODE		526 VALUE CODES AMOUNT		526 VALUE CODES AMOUNT	
513 CODE		527 VALUE CODES AMOUNT		527 VALUE CODES AMOUNT	
514 CODE		528 VALUE CODES AMOUNT		528 VALUE CODES AMOUNT	
515 CODE		529 VALUE CODES AMOUNT		529 VALUE CODES AMOUNT	
516 CODE		530 VALUE CODES AMOUNT		530 VALUE CODES AMOUNT	
517 CODE		531 VALUE CODES AMOUNT		531 VALUE CODES AMOUNT	
518 CODE		532 VALUE CODES AMOUNT		532 VALUE CODES AMOUNT	
519 CODE		533 VALUE CODES AMOUNT		533 VALUE CODES AMOUNT	
520 CODE		534 VALUE CODES AMOUNT		534 VALUE CODES AMOUNT	
521 CODE		535 VALUE CODES AMOUNT			

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Chapter 12, Addendum P

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

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		2		3a PAY CNTL #		3b MED REC #		3c TYPE OF PPS	
Address		City		ST		Zip		329	
8 PATIENT NAME		a Doe Jane M		9 PATIENT ADDRESS		a 123 Main Street		Anywhere ST 30000	
10 BIRTHDATE		11 SEX		12 DATE		13 HR		14 TYPE	
03151920		F		10012000		1		30	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE CODE	
36 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37 OCCURRENCE SPAN FROM		37 OCCURRENCE SPAN THROUGH			
38		41 CODE		41 VALUE CODES AMOUNT		41 CODE		41 VALUE CODES AMOUNT	
		61		1900 00					
42 REV CD		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV DATE		46 SERV UNITS	
1 0023		HH Services		HAEJ1		10012000		0 00	
2 0023		HH Services		HBFJ4		11102000		0 00	
3 0550		Skilled Nurse Visit		G0154		10012000		2 150 00	
4 0570		HH Aide		G0156		10012000		2 75 00	
5 0550		Skilled Nurse Visit		G0154		10102000		2 150 00	
6 0570		HH Aide		G0156		10102000		2 75 00	
7 0420		Physical Therapy		G0151		10152000		3 200 00	
8 0550		Skilled Nurse Visit		G0154		10202000		2 150 00	
9 0570		HH Aide		G0156		10202000		2 75 00	
10 0420		Physical Therapy		G0151		10252000		3 200 00	
11 0550		Skilled Nurse Visit		G0154		10302000		2 150 00	
12 0570		HH Aide		G0156		10302000		2 75 00	
13 0420		Physical Therapy		G0151		11042000		3 200 00	
14 0550		Skilled Nurse Visit		G0154		11102000		1 150 00	
15 0570		HH Aide		G0156		11102000		2 75 00	
16 0420		Physical Therapy		G0151		11142000		3 200 00	
17 0550		Skilled Nurse Visit		G0154		11202000		2 150 00	
18 0570		HH Aide		G0156		11202000		3 75 00	
19 0420		Physical Therapy		G0151		11242000		3 200 00	
20 0550		Skilled Nurse Visit		G0154		11292000		2 150 00	
21 0270		Supplies						11 132 58	
22 0001								43 2632 58	
23		PAGE OF		CREATION DATE		TOTALS			
50 PAYER		51 HEALTH PLAN ID		52 REL INFO		53 ASG BEN		54 PRIOR PAYMENTS	
A Medicare		167999		Y				55 EST. AMOUNT DUE	
B								56 NPI	
C								57 OTHER PRV ID	
58 INSURED'S NAME		59 PREL 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		67		68		69		70	
1629									
71		72		73		74		75	
ADMIT DX		PATIENT REASON DX		PPS CODE		ECI			
76		77		78		79		80	
PRINCIPAL PROCEDURE CODE		OTHER PROCEDURE CODE		OTHER PROCEDURE CODE		OTHER PROCEDURE CODE		OTHER PROCEDURE CODE	
76 ATTENDING		NPI A12345		QUAL		LAST		FIRST	
Green						Mark			
77 OPERATING		NPI		QUAL		LAST		FIRST	
78 OTHER		NPI		QUAL		LAST		FIRST	
79 OTHER		NPI		QUAL		LAST		FIRST	
80 REMARKS		81CC		82		83		84	
		a							
		b							
		c							
		d							

Chapter 12, Addendum P

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

Your Agency Name										329									
Address										329									
City										ST Zip									
PATIENT NAME										PATIENT ADDRESS									
Doe Jane M										123 Main Street Anywhere ST 30000									
BIRTHDATE										CONDITION CODES									
03151920										06									
OCCURRENCE DATE										OCCURRENCE SPAN									
0001										1900 00									
DESCRIPTION										TOTALS									
HH Services										0 00									
Skilled Nurse Visit										150 00									
HH Aide										75 00									
0001										225 00									
PAYER										HEALTH PLAN ID									
Medicare										167999									
INSURED'S NAME										INSURED'S UNIQUE ID									
Doe, Jane M										123456789A									
TREATMENT AUTHORIZATION CODES										DOCUMENT CONTROL NUMBER									
200010012000093001																			
ADMIT DATE										PATIENT REASON									
1629																			
PRINCIPAL PROCEDURE										OTHER PROCEDURE									
74										75									
76 ATTENDING										77 OPERATING									
Green										Mark									
78 OTHER										79 OTHER									
LAST										LAST									
80 REMARKS																			

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Chapter 12, Addendum P

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

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		3a PAT. CNTL # b. MED REC #		4 TYPE OF CLAIM 327	
5 FED. TAX NO.		6 STATEMENT FROM 10012000		7 COVERS PERIOD THROUGH 11292000	
8 PATIENT NAME a Doe Jane M		9 PATIENT ADDRESS a 123 Main Street Anywhere ST 50000			
10 BIRTHDATE 03151920		11 SEX F		12 DATE 10012000	
13 HR 1		14 TYPE 1		15 SRC 1	
16 DRG 30		17 STAT D9		18 19 20 21	
22 23 24 25 26 27 28 29		30		31	
32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE	
38		39		40	
41 VALUE CODES AMOUNT 61 1900 00		42 VALUE CODES AMOUNT		43 VALUE CODES AMOUNT	
44		45		46	
47		48		49	
50		51		52	
53		54		55	
56		57		58	
59		60		61	
62		63		64	
65		66		67	
68		69		70	
71		72		73	
74		75		76	
77		78		79	
80		81		82	
83		84		85	
86		87		88	
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98		99		100	
101		102		103	
104		105		106	
107		108		109	
110		111		112	
113		114		115	
116		117		118	
119		120		121	
122		123		124	
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131		132		133	
134		135		136	
137		138		139	
140		141		142	
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464		465		466	
467		468		469	
470		471		472	
473		474		475	
476		477		478	
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482		483		484	
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725		726		727	
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749		750		751	
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779		780		781	
782		783		784	
785		786		787	
788		789		790	
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794		795		796	
797		798		799	
800		801		802	
803		804		805	
806		807		808	
809		810		811	
812		813		814	
815		816		817	
818		819		820	
821		822		823	
824		825		826	
827		828		829	
830		831		832	
833		834		835	
836		837		838	
839		840		841	

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

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.

1 Your Agency Name Address City ST Zip										2										3a PAY CNTL # b MED REC #										3 TYPE OF CLAIM 328																																																	
5 FED. TAX NO										6 STATEMENT FROM 10012000										7 COVERS PERIOD THROUGH 11292000																																																											
8 PATIENT NAME a Doe Jane M										9 PATIENT ADDRESS a 123 Main Street Anywhere ST 50000																																																																					
10 BIRTHDATE 03151920										11 SEX F										12 DATE 10012000										13 ADMISSION 13 HR 14 TYPE 15 SRC 16 DRG 1										17 STAT 30										18 19 20 21 22 23 24 25 26 27 28 29 ACCT 30 D6																													
31 OCCURRENCE CODE a										32 OCCURRENCE DATE b										33 OCCURRENCE CODE c										34 OCCURRENCE DATE d										35 OCCURRENCE SPAN FROM THROUGH e										36 OCCURRENCE SPAN FROM THROUGH f										37 2002332340508																			
38										41 CODE a 61										42 VALUE CODES AMOUNT 1900 00										43 CODE b										44 VALUE CODES AMOUNT c										45 CODE d																													
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										2										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 A Medicare										51 HEALTH PLAN ID 167999										52 REL INFO Y										53 ASG BEN										54 PRIOR PAYMENTS										55 EST. AMOUNT DUE										56 NPI										A									
58 INSURED'S NAME B Doe, Jane M										59 PREL 60 INSURED'S UNIQUE ID 123456789A										61 GROUP NAME										62 INSURANCE GROUP NO.										B																																							
63 TREATMENT AUTHORIZATION CODES C 200010012000093001										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																				C																																							
66 1629																																																												68																			
69 ADMIT DX 74										70 PATIENT REASON DX 75										71 PPS CODE 72										73																				74																													
76 ATTENDING NPI A12345										77 OPERATING NPI										78 OTHER NPI										79 OTHER NPI										80										75																													
LAST Green										FIRST Mark										LAST										FIRST																				76																													
LAST										FIRST										LAST										FIRST																				77																													
LAST										FIRST										LAST										FIRST																				78																													
LAST										FIRST										LAST										FIRST																				79																													
LAST										FIRST										LAST										FIRST																				80																													

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.

- END -