

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

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

NUBC[®] National Uniform
Billing Committee LIC9213257

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 CNTL # 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 30		17 STAT 1		18 19 20 21	
22 23 24 25 26 27 28 29		30 CONDITION CODES		31	
32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE DATE		36 OCCURRENCE DATE		37	
38		41 CODE		41 CODE	
42		43		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		89	
90		91		92	
93		94		95	
96		97		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		125	
126		127		128	
129		130		131	
132		133		134	
135		136		137	
138		139		140	
141		142		143	
144		145		146	
147		148		149	
150		151		152	
153		154		155	
156		157		158	
159		160		161	
162		163		164	
165		166		167	
168		169		170	
171		172		173	
174		175		176	
177		178		179	
180		181		182	
183		184		185	
186		187		188	
189		190		191	
192		193		194	
195		196		197	
198		199		200	
201		202		203	
204		205		206	
207		208		209	
210		211		212	
213		214		215	
216		217		218	
219		220		221	
222		223		224	
225		226		227	
228		229		230	
231		232		233	
234		235		236	
237		238		239	
240		241		242	
243		244		245	
246		247		248	
249		250		251	
252		253		254	
255		256		257	
258		259		260	
261		262		263	
264		265		266	
267		268		269	
270		271		272	
273		274		275	
276		277		278	
279		280		281	
282		283		284	
285		286		287	
288		289		290	
291		292		293	
294		295		296	
297		298		299	
300		301		302	
303		304		305	
306		307		308	
309		310		311	
312		313		314	
315		316		317	
318		319		320	
321		322		323	
324		325		326	
327		328		329	
330		331		332	
333		334		335	
336		337		338	
339		340		341	
342		343		344	
345		346		347	
348		349		350	
351		352		353	
354		355		356	
357		358		359	
360		361		362	
363		364		365	
366		367		368	
369		370		371	
372		373		374	
375		376		377	
378		379		380	
381		382		383	
384		385		386	
387		388		389	
390		391		392	
393		394		395	
396		397		398	
399		400		401	
402		403		404	
405		406		407	
408		409		410	
411		412		413	
414		415		416	
417		418		419	
420		421		422	
423		424		425	
426		427		428	
429		430		431	
432		433		434	
435		436		437	
438		439		440	
441		442		443	
444		445		446	
447		448		449	
450		451		452	
453		454		455	
456		457		458	
459		460		461	
462		463		464	
465		466		467	
468		469		470	
471		472		473	
474		475		476	
477		478		479	
480		481		482	
483		484		485	
486		487		488	
489		490		491	
492		493		494	
495		496		497	
498		499		500	
501		502		503	
504		505		506	
507		508		509	
510		511		512	
513		514		515	
516		517		518	
519		520		521	
522		523		524	
525		526		527	
528		529		530	
531		532		533	
534		535		536	
537		538		539	
540		541		542	
543		544		545	
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	
576		577		578	
579		580		581	
582		583		584	
585		586		587	
588		589		590	
591		592		593	
594		595		596	
597		598		599	
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	
720		721		722	
723		724		725	
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	
768		769		770	
771		772		773	
774		775		776	
777		778		779	
780		781		782	
783		784		785	
786		787		788	
789		790		791	
792		793		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					

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-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 TYPE OF BILL 322	
4 PATIENT NAME a Doe Jane M		5 PATIENT ADDRESS a 123 Main Street Anywhere ST 50000		6 STATEMENT FROM 10162000		7 COVERS PERIOD THROUGH 10162000	
8 BIRTHDATE 03151920		9 SEX F		10 DATE 10162000		11 TYPE OF SERVICE B	
12 OCCURRENCE DATE 03151920		13 CODE 10162000		14 OCCURRENCE DATE 03151920		15 CODE B	
16 OCCURRENCE DATE 03151920		17 CODE 10162000		18 OCCURRENCE DATE 03151920		19 CODE 30	
20 OCCURRENCE DATE 03151920		21 CODE 10162000		22 OCCURRENCE DATE 03151920		23 CODE 30	
24 OCCURRENCE DATE 03151920		25 CODE 10162000		26 OCCURRENCE DATE 03151920		27 CODE 30	
28 OCCURRENCE DATE 03151920		29 CODE 10162000		30 OCCURRENCE DATE 03151920		31 CODE 30	
32 OCCURRENCE DATE 03151920		33 CODE 10162000		34 OCCURRENCE DATE 03151920		35 CODE 30	
36 OCCURRENCE DATE 03151920		37 CODE 10162000		38 OCCURRENCE DATE 03151920		39 CODE 30	
40 OCCURRENCE DATE 03151920		41 CODE 10162000		42 OCCURRENCE DATE 03151920		43 CODE 30	
44 OCCURRENCE DATE 03151920		45 CODE 10162000		46 OCCURRENCE DATE 03151920		47 CODE 30	
48 OCCURRENCE DATE 03151920		49 CODE 10162000		50 OCCURRENCE DATE 03151920		51 CODE 30	
52 OCCURRENCE DATE 03151920		53 CODE 10162000		54 OCCURRENCE DATE 03151920		55 CODE 30	
56 OCCURRENCE DATE 03151920		57 CODE 10162000		58 OCCURRENCE DATE 03151920		59 CODE 30	
60 OCCURRENCE DATE 03151920		61 CODE 10162000		62 OCCURRENCE DATE 03151920		63 CODE 30	
64 OCCURRENCE DATE 03151920		65 CODE 10162000		66 OCCURRENCE DATE 03151920		67 CODE 30	
68 OCCURRENCE DATE 03151920		69 CODE 10162000		70 OCCURRENCE DATE 03151920		71 CODE 30	
72 OCCURRENCE DATE 03151920		73 CODE 10162000		74 OCCURRENCE DATE 03151920		75 CODE 30	
76 OCCURRENCE DATE 03151920		77 CODE 10162000		78 OCCURRENCE DATE 03151920		79 CODE 30	
80 OCCURRENCE DATE 03151920		81 CODE 10162000		82 OCCURRENCE DATE 03151920		83 CODE 30	
84 OCCURRENCE DATE 03151920		85 CODE 10162000		86 OCCURRENCE DATE 03151920		87 CODE 30	
88 OCCURRENCE DATE 03151920		89 CODE 10162000		90 OCCURRENCE DATE 03151920		91 CODE 30	
92 OCCURRENCE DATE 03151920		93 CODE 10162000		94 OCCURRENCE DATE 03151920		95 CODE 30	
96 OCCURRENCE DATE 03151920		97 CODE 10162000		98 OCCURRENCE DATE 03151920		99 CODE 30	
100 OCCURRENCE DATE 03151920		101 CODE 10162000		102 OCCURRENCE DATE 03151920		103 CODE 30	
104 OCCURRENCE DATE 03151920		105 CODE 10162000		106 OCCURRENCE DATE 03151920		107 CODE 30	
108 OCCURRENCE DATE 03151920		109 CODE 10162000		110 OCCURRENCE DATE 03151920		111 CODE 30	
112 OCCURRENCE DATE 03151920		113 CODE 10162000		114 OCCURRENCE DATE 03151920		115 CODE 30	
116 OCCURRENCE DATE 03151920		117 CODE 10162000		118 OCCURRENCE DATE 03151920		119 CODE 30	
120 OCCURRENCE DATE 03151920		121 CODE 10162000		122 OCCURRENCE DATE 03151920		123 CODE 30	
124 OCCURRENCE DATE 03151920		125 CODE 10162000		126 OCCURRENCE DATE 03151920		127 CODE 30	
128 OCCURRENCE DATE 03151920		129 CODE 10162000		130 OCCURRENCE DATE 03151920		131 CODE 30	
132 OCCURRENCE DATE 03151920		133 CODE 10162000		134 OCCURRENCE DATE 03151920		135 CODE 30	
136 OCCURRENCE DATE 03151920		137 CODE 10162000		138 OCCURRENCE DATE 03151920		139 CODE 30	
140 OCCURRENCE DATE 03151920		141 CODE 10162000		142 OCCURRENCE DATE 03151920		143 CODE 30	
144 OCCURRENCE DATE 03151920		145 CODE 10162000		146 OCCURRENCE DATE 03151920		147 CODE 30	
148 OCCURRENCE DATE 03151920		149 CODE 10162000		150 OCCURRENCE DATE 03151920		151 CODE 30	
152 OCCURRENCE DATE 03151920		153 CODE 10162000		154 OCCURRENCE DATE 03151920		155 CODE 30	
156 OCCURRENCE DATE 03151920		157 CODE 10162000		158 OCCURRENCE DATE 03151920		159 CODE 30	
160 OCCURRENCE DATE 03151920		161 CODE 10162000		162 OCCURRENCE DATE 03151920		163 CODE 30	
164 OCCURRENCE DATE 03151920		165 CODE 10162000		166 OCCURRENCE DATE 03151920		167 CODE 30	
168 OCCURRENCE DATE 03151920		169 CODE 10162000		170 OCCURRENCE DATE 03151920		171 CODE 30	
172 OCCURRENCE DATE 03151920		173 CODE 10162000		174 OCCURRENCE DATE 03151920		175 CODE 30	
176 OCCURRENCE DATE 03151920		177 CODE 10162000		178 OCCURRENCE DATE 03151920		179 CODE 30	
180 OCCURRENCE DATE 03151920		181 CODE 10162000		182 OCCURRENCE DATE 03151920		183 CODE 30	
184 OCCURRENCE DATE 03151920		185 CODE 10162000		186 OCCURRENCE DATE 03151920		187 CODE 30	
188 OCCURRENCE DATE 03151920		189 CODE 10162000		190 OCCURRENCE DATE 03151920		191 CODE 30	
192 OCCURRENCE DATE 03151920		193 CODE 10162000		194 OCCURRENCE DATE 03151920		195 CODE 30	
196 OCCURRENCE DATE 03151920		197 CODE 10162000		198 OCCURRENCE DATE 03151920		199 CODE 30	
200 OCCURRENCE DATE 03151920		201 CODE 10162000		202 OCCURRENCE DATE 03151920		203 CODE 30	
204 OCCURRENCE DATE 03151920		205 CODE 10162000		206 OCCURRENCE DATE 03151920		207 CODE 30	
208 OCCURRENCE DATE 03151920		209 CODE 10162000		210 OCCURRENCE DATE 03151920		211 CODE 30	
212 OCCURRENCE DATE 03151920		213 CODE 10162000		214 OCCURRENCE DATE 03151920		215 CODE 30	
216 OCCURRENCE DATE 03151920		217 CODE 10162000		218 OCCURRENCE DATE 03151920		219 CODE 30	
220 OCCURRENCE DATE 03151920		221 CODE 10162000		222 OCCURRENCE DATE 03151920		223 CODE 30	
224 OCCURRENCE DATE 03151920		225 CODE 10162000		226 OCCURRENCE DATE 03151920		227 CODE 30	
228 OCCURRENCE DATE 03151920		229 CODE 10162000		230 OCCURRENCE DATE 03151920		231 CODE 30	
232 OCCURRENCE DATE 03151920		233 CODE 10162000		234 OCCURRENCE DATE 03151920		235 CODE 30	
236 OCCURRENCE DATE 03151920		237 CODE 10162000		238 OCCURRENCE DATE 03151920		239 CODE 30	
240 OCCURRENCE DATE 03151920		241 CODE 10162000		242 OCCURRENCE DATE 03151920		243 CODE 30	
244 OCCURRENCE DATE 03151920		245 CODE 10162000		246 OCCURRENCE DATE 03151920		247 CODE 30	
248 OCCURRENCE DATE 03151920		249 CODE 10162000		250 OCCURRENCE DATE 03151920		251 CODE 30	
252 OCCURRENCE DATE 03151920		253 CODE 10162000		254 OCCURRENCE DATE 03151920		255 CODE 30	
256 OCCURRENCE DATE 03151920		257 CODE 10162000		258 OCCURRENCE DATE 03151920		259 CODE 30	
260 OCCURRENCE DATE 03151920		261 CODE 10162000		262 OCCURRENCE DATE 03151920		263 CODE 30	
264 OCCURRENCE DATE 03151920		265 CODE 10162000		266 OCCURRENCE DATE 03151920		267 CODE 30	
268 OCCURRENCE DATE 03151920		269 CODE 10162000		270 OCCURRENCE DATE 03151920		271 CODE 30	
272 OCCURRENCE DATE 03151920		273 CODE 10162000		274 OCCURRENCE DATE 03151920		275 CODE 30	
276 OCCURRENCE DATE 03151920		277 CODE 10162000		278 OCCURRENCE DATE 03151920		279 CODE 30	
280 OCCURRENCE DATE 03151920		281 CODE 10162000		282 OCCURRENCE DATE 03151920		283 CODE 30	
284 OCCURRENCE DATE 03151920		285 CODE 10162000		286 OCCURRENCE DATE 03151920		287 CODE 30	
288 OCCURRENCE DATE 03151920		289 CODE 10162000		290 OCCURRENCE DATE 03151920		291 CODE 30	
292 OCCURRENCE DATE 03151920		293 CODE 10162000		294 OCCURRENCE DATE 03151920		295 CODE 30	
296 OCCURRENCE DATE 03151920		297 CODE 10162000		298 OCCURRENCE DATE 03151920		299 CODE 30	
300 OCCURRENCE DATE 03151920		301 CODE 10162000		302 OCCURRENCE DATE 03151920		303 CODE 30	
304 OCCURRENCE DATE 03151920		305 CODE 10162000		306 OCCURRENCE DATE 03151920		307 CODE 30	
308 OCCURRENCE DATE 03151920		309 CODE 10162000		310 OCCURRENCE DATE 03151920		311 CODE 30	
312 OCCURRENCE DATE 03151920		313 CODE 10162000		314 OCCURRENCE DATE 03151920		315 CODE 30	
316 OCCURRENCE DATE 03151920		317 CODE 10162000		318 OCCURRENCE DATE 03151920		319 CODE 30	
320 OCCURRENCE DATE 03151920		321 CODE 10162000		322 OCCURRENCE DATE 03151920		323 CODE 30	
324 OCCURRENCE DATE 03151920		325 CODE 10162000		326 OCCURRENCE DATE 03151920		327 CODE 30	
328 OCCURRENCE DATE 03151920		329 CODE 10162000		330 OCCURRENCE DATE 03151920		331 CODE 30	
332 OCCURRENCE DATE 03151920		333 CODE 10162000		334 OCCURRENCE DATE 03151920		335 CODE 30	
336 OCCURRENCE DATE 03151920		337 CODE 10162000		338 OCCURRENCE DATE 03151920		339 CODE 30	
340 OCCURRENCE DATE 03151920		341 CODE 10162000		342 OCCURRENCE DATE 03151920		343 CODE 30	
344 OCCURRENCE DATE 03151920		345 CODE 10162000		346 OCCURRENCE DATE 03151920		347 CODE 30	
348 OCCURRENCE DATE 03151920		349 CODE 10162000		350 OCCURRENCE DATE 03151920		351 CODE 30	
352 OCCURRENCE DATE 03151920		353 CODE 10162000		354 OCCURRENCE DATE 03151920		355 CODE 30	
356 OCCURRENCE DATE 03151920		357 CODE 10162000		358 OCCURRENCE DATE 03151920		359 CODE 30	
360 OCCURRENCE DATE 03151920		361 CODE 10162000		362 OCCURRENCE DATE 03151920		363 CODE 30	
364 OCCURRENCE DATE 03151920		365 CODE 10162000		366 OCCURRENCE DATE 03151920		367 CODE 30	
368 OCCURRENCE DATE 03151920		369 CODE 10162000		370 OCCURRENCE DATE 03151920		371 CODE 30	
372 OCCURRENCE DATE 03151920		373 CODE 10162000		374 OCCURRENCE DATE 03151920		375 CODE 30	
376 OCCURRENCE DATE 03151920		377 CODE 10162000		378 OCCURRENCE DATE 03151920		379 CODE 30	
380 OCCURRENCE DATE 03151920		381 CODE 10162000		382 OCCURRENCE DATE 03151920		383 CODE 30	
384 OCCURRENCE DATE 03151920		385 CODE 10162000		386 OCCURRENCE DATE 03151920		387 CODE 30	
388 OCCURRENCE DATE 03151920		389 CODE 10162000		390 OCCURRENCE DATE 03151920		391 CODE 30	
392 OCCURRENCE DATE 03151920		393 CODE 10162000		394 OCCURRENCE DATE 03151920		395 CODE 30	
396 OCCURRENCE DATE 03151920		397 CODE 10162000		398 OCCURRENCE DATE 03151920		399 CODE 30	
400 OCCURRENCE DATE 03151920		401 CODE 10162000		402 OCCURRENCE DATE 03151920		403 CODE 30	
404 OCCURRENCE DATE 03151920		405 CODE 10162000		406 OCCURRENCE DATE 03151920		407 CODE 30	
408 OCCURRENCE DATE 03151920		409 CODE 10162000		410 OCCURRENCE DATE 03151920		411 CODE 30	
412 OCCURRENCE DATE 03151920		413 CODE 10162000		414 OCCURRENCE DATE 03151920		415 CODE 30	
416 OCCURRENCE DATE 03151920		417 CODE 10162000		418 OCCURRENCE DATE 03151920		419 CODE 30	
420 OCCURRENCE DATE 03151920		421 CODE 10162000		422 OCCURRENCE DATE 03151920		423 CODE 30	
424 OCCURRENCE DATE 03151920		425 CODE 10162000		426 OCCURRENCE DATE 03151920		427 CODE 30	
428 OCCURRENCE DATE 03151920		429 CODE 10162000		430 OCCURRENCE DATE 03151920		431 CODE 30	
432 OCCURRENCE DATE 03151920		433 CODE 10162000		434 OCCURRENCE DATE 03151920		435 CODE 30	
436 OCCURRENCE DATE 03151920		437 CODE 10162000		438 OCCURRENCE DATE 03151920		439 CODE 30	
440 OCCURRENCE DATE 03151920		441 CODE 10162000		442 OCCURRENCE DATE 03151920		443 CODE 30	
444 OCCURRENCE DATE 03151920		445 CODE 10162000		446 OCCURRENCE DATE 03151920		447 CODE 30	
448 OCCURRENCE DATE 03151920		449 CODE 10162000		450 OCCURRENCE DATE 03151920		451 CODE 30	
452 OCCURRENCE DATE 03151920		453 CODE 10162000		454 OCCURRENCE DATE 03151920		455 CODE 30	
456 OCCURRENCE DATE 03151920		457 CODE 10162000		458 OCCURRENCE DATE 03151920		459 CODE 30	
460 OCCURRENCE DATE 03151920		461 CODE 10162000		462 OCCURRENCE DATE 03151920		463 CODE 30	
464 OCCURRENCE DATE 03151920		465 CODE 10162000		466 OCCURRENCE DATE 03151920		467 CODE 30	
468 OCCURRENCE DATE 03151920		469 CODE 10162000		470 OCCURRENCE DATE 03151920		471 CODE 30	
472 OCCURRENCE DATE 03151920		473 CODE 10162000		474 OCCURRENCE DATE 03151920		475 CODE 30	
476 OCCURRENCE DATE 03151920		477 CODE 10162000		478 OCCURRENCE DATE 03151920		479 CODE 30	
480 OCCURRENCE DATE 03151920		481 CODE 10162000		4			

Chapter 12, Addendum P

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

Your Agency Name												3a PAY CNTL # b MED REC #		c TYPE OF BILL 3X2	
Address 												5 FED TAX NO		6 STATEMENT COVERS PERIOD FROM THROUGH 10162000 10162000	
City ST Zip															
8 PATIENT NAME a Doe Jane M					9 PATIENT ADDRESS a 123 Main Street Anywhere b ST c S0000 d e										
10 BIRTHDATE 03151920		11 SEX F		12 DATE ADMISSION 13 HR 14 TYPE C		15 SRC C		16 DRG 30		17 STAT		CONDITION CODES 18-28		29 ACCT 39 STATE	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 CODE		OCCURRENCE SPAN FROM THROUGH		36 CODE		OCCURRENCE SPAN FROM THROUGH 37	
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		48 NON-COVERED CHANGES	
1 0023		HH Services				HAEJ1		10162000				0 00			
2 0001												0 00			
PAGE ____ OF ____										CREATION DATE		TOTALS →			
50 PAYER Medicare		51 HEALTH PLAN ID 167999		52 REL INFO Y		53 ASGBEN		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID	
58 INSURED'S NAME Doe, Jane M		59 PREL		60 INSURED'S UNIQUE ID 123456789A		61 GROUP NAME		62 INSURANCE GROUP NO.							
63 TREATMENT AUTHORIZATION CODES 200010162000101401						64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME					
66 DX 1629														68	
69 ADMIT DX		70 PATIENT REASON DX		OTHER PROCEDURE CODE DATE		b OTHER PROCEDURE CODE DATE		71 PPS CODE		72 ECI				73	
74 PRINCIPAL PROCEDURE CODE DATE												76 ATTENDING NP I A12345 QUAL LAST Green FIRST Mark			
OTHER PROCEDURE CODE DATE												77 OPERATING NP I QUAL LAST FIRST			
80 REMARKS												78 OTHER NP I QUAL LAST FIRST			
												79 OTHER NP I 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

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-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	
5 FED. TAX NO.		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 50000					
b		c					
10 BIRTHDATE 03151920		11 SEX F		12 DATE 10012000		13 ADMISSION 13 HR 14 TYPE 15 SRC C	
16 DRG 30		17 STAT D5		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		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		89		90		91	
92		93		94		95	
96		97		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		125		126		127	
128		129		130		131	
132		133		134		135	
136		137		138		139	
140		141		142		143	
144		145		146		147	
148		149		150		151	
152		153		154		155	
156		157		158		159	
160		161		162		163	
164		165		166		167	
168		169		170		171	
172		173		174		175	
176		177		178		179	
180		181		182		183	
184		185		186		187	
188		189		190		191	
192		193		194		195	
196		197		198		199	
200		201		202		203	
204		205		206		207	
208		209		210		211	
212		213		214		215	
216		217		218		219	
220		221		222		223	
224		225		226		227	
228		229		230		231	
232		233		234		235	
236		237		238		239	
240		241		242		243	
244		245		246		247	
248		249		250		251	
252		253		254		255	
256		257		258		259	
260		261		262		263	
264		265		266		267	
268		269		270		271	
272		273		274		275	
276		277		278		279	
280		281		282		283	
284		285		286		287	
288		289		290		291	
292		293		294		295	
296		297		298		299	
300		301		302		303	
304		305		306		307	
308		309		310		311	
312		313		314		315	
316		317		318		319	
320		321		322		323	
324		325		326		327	
328		329		330		331	
332		333		334		335	
336		337		338		339	
340		341		342		343	
344		345		346		347	
348		349		350		351	
352		353		354		355	
356		357		358		359	
360		361		362		363	
364		365		366		367	
368		369		370		371	
372		373		374		375	
376		377		378		379	
380		381		382		383	
384		385		386		387	
388		389		390		391	
392		393		394		395	
396		397		398		399	
400		401		402		403	
404		405		406		407	
408		409		410		411	
412		413		414		415	
416		417		418		419	
420		421		422		423	
424		425		426		427	
428		429		430		431	
432		433		434		435	
436		437		438		439	
440		441		442		443	
444		445		446		447	
448		449		450		451	
452		453		454		455	
456		457		458		459	
460		461		462		463	
464		465		466		467	
468		469		470		471	
472		473		474		475	
476		477		478		479	
480		481		482		483	
484		485		486		487	
488		489		490		491	
492		493		494		495	
496		497		498		499	
500		501		502		503	
504		505		506		507	
508		509		510		511	
512		513		514		515	
516		517		518		519	
520		521		522		523	
524		525		526		527	
528		529		530		531	
532		533		534		535	
536		537		538		539	
540		541		542		543	
544		545		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	
576		577		578		579	
580		581		582		583	
584		585		586		587	
588		589		590		591	
592		593		594		595	
596		597		598		599	
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	
720		721		722		723	
724		725		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	
768		769		770		771	
772		773		774		775	
776		777		778		779	
780		781		782		783	
784		785		786		787	
788		789		790		791	
792		793		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		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	

Chapter 12, Addendum P

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

NUBC™ National Uniform
Billing Committee LIC9213257

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 OCCURRENCE DATE	
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	
88 CODE		89 VALUE CODES AMOUNT		90 VALUE CODES AMOUNT	
91 CODE		92 VALUE CODES AMOUNT		93 VALUE CODES AMOUNT	
94 CODE		95 VALUE CODES AMOUNT		96 VALUE CODES AMOUNT	
97 CODE		98 VALUE CODES AMOUNT		99 VALUE CODES AMOUNT	
100 CODE		101 VALUE CODES AMOUNT		102 VALUE CODES AMOUNT	
103 CODE		104 VALUE CODES AMOUNT		105 VALUE CODES AMOUNT	
106 CODE		107 VALUE CODES AMOUNT		108 VALUE CODES AMOUNT	
109 CODE		110 VALUE CODES AMOUNT		111 VALUE CODES AMOUNT	
112 CODE		113 VALUE CODES AMOUNT		114 VALUE CODES AMOUNT	
115 CODE		116 VALUE CODES AMOUNT		117 VALUE CODES AMOUNT	
118 CODE		119 VALUE CODES AMOUNT		120 VALUE CODES AMOUNT	
121 CODE		122 VALUE CODES AMOUNT		123 VALUE CODES AMOUNT	
124 CODE		125 VALUE CODES AMOUNT		126 VALUE CODES AMOUNT	
127 CODE		128 VALUE CODES AMOUNT		129 VALUE CODES AMOUNT	
130 CODE		131 VALUE CODES AMOUNT		132 VALUE CODES AMOUNT	
133 CODE		134 VALUE CODES AMOUNT		135 VALUE CODES AMOUNT	
136 CODE		137 VALUE CODES AMOUNT		138 VALUE CODES AMOUNT	
139 CODE		140 VALUE CODES AMOUNT		141 VALUE CODES AMOUNT	
142 CODE		143 VALUE CODES AMOUNT		144 VALUE CODES AMOUNT	
145 CODE		146 VALUE CODES AMOUNT		147 VALUE CODES AMOUNT	
148 CODE		149 VALUE CODES AMOUNT		150 VALUE CODES AMOUNT	
151 CODE		152 VALUE CODES AMOUNT		153 VALUE CODES AMOUNT	
154 CODE		155 VALUE CODES AMOUNT		156 VALUE CODES AMOUNT	
157 CODE		158 VALUE CODES AMOUNT		159 VALUE CODES AMOUNT	
160 CODE		161 VALUE CODES AMOUNT		162 VALUE CODES AMOUNT	
163 CODE		164 VALUE CODES AMOUNT		165 VALUE CODES AMOUNT	
166 CODE		167 VALUE CODES AMOUNT		168 VALUE CODES AMOUNT	
169 CODE		170 VALUE CODES AMOUNT		171 VALUE CODES AMOUNT	
172 CODE		173 VALUE CODES AMOUNT		174 VALUE CODES AMOUNT	
175 CODE		176 VALUE CODES AMOUNT		177 VALUE CODES AMOUNT	
178 CODE		179 VALUE CODES AMOUNT		180 VALUE CODES AMOUNT	
181 CODE		182 VALUE CODES AMOUNT		183 VALUE CODES AMOUNT	
184 CODE		185 VALUE CODES AMOUNT		186 VALUE CODES AMOUNT	
187 CODE		188 VALUE CODES AMOUNT		189 VALUE CODES AMOUNT	
190 CODE		191 VALUE CODES AMOUNT		192 VALUE CODES AMOUNT	
193 CODE		194 VALUE CODES AMOUNT		195 VALUE CODES AMOUNT	
196 CODE		197 VALUE CODES AMOUNT		198 VALUE CODES AMOUNT	
199 CODE		200 VALUE CODES AMOUNT		201 VALUE CODES AMOUNT	
202 CODE		203 VALUE CODES AMOUNT		204 VALUE CODES AMOUNT	
205 CODE		206 VALUE CODES AMOUNT		207 VALUE CODES AMOUNT	
208 CODE		209 VALUE CODES AMOUNT		210 VALUE CODES AMOUNT	
211 CODE		212 VALUE CODES AMOUNT		213 VALUE CODES AMOUNT	
214 CODE		215 VALUE CODES AMOUNT		216 VALUE CODES AMOUNT	
217 CODE		218 VALUE CODES AMOUNT		219 VALUE CODES AMOUNT	
220 CODE		221 VALUE CODES AMOUNT		222 VALUE CODES AMOUNT	
223 CODE		224 VALUE CODES AMOUNT		225 VALUE CODES AMOUNT	
226 CODE		227 VALUE CODES AMOUNT		228 VALUE CODES AMOUNT	
229 CODE		230 VALUE CODES AMOUNT		231 VALUE CODES AMOUNT	
232 CODE		233 VALUE CODES AMOUNT		234 VALUE CODES AMOUNT	
235 CODE		236 VALUE CODES AMOUNT		237 VALUE CODES AMOUNT	
238 CODE		239 VALUE CODES AMOUNT		240 VALUE CODES AMOUNT	
241 CODE		242 VALUE CODES AMOUNT		243 VALUE CODES AMOUNT	
244 CODE		245 VALUE CODES AMOUNT		246 VALUE CODES AMOUNT	
247 CODE		248 VALUE CODES AMOUNT		249 VALUE CODES AMOUNT	
250 CODE		251 VALUE CODES AMOUNT		252 VALUE CODES AMOUNT	
253 CODE		254 VALUE CODES AMOUNT		255 VALUE CODES AMOUNT	
256 CODE		257 VALUE CODES AMOUNT		258 VALUE CODES AMOUNT	
259 CODE		260 VALUE CODES AMOUNT		261 VALUE CODES AMOUNT	
262 CODE		263 VALUE CODES AMOUNT		264 VALUE CODES AMOUNT	
265 CODE		266 VALUE CODES AMOUNT		267 VALUE CODES AMOUNT	
268 CODE		269 VALUE CODES AMOUNT		270 VALUE CODES AMOUNT	
271 CODE		272 VALUE CODES AMOUNT		273 VALUE CODES AMOUNT	
274 CODE		275 VALUE CODES AMOUNT		276 VALUE CODES AMOUNT	
277 CODE		278 VALUE CODES AMOUNT		279 VALUE CODES AMOUNT	
280 CODE		281 VALUE CODES AMOUNT		282 VALUE CODES AMOUNT	
283 CODE		284 VALUE CODES AMOUNT		285 VALUE CODES AMOUNT	
286 CODE		287 VALUE CODES AMOUNT		288 VALUE CODES AMOUNT	
289 CODE		290 VALUE CODES AMOUNT		291 VALUE CODES AMOUNT	
292 CODE		293 VALUE CODES AMOUNT		294 VALUE CODES AMOUNT	
295 CODE		296 VALUE CODES AMOUNT		297 VALUE CODES AMOUNT	
298 CODE		299 VALUE CODES AMOUNT		300 VALUE CODES AMOUNT	
301 CODE		302 VALUE CODES AMOUNT		303 VALUE CODES AMOUNT	
304 CODE		305 VALUE CODES AMOUNT		306 VALUE CODES AMOUNT	
307 CODE		308 VALUE CODES AMOUNT		309 VALUE CODES AMOUNT	
310 CODE		311 VALUE CODES AMOUNT		312 VALUE CODES AMOUNT	
313 CODE		314 VALUE CODES AMOUNT		315 VALUE CODES AMOUNT	
316 CODE		317 VALUE CODES AMOUNT		318 VALUE CODES AMOUNT	
319 CODE		320 VALUE CODES AMOUNT		321 VALUE CODES AMOUNT	
322 CODE		323 VALUE CODES AMOUNT		324 VALUE CODES AMOUNT	
325 CODE		326 VALUE CODES AMOUNT		327 VALUE CODES AMOUNT	
328 CODE		329 VALUE CODES AMOUNT		330 VALUE CODES AMOUNT	
331 CODE		332 VALUE CODES AMOUNT		333 VALUE CODES AMOUNT	
334 CODE		335 VALUE CODES AMOUNT		336 VALUE CODES AMOUNT	
337 CODE		338 VALUE CODES AMOUNT		339 VALUE CODES AMOUNT	
340 CODE		341 VALUE CODES AMOUNT		342 VALUE CODES AMOUNT	
343 CODE		344 VALUE CODES AMOUNT		345 VALUE CODES AMOUNT	
346 CODE		347 VALUE CODES AMOUNT		348 VALUE CODES AMOUNT	
349 CODE		350 VALUE CODES AMOUNT		351 VALUE CODES AMOUNT	
352 CODE		353 VALUE CODES AMOUNT		354 VALUE CODES AMOUNT	
355 CODE		356 VALUE CODES AMOUNT		357 VALUE CODES AMOUNT	
358 CODE		359 VALUE CODES AMOUNT		360 VALUE CODES AMOUNT	
361 CODE		362 VALUE CODES AMOUNT		363 VALUE CODES AMOUNT	
364 CODE		365 VALUE CODES AMOUNT		366 VALUE CODES AMOUNT	
367 CODE		368 VALUE CODES AMOUNT		369 VALUE CODES AMOUNT	
370 CODE		371 VALUE CODES AMOUNT		372 VALUE CODES AMOUNT	
373 CODE		374 VALUE CODES AMOUNT		375 VALUE CODES AMOUNT	
376 CODE		377 VALUE CODES AMOUNT		378 VALUE CODES AMOUNT	
379 CODE		380 VALUE CODES AMOUNT		381 VALUE CODES AMOUNT	
382 CODE		383 VALUE CODES AMOUNT		384 VALUE CODES AMOUNT	
385 CODE		386 VALUE CODES AMOUNT		387 VALUE CODES AMOUNT	
388 CODE		389 VALUE CODES AMOUNT		390 VALUE CODES AMOUNT	
391 CODE		392 VALUE CODES AMOUNT		393 VALUE CODES AMOUNT	
394 CODE		395 VALUE CODES AMOUNT		396 VALUE CODES AMOUNT	
397 CODE		398 VALUE CODES AMOUNT		399 VALUE CODES AMOUNT	
400 CODE		401 VALUE CODES AMOUNT		402 VALUE CODES AMOUNT	
403 CODE		404 VALUE CODES AMOUNT		405 VALUE CODES AMOUNT	
406 CODE		407 VALUE CODES AMOUNT		408 VALUE CODES AMOUNT	
409 CODE		410 VALUE CODES AMOUNT		411 VALUE CODES AMOUNT	
412 CODE		413 VALUE CODES AMOUNT		414 VALUE CODES AMOUNT	
415 CODE		416 VALUE CODES AMOUNT		417 VALUE CODES AMOUNT	
418 CODE		419 VALUE CODES AMOUNT		420 VALUE CODES AMOUNT	
421 CODE		422 VALUE CODES AMOUNT		423 VALUE CODES AMOUNT	
424 CODE		425 VALUE CODES AMOUNT		426 VALUE CODES AMOUNT	
427 CODE		428 VALUE CODES AMOUNT		429 VALUE CODES AMOUNT	
430 CODE		431 VALUE CODES AMOUNT		432 VALUE CODES AMOUNT	
433 CODE		434 VALUE CODES AMOUNT		435 VALUE CODES AMOUNT	
436 CODE		437 VALUE CODES AMOUNT		438 VALUE CODES AMOUNT	
439 CODE		440 VALUE CODES AMOUNT		441 VALUE CODES AMOUNT	
442 CODE		443 VALUE CODES AMOUNT		444 VALUE CODES AMOUNT	
445 CODE		446 VALUE CODES AMOUNT		447 VALUE CODES AMOUNT	
448 CODE		449 VALUE CODES AMOUNT		450 VALUE CODES AMOUNT	
451 CODE		452 VALUE CODES AMOUNT		453 VALUE CODES AMOUNT	
454 CODE		455 VALUE CODES AMOUNT		456 VALUE CODES AMOUNT	
457 CODE		458 VALUE CODES AMOUNT		459 VALUE CODES AMOUNT	
460 CODE		461 VALUE CODES AMOUNT		462 VALUE CODES AMOUNT	
463 CODE		464 VALUE CODES AMOUNT		465 VALUE CODES AMOUNT	
466 CODE		467 VALUE CODES AMOUNT		468 VALUE CODES AMOUNT	
469 CODE		470 VALUE CODES AMOUNT		471 VALUE CODES AMOUNT	
472 CODE		473 VALUE CODES AMOUNT		474 VALUE CODES AMOUNT	
475 CODE		476 VALUE CODES AMOUNT		477 VALUE CODES AMOUNT	
478 CODE		479 VALUE CODES AMOUNT		480 VALUE CODES AMOUNT	
481 CODE		482 VALUE CODES AMOUNT		483 VALUE CODES AMOUNT	
484 CODE		485 VALUE CODES AMOUNT		486 VALUE CODES AMOUNT	
487 CODE		488 VALUE CODES AMOUNT		489 VALUE CODES AMOUNT	
490 CODE		491 VALUE CODES AMOUNT		492 VALUE CODES AMOUNT	
493 CODE		494 VALUE CODES AMOUNT		495 VALUE CODES AMOUNT	
496 CODE		497 VALUE CODES AMOUNT		498 VALUE CODES AMOUNT	
499 CODE		500 VALUE CODES AMOUNT		501 VALUE CODES AMOUNT	
502 CODE		503 VALUE CODES AMOUNT		504 VALUE CODES AMOUNT	
505 CODE		506 VALUE CODES AMOUNT		507 VALUE CODES AMOUNT	
508 CODE		509 VALUE CODES AMOUNT		510 VALUE CODES AMOUNT	
511 CODE		512 VALUE CODES AMOUNT		513 VALUE CODES AMOUNT	
514 CODE		515 VALUE CODES AMOUNT		516 VALUE CODES AMOUNT	
517 CODE		518 VALUE CODES AMOUNT		519 VALUE CODES AMOUNT	
520 CODE		521 VALUE CODES AMOUNT		522 VALUE CODES AMOUNT	
523 CODE		524 VALUE CODES AMOUNT		525 VALUE CODES AMOUNT	
526 CODE		527 VALUE CODES AMOUNT		528 VALUE CODES AMOUNT	
529 CODE		530 VALUE CODES AMOUNT		531 VALUE CODES AMOUNT	
532 CODE		533 VALUE CODES AMOUNT		534 VALUE CODES AMOUNT	
535 CODE		536 VALUE CODES AMOUNT		537 VALUE CODES AMOUNT	
538 CODE		539 VALUE CODES AMOUNT		540 VALUE CODES AMOUNT	
541 CODE		542 VALUE CODES AMOUNT		543 VALUE CODES AMOUNT	
544 CODE		545 VALUE CODES AMOUNT		546 VALUE CODES AMOUNT	
547 CODE		548 VALUE CODES AMOUNT		549 VALUE CODES AMOUNT	
550 CODE		551 VALUE CODES AMOUNT		552 VALUE CODES AMOUNT	
553 CODE		554 VALUE CODES AMOUNT		555 VALUE CODES AMOUNT	
556 CODE		557 VALUE CODES AMOUNT		558 VALUE CODES AMOUNT	
559 CODE		560 VALUE CODES AMOUNT		561 VALUE CODES AMOUNT	
562 CODE		563 VALUE CODES AMOUNT		564 VALUE CODES AMOUNT	
565 CODE		566 VALUE CODES AMOUNT		567 VALUE CODES AMOUNT	
568 CODE		569 VALUE CODES AMOUNT		570 VALUE CODES AMOUNT	
571 CODE		572 VALUE CODES AMOUNT		573 VALUE CODES AMOUNT	
574 CODE		575 VALUE CODES AMOUNT		576 VALUE CODES AMOUNT	
577 CODE		578 VALUE CODES AMOUNT		579 VALUE CODES AMOUNT	
580 CODE		581 VALUE CODES AMOUNT		582 VALUE CODES AMOUNT	
583 CODE		584 VALUE CODES AMOUNT		585 VALUE CODES AMOUNT	
586 CODE		587 VALUE CODES AMOUNT		588 VALUE CODES AMOUNT	
589 CODE		590 VALUE CODES AMOUNT		591 VALUE CODES AMOUNT	
592 CODE		593 VALUE CODES AMOUNT		594 VALUE CODES AMOUNT	
595 CODE		596 VALUE CODES AMOUNT		597 VALUE CODES AMOUNT	
598 CODE		599 VALUE CODES AMOUNT		600 VALUE CODES AMOUNT	
601 CODE		602 VALUE CODES AMOUNT		603 VALUE CODES AMOUNT	
604 CODE		605 VALUE CODES AMOUNT		606 VALUE CODES AMOUNT	
607 CODE		608 VALUE CODES AMOUNT		609 VALUE CODES AMOUNT	
610 CODE		611 VALUE CODES AMOUNT		612 VALUE CODES AMOUNT	
613 CODE		614 VALUE CODES AMOUNT		615 VALUE CODES AMOUNT	
616 CODE		617 VALUE CODES AMOUNT		618 VALUE CODES AMOUNT	
619 CODE		620 VALUE CODES AMOUNT		621 VALUE CODES AMOUNT	
622 CODE		623 VALUE CODES AMOUNT		624 VALUE CODES AMOUNT	
625 CODE		626 VALUE CODES AMOUNT		627 VALUE CODES AMOUNT	
628 CODE		629 VALUE CODES AMOUNT		630 VALUE CODES AMOUNT	
631 CODE		632 VALUE CODES AMOUNT		633 VALUE CODES AMOUNT	
634 CODE		635 VALUE CODES AMOUNT		636 VALUE CODES AMOUNT	
637 CODE		638 VALUE CODES AMOUNT		639 VALUE CODES AMOUNT	
640 CODE		641 VALUE CODES AMOUNT		642 VALUE CODES AMOUNT	
643 CODE		644 VALUE CODES AMOUNT		645 VALUE CODES AMOUNT	
646 CODE		647 VALUE CODES AMOUNT		648 VALUE CODES AMOUNT	
649 CODE		650 VALUE CODES AMOUNT		651 VALUE CODES AMOUNT	
652 CODE		653 VALUE CODES AMOUNT		654 VALUE CODES AMOUNT	
655 CODE		656 VALUE CODES AMOUNT		657 VALUE CODES AMOUNT	
656 CODE		657 VALUE CODES AMOUNT		658 VALUE CODES AMOUNT	
657 CODE		658 VALUE CODES AMOUNT		659 VALUE CODES AMOUNT	
658 CODE		659 VALUE CODES AMOUNT		660 VALUE CODES AMOUNT	
659 CODE		660 VALUE CODES AMOUNT		661 VALUE CODES AMOUNT	
660 CODE		661 VALUE CODES AMOUNT		662 VALUE CODES AMOUNT	
661 CODE		662 VALUE CODES AMOUNT		663 VALUE CODES AMOUNT	
662 CODE		663 VALUE CODES AMOUNT		664 VALUE CODES AMOUNT	
663 CODE		664 VALUE CODES AMOUNT			

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-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	
4 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 ADMIT DX		72 PATIENT REASON DX		73 PPS CODE		74 ECI		75	
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		81 CC		82		83		84	
		a							
		b							
		c							
		d							

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-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. # 5 FED. TAX NO										4 TYPE OF BILL 329																																																																																																																																																																																			
6 STATEMENT FROM 10012000										7 COVERS PERIOD THROUGH 10032000																																																																																																																																																																																																							
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 06										15 SRC										16 DRG										17 STAT										18										19										20										21										22										23										24										25										26										27										28										29 ACOT										30 STATE									
31 OCCURRENCE DATE										32 OCCURRENCE DATE										33 OCCURRENCE DATE										34 OCCURRENCE DATE										35 CODE										OCCURRENCE SPAN FROM THROUGH										36 CODE										OCCURRENCE SPAN FROM THROUGH										37																																																																																																																																	
38										41 CODE										VALUE CODES AMOUNT										42 CODE										VALUE CODES AMOUNT										43 CODE										VALUE CODES AMOUNT																																																																																																																																																					
42 REV CD										43 DESCRIPTION										44 HCPCS / RATE / HIPPS CODE										45 SERV. DATE										46 SERV. UNITS										47 TOTAL CHARGES										48 NON-COVERED CHARGES										49																																																																																																																																											
0023										HH Services										HAEJ1										10012000										2										01 00																																																																																																																																																															
0550										Skilled Nurse Visit										G0154										10012000										3										150 00																																																																																																																																																															
0570										HH Aide										G0156										10012000										3										75 00																																																																																																																																																															
0001																														5										225 00																																																																																																																																																																									
PAGE 1 OF 1										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 PREL										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 1629																																																												68																																																																																																																																																					
69 ADMIT DX										70 PATIENT REASON DX										71 PPS CODE										72 ECI										73																																																																																																																																																																									
74 PRINCIPAL PROCEDURE CODE										75 OTHER PROCEDURE CODE										76 ATTENDING NPI A12345										77 QUAL										78 LAST										79 FIRST										80 Mark																																																																																																																																																					
76 Green																																																																																																																																																																																																																	
77 OPERATING NPI																																																																																																																																																																																																																	
78 OTHER NPI																																																																																																																																																																																																																	
79 OTHER NPI																																																																																																																																																																																																																	
80 REMARKS										81 CC a										82 b										83 c										84 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.

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-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 ACCT 39	
30 OCCURRENCE DATE 03151920		31 OCCURRENCE DATE 10012000		32 OCCURRENCE DATE 11292000	
33 OCCURRENCE DATE 10012000		34 OCCURRENCE DATE 11292000		35 OCCURRENCE DATE 11292000	
36 OCCURRENCE DATE 11292000		37 OCCURRENCE DATE 11292000		38 OCCURRENCE DATE 11292000	
39 OCCURRENCE DATE 11292000		40 OCCURRENCE DATE 11292000		41 OCCURRENCE DATE 11292000	
42 REV CD		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE	
45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES	
48 NON-COVERED CHARGES		49			
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		67	
68		69 ADMIT DK		70 PATIENT REASON DK	
71 PPS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE CODE DATE		75 OTHER PROCEDURE CODE DATE		76 ATTENDING NPI A12345	
77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI	
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.		81 CC a		82	
83		84		85	
86		87		88	
89		90		91	
92		93		94	
95		96		97	
98		99		100	

NUBC National Uniform Billing Committee LIC9213257

Chapter 12, Addendum P

FIGURE 12.P-11 CLAIM - CANCELLATION

Your Agency Name										3a PAY CNTL #										3b MED REC #										4 TYPE OF PROC																																																											
Address																														328																																																											
City										ST										Zip																																																																					
5 FED. TAX NO										6 STATEMENT FROM										COVERS PERIOD THROUGH										7																																																											
										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										ADMISSION 13 HR 14 TYPE 15 SRC 16 DRG 17 STAT										18 19 20 21 22 23 24 25 26 27 28 29 ADON 30																																																	
03151920										F										10012000										1										30 D6																																																	
31 OCCURRENCE DATE										32 OCCURRENCE DATE										33 OCCURRENCE DATE										34 OCCURRENCE DATE										35 OCCURRENCE DATE										OCCURRENCE SPAN FROM THROUGH										36 OCCURRENCE SPAN FROM THROUGH										37																			
38										41 CODE										VALUE CODES AMOUNT										42 CODE										VALUE CODES AMOUNT										43 CODE										VALUE CODES AMOUNT																													
										a 61										1900 00																																																																					
										b																																																																															
										c																																																																															
										d																																																																															
42 REV CD										43 DESCRIPTION										44 HCPCS / RATE / NIPPS CODE										45 SERV DATE										46 SERV UNITS										47 TOTAL CHARGES										48 NON-COVERED CHARGES										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																													
A Medicare										167999																																																																															

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 -