

EXAMPLES OF CLAIMS SUBMISSION UNDER HHAPPS

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

Your Agency Name Address City, State, Zip		1		PATIENT CONTROL NO.		322	
PATIENT NAME		Doe Jane M		PATIENT ADDRESS		123 Main Street Anywhere IA 50000	
PATIENT DATE OF BIRTH		03151920 F		PATIENT ID		10012000	
OCCURRENCE DATE		10012000		OCCURRENCE TIME		1 30	
SALE CODES		61 1900 00		VALUE CODES			
REF. CO.		DESCRIPTION		NCPES/RATES		SERV. RATE	
0023		HH Services		HAEJ1		10012000	
0001						0 00	
PAYER		PROVIDER NO.		REL		ASC	
Medicare		167999		Y			
INSURED'S NAME		P. RES.		CERT. - SSN - IIC - ID NO.		GROUP NAME	
Doe, Jane M				123456789A			
TREATMENT AUTHORIZER CODES		EMPLOYER NAME		EMPLOYER LOCATION			
200010012000093001							
PRIN DIAG		CPT		ICD		ADR DIAG	
1629							
P.C.		PRINCIPAL PROCEDURE		OTHER PROCEDURE		ATTENDING PHYS. ID	
		A12345				Greene, Mark	
REMARKS		PROVIDER REPRESENTATIVE		DATE			
		X Ima Clerk		10012000			

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

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FIGURE 12-N-2 RAP - NON-TURNFER SITUATION WITH LINE ITEM SERVICE ADDED

This is an example of what a RAP might look like if other line item data had to be added because your software required a total charge greater than zero on the UB-92. The system will look only at the HIPPES Code information in order to generate payment. Remember that you will also need to enter this line item data on the Claim. That is, in this example, your claim would also contain the charge for the Skilled Nursing visit on 10/01/2000.

1										PATIENT CONTROL NO. 322									
21 PATIENT NAME Doe Jane M										22 PATIENT ADDRESS 123 Main Street Anywhere IA 50000									
23 BIRTH DATE 03151920										24 SEX F									
25 OCCURRENCE DATE 10012000										26 OCCURRENCE FROM 1									
27 OCCURRENCE THROUGH 1030										28 VALUE CODES 61 1900 00									
29 REF. CD 0023										30 DESCRIPTION HH Services									
31 HCPES/RATES HAEJ1										32 SER. DATE 10012000									
33 SER. BRNYS										34 TOTAL CHARGES 0 00									
35 COVERED CHARGES										36 COVERED CHARGES 150 00									
37 COVERED CHARGES										38 COVERED CHARGES 150 00									
39 PAYER Medicare										40 PAYER NO. 167999									
41 INSURED'S NAME Doe, Jane M										42 GROUP NAME 123456789A									
43 TREATMENT AUTHORIZATION CODES 200010012000093001										44 EMPLOYER NAME									
45 ICD-9-CM 1629										46 ATTENDING PHYS. IS A12345 Greene, Mark									
47 REMARKS										48 PROVIDER REPRESENTATIVE X Ima Clerk									
										49 DATE 10012000									

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EXAMPLES OF CLAIMS SUBMISSION UNDER HHAPPS

FIGURE 12-N-3 RAP - TRANSFER SITUATION

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

Your Agency Name Address City, State, Zip										PATIENT CONTROL NO. 1322									
Doe Jane M										123 Main Street Anywhere IA 50000									
03151920 F					10162000					B					30				
0023 HH Services										HAEJ1 10162000									
0001										1900.00									
Medicare										167999									
Doe, Jane M										123456789A									
200010162000101401										DUE FROM PATIENT									
1674										A12345 Greene, Mark									
X										Ima Clerk 10162000									

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

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

Your Agency Name Address City, State, Zip										PATIENT CONTROL NO.									
10162000										10162000									
13X2																			
22 PATIENT NAME Doe Jane M										20 PATIENT ADDRESS 123 Main Street Anywhere IA 50000									
24 BIRTH DATE 03151920										23 MEDICAL RECORD NO. 10162000									
25 OCCURRENCE CODE F										26 SOURCE OF ADMISSION C									
27 OCCURRENCE DATE										28 OCCURRENCE SPAN									
29 VALUE CODES										30 VALUE CODES									
61 1900.00																			
32 REV. CD.										33 DESCRIPTION									
1 0023										HH Services									
2 0001																			
34 HCPCS/RATES										35 SERB - DATE									
HAEJ1										10162000									
36 SERB - RATES										37 TOTAL CHARGES									
										0.00									
38 COVERED CHARGES										49									
0.00																			
60 PATER										61 PROVIDER NO.									
Medicare										167999									
62 REL INFO										63 ADD REL									
Y																			
64 PRIDE PAPER/IS										65 EST. AMOUNT REL									
DUE FROM PATIENT																			
66 INSURED'S NAME Doe, Jane M										67 P-REL CERT.-SSN-NIC.-ID NO. 123456789A									
68 GROUP NAME										69 INSURANCE GROUP NO.									
TREATMENT AUTHORIZATION CODES 200010162000101401										70 EMPLOYER NAME									
71 EMPLOYER LOCATION										72									
73 PRIN DIAG CD 1629										74 ADJ. DIAG. CD									
75 CODE										76 CODE									
77 CODE										78 CODE									
79 P.C.										80 ATTENDING PHYS. ID									
A12345										Greene, Mark									
81 OTHER PHYS. ID										82 OTHER PHYS. ID									
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FIGURE 12-N-5 RAP - CANCELLATION

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

Your Agency Name Address City, State, Zip										PATIENT CONTROL NO. 328									
10012000										10012000									
Doe Jane M										123 Main Street Anywhere IA 50000									
03151920 F 10012000 1 30										D5 2001952340508									
61										1900 1 00									
0023 HH Services HAEJ1 10012000										0 00									
0001										0 000									
Medicare										167999 Y									
DUE FROM PATIENT																			
Doe, Jane M										123456789A									
200010012000093001																			
1629										A12345									
										Greene, Mark									
										X Ima Clerk 10102000									

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EXAMPLES OF CLAIMS SUBMISSION UNDER HHAPPS

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

Your Agency Name Address City, State, Zip										PATIENT CONTROL NO. 329									
10012000 11292000																			
Doe Jane M										123 Main Street Anywhere IA 50000									
03151920 F 10012000 1 30																			
22 OCCURRENCE CODE DATE										23 OCCURRENCE CODE DATE									
24 OCCURRENCE CODE DATE										25 OCCURRENCE CODE DATE									
26 OCCURRENCE CODE DATE										27 OCCURRENCE CODE DATE									
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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 12, ADDENDUM N

EXAMPLES OF CLAIMS SUBMISSION UNDER HHAPPS

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

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

Your Agency Name Address City, State, Zip										PATIENT CONTROL NO. 1329									
PROG. 100 88.										PROG. 100 88.									
10012000 11292000																			
PATIENT NAME Doe Jane M										PATIENT ADDRESS 123 Main Street Anywhere IA 50000									
BIRTH DATE 03151920										MEDICAL RECORD NO. 10012000									
SEX F										SOURCE OF ADMISSION B									
ADMISSION DATE 10012000										ADMISSION TIME 30									
OCCURRENCE DATE										OCCURRENCE DATE									
OCCURRENCE CODE										OCCURRENCE CODE									
OCCURRENCE FROM										OCCURRENCE THROUGH									
VALUE CODES AMOUNT										VALUE CODES AMOUNT									
61 1900 00																			
42 REF. CD.										43 DESCRIPTION									
0023 HH Services										HAEJ1 10012000									
0550 Skilled Nurse										G0154 10012000 2 150 00									
0570 HH Aide										G0156 10012000 3 75 00									
0580 Skilled Nurse										G0154 10102000 2 150 00									
0570 HH Aide										G0156 10102000 2 75 00									
0420 Physical Therapy										G0151 10162000 3 200 00									
0550 Skilled Nurse										G0154 10202000 2 150 00									
0570 HH Aide										G0156 10202000 2 75 00									
0420 Physical Therapy										G0151 10252000 3 200 00									
0550 Skilled Nurse										G0154 10302000 2 150 00									
0570 HH Aide										G0156 10302000 2 75 00									
0420 Physical Therapy										G0151 11042000 3 200 00									
0550 Skilled Nurse										G0154 11102000 1 150 00									
0570 HH Aide										G0156 11102000 2 75 00									
0420 Physical Therapy										G0151 11142000 3 200 00									
0550 Skilled Nurse										G0154 11202000 2 150 00									
0570 HH Aide										G0156 11202000 3 75 00									
0420 Physical Therapy										G0151 11242000 3 200 00									
0550 Skilled Nurse										G0154 11292000 2 150 00									
0570 HH Aide										G0156 11292000 2 75 00									
0270 Supplies										11 132 58									
0001										43 2707 68									
PAYER Medicare										PROVIDER NO. 167999									
52 BILL TYPE Y										53 ASC DET									
54 PRIOR PATIENTS										55 EST. AMOUNT									
56																			
INSURED'S NAME Doe, Jane M										P. REL. 60 CERT. - SSN - HIC - ID NO. 123456789A									
61 GROUP NAME										62 INSURANCE GROUP NO.									
63 AUTHORITY AUTHORIZATION CODE 200010012000093001										64 ESC 65 EMPLOYER NAME 66 EMPLOYER LOCATION									
67 DRUG DIAG. CD 1629										OTHER DIAG. CODES									
79 P.C.										80 ATTENDING PHYS. ID A12345									
80 PRINCIPAL PROCEDURE CODE DATE										81 OTHER PROCEDURE CODE DATE									
82 OTHER PROCEDURE CODE DATE										83 OTHER PHYS. ID Greene, Mark									
84 REMARKS										85 PROVIDER REPRESENTATIVE X Ima Clerk									
										86 DATE 12/01/2000									

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 12, ADDENDUM N

EXAMPLES OF CLAIMS SUBMISSION UNDER HHAPPS

FIGURE 12-N-10 CLAIM ADJUSTMENT

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

Your Agency Name Address City, State, Zip		PATIENT CONTROL NO. 327	
PRO. 149 88..		STATEMENT PERIOD FROM 10012000	STATEMENT PERIOD TO 11292000
22 PATIENT NAME Doe Jane M		23 PATIENT ADDRESS 123 Main Street Anywhere IA 50000	
24 STATE DATE 03151920	25 SEX F	27 DATE OF BIRTH 10012000	28 AGE 1
29 OCCURRENCE CODE	30 RECURRENT CODE	31 OCCURRENCE RATE	32 OCCURRENCE RATE
			D9
33 OCCURRENCE DATE		34 OCCURRENCE DATE	35 OCCURRENCE DATE
			2002332340508
36	37	38	39
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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 12, ADDENDUM N

EXAMPLES OF CLAIMS SUBMISSION UNDER HHAPPS

FIGURE 12-N-11 CLAIM - CANCELLATION

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

Your Agency Name Address City, State, Zip										PATIENT CONTROL NO. 328																			
PRO. 1-20 89										STATEMENT DATES PERIOD FROM 10012000 TO 11292000																			
10 PATIENT NAME Doe Jane M					11 PATIENT ADDRESS 123 Main Street Anywhere IA 50000					12 DATE OF BILL 03151920					13 CLAIM TYPE F														
14 SUBMISSION NO. 10012000					15 ICD-9 CODE 1					16 MEDICAL RECORD NO. 30					17 CLAIM CHANGE REASON CODE D6														
18 OCCURRENCE DATE 03151920										19 OCCURRENCE DATE 11292000										20 OCCURRENCE SPAN 2002332340508									
21 VALUE CODES 61										22 VALUE AMOUNT 1900.00										23 VALUE CODES 41									
24 REF. CD.										25 DESCRIPTION										26 ICD-9 CODE									
27 HUPCS/RAITS										28 SER. DATE										29 SER. QTY									
30 TOTAL CHARGES										31 NON-COVERED CHARGES										32									
33 PAYER Medicare										34 PRESCRIBER NO. 167999										35 REL. DES. Y									
36 INSURED'S NAME Doe, Jane M										37 P-REL. DES. -SSN-NIC-ID NO. 123456789A										38 GROUP NAME									
39 TREATMENT AUTHORIZATION CODES 200010012000093001										40 ESC.										41 EMPLOYER NAME									
42 PRIN. DIAG. CD. 1629										43 ICD-9 CODE										44 ICD-9 CODE									
45 P.C. CODE										46 PRINCIPAL PROCEDURE CODE										47 ATTENDING PHYS. ID A12345									
48 OTHER PROCEDURE CODE										49 OTHER PROCEDURE CODE										50 OTHER PHYS. ID Greene, Mark									
51 REMARKS										52 PROVIDER REPRESENTATIVE X Ima Clerk										53 DATE 12/20/2000									

