

Chapter 12

Home Health Care (HHC)

Section/Addendum	Subject/Addendum Title
1	Home Health Benefit Coverage And Reimbursement - General Overview
2	Home Health Care (HHC) - Benefits And Conditions For Coverage Figure 12.2-1 Copayments/Cost-Shares For Services Reimbursed Outside The HHA PPS When Receiving Home Health Services Under A POC
3	Home Health Benefit Coverage And Reimbursement - Assessment Process
4	Home Health Benefit Coverage And Reimbursement - Prospective Payment Methodology Figure 12.4-1 Calculating Domain Scores From Response Values Figure 12.4-2 Clinical Severity Domain Figure 12.4-3 Functional Status Domain Figure 12.4-4 Service Utilization Domain Figure 12.4-5 HHRG To HIPPS Code Crosswalk Figure 12.4-6 New HIPPS Code Structure Under HH PPS Case-Mix Refinement Figure 12.4-7 Scoring Matrix For Constructing HIPPS Code Figure 12.4-8 Case-Mix Adjustment Variables And Scores For Episodes Ending Before January 1, 2012 Figure 12.4-9 Case-Mix Adjustment Variables And Scores For Episodes Ending On Or After January 1, 2012 Figure 12.4-10 Relative Weights For NRS - Six-Group Approach Figure 12.4-11 NRS Case-Mix Adjustment Variables And Scores Figure 12.4-12 Format For Treatment Authorization Code Figure 12.4-13 Converting Point Values To Letter Codes Figure 12.4-14 Example Of A Treatment Authorization Code Figure 12.4-15 Calculation Of National 60-day Episode Payment Amounts Figure 12.4-16 Standardization For Case-Mix And Wage Index Figure 12.4-17 Per Visit Payment Amounts For Low-Utilization Payment Adjustments
5	Home Health Benefit Coverage And Reimbursement - Primary Provider Status And Episodes Of Care
6	Home Health Benefit Coverage And Reimbursement - Claims And Billing Submission Under HHA PPS
7	Home Health Benefit Coverage And Reimbursement - Pricer Requirements And Logic
8	Home Health Benefit Coverage And Reimbursement - Medical Review Requirements
A	Definitions And Acronym Table

TRICARE Reimbursement Manual 6010.58-M, February 1, 2008
Chapter 12, Home Health Care (HHC)

Section/Addendum	Subject/Addendum Title
B	Home Health Consolidated Billing Code List - Non-Routine Supply (NRS) Codes
C	Home Health Consolidated Billing Code List - Therapy Codes
D	Home Health Certification And Plan Of Care (POC)
E	Primary Components Of A Home Care Patient Assessment
F	Outcome And Assessment Information Set (OASIS-B1)
G	Outcome and Assessment Information Set (OASIS) Items Used For Assessments Of 60-Day Episodes
H	Diagnosis Codes For Home Health Resource Group (HHRG) Assignment
I	Home Health Resource Group (HHRG) Worksheet Figure 12.I-1 HHRG For Episodes Beginning On Or After January 1, 2008 Figure 12.I-2 Abbreviated OASIS Questions
J	Health Insurance Prospective Payment System (HIPPS) Tables For Pricer
K	Home Assessment Validation and Entry (HAVEN) Reference Manual
L (CY 2015)	Annual Home Health Agency Prospective Payment System (HHA PPS) Rate Updates - CY 2015 Figure 12.L.2015-1 CY 2015 National Standardized 60-Day Episode Payment Amounts Figure 12.L.2015-2 CY 2015 National Per-Visit Payment Amounts For HHAs Figure 12.L.2015-3 CY 2015 NRS Conversion Factor Figure 12.L.2015-4 CY 2015 NRS Payment Amounts Figure 12.L.2015-5 CY 2015 Payment Amounts For 60-Day Episodes For Services Provided In A Rural Area Figure 12.L.2015-6 CY 2015 Per-Visit Amounts For Services Provided In A Rural Area Figure 12.L.2015-7 CY 2015 NRS Conversion Factor For Services Provided In A Rural Area Figure 12.L.2015-8 CY 2015 Relative Weights For The Six-Severity NRS System For Beneficiaries Residing In A Rural Area
L (CY 2016)	Annual Home Health Agency Prospective Payment System (HHA PPS) Rate Updates - CY 2016 Figure 12.L.2016-1 CY 2016 National Standardized 60-Day Episode Payment Amounts Figure 12.L.2016-2 CY 2016 National Per-Visit Payment Amounts For HHAs Figure 12.L.2016-3 CY 2016 NRS Conversion Factor Figure 12.L.2016-4 CY 2016 Relative Weights For The Six-Severity NRS System Figure 12.L.2016-5 CY 2016 Per-Visit Amounts For Services Provided In A Rural Area Figure 12.L.2016-6 CY 2016 Relative Weights For The Six-Severity NRS System For Beneficiaries Residing In A Rural Area

TRICARE Reimbursement Manual 6010.58-M, February 1, 2008
Chapter 12, Home Health Care (HHC)

Section/Addendum Subject/Addendum Title

L (CY 2017)	Annual Home Health Agency Prospective Payment System (HHA PPS) Rate Updates - CY 2017
Figure 12.L.2017-1	CY 2017 National Standardized 60-Day Episode Payment Amounts
Figure 12.L.2017-2	CY 2017 National Per-Visit Payment Amounts For HHAs
Figure 12.L.2017-3	CY 2017 NRS Conversion Factor
Figure 12.L.2017-4	CY 2017 Relative Weights For The Six-Severity NRS System
Figure 12.L.2017-5	CY 2017 Cost-Per-Unit Payment Rates For The Calculation Of Outlier Payments
Figure 12.L.2017-6	CY 2017 Per-Visit Amounts For Services Provided In A Rural Area
Figure 12.L.2017-7	CY 2017 Relative Weights For The Six-Severity NRS System For Beneficiaries Residing In A Rural Area
M	Annual Home Health Agency Prospective Payment System (HHA PPS) Wage Index Updates - CY 2015 - CY 2017
N	Diagnoses Associated With Each Of The Diagnostic Categories Used In Case-Mix Scoring
O	Diagnoses Included In The Diagnostic Categories Used For The Non-Routine Supplies (NRS) Case-Mix Adjustment Model
P	Code Table For Converting Julian Dates To Two Position Alphabetic Values
Q	Examples Of Claims Submission Under Home Health Agency Prospective Payment System (HHA PPS)
Figure 12.Q-1	Request for Anticipated Payment (RAP) - Non-Transfer Situation
Figure 12.Q-2	RAP - Non-Transfer Situation With Line Item Service Added
Figure 12.Q-3	RAP - Transfer Situation
Figure 12.Q-4	RAP - Discharge/Re-Admit
Figure 12.Q-5	RAP - Cancellation
Figure 12.Q-6	Claim - Non-Transfer Situation
Figure 12.Q-7	Claim - Transfer Situation - Beneficiary Transfers To Your HHA
Figure 12.Q-8	Claim - Significant Change in Condition (SCIC) Situation
Figure 12.Q-9	Claim - No-RAP-Low Utilization Payment Adjustment (LUPA) Claim
Figure 12.Q-10	Claim Adjustment
Figure 12.Q-11	Claim - Cancellation
R	Input/Output Record Layout
S	Decision Logic Used By The Pricer For Episodes Beginning On Or After January 1, 2008

