

Claims & Attachments Menu



Fiscal Intermediary Standard System Reference Guide

Published by Cahaba Government Benefit Administrators®, LLC (Cahaba GBA)



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Claims and Attachments Menu

Cahaba Government Benefit Administrators®, LLC (Cahaba)
Regional Home Health Intermediary (RHHI)

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Claims and Attachments Menu Options

The Fiscal Intermediary Standard System (FISS) Claims/Attachments option (FISS Main Menu option 02) allows you to enter:

- Claims (via a process called Direct Data Entry or DDE)
- Home Health Requests for Anticipated Payment (RAPs)
- Hospice Notice of Elections (NOEs)
- Roster Bills

Even though this option also allows the entry of attachments (e.g., Home Health Plan of Treatment) Cahaba does not accept those electronically via DDE. Those options, therefore, are not discussed in this guide.



Please see the “[Medicare Secondary Payer \(MSP\) Billing](#)” quick reference tool for the situations where Medicare Secondary Payer information can be entered via DDE. For additional information refer to the “[Submitting Medicare Secondary Payer \(MSP\) Claims and Adjustments](#)” Web page.



All FISS direct data entry (DDE) screens display two lines of information in the top right corner that identifies the region (ACPFAT01), the current date, release number (e.g., C200928S) and the time of day. This information is for internal purposes only and will be used to assist in researching issues when screen prints are provided.

Access the Claims/Attachments Menu

1. From the FISS Main Menu, type *02* in the **Enter Menu Selection** field and press Enter.

MAP1701	CAHABA GBA - RHHI	ACPFAT01 XX/XX/XX
XXXXXX	MAIN MENU	C200928S XX:XX:XX
	01 INQUIRIES	
	02 CLAIMS/ATTACHMENTS	
	03 CLAIMS CORRECTION	
	04 ONLINE REPORTS VIEW	
ENTER MENU SELECTION:	02	
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT		



- Draws your attention to the **tips**.



- Draws your attention to **examples**.

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2. The Claim and Attachments Entry Menu screen (Map 1703) appears:

```
MAP1703                CAHABA GBA - RHHI                ACPFAT01 XX/XX/XX
XXXXXX                CLAIM AND ATTACHMENTS ENTRY MENU        C200928S XX:XX:XX

                        CLAIMS ENTRY

                        INPATIENT                20
                        OUTPATIENT              22
                        SNF                    24
                        HOME HEALTH            26
                        HOSPICE                28
                        NOE/NOA                49
                        ROSTER BILL ENTRY      87

                        ATTACHMENT ENTRY

                        HOME HEALTH            41
                        DME HISTORY            54
                        ESRD CMS-382 FORM      57

ENTER MENU SELECTION:

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```

Entering Medicare Claim Information

There are six claim pages within FISS:

- **Page 01** (Map 1711) contains general patient information, condition codes, occurrence codes, occurrence span codes, and value codes.
- **Page 02** (Map 1712) contains revenue code information, HCPCS codes, charges and service dates.
- **Page 03** (Map 1713) contains payer information, diagnosis/procedure code information, and physician information.
- **Page 04** (Map 1714) contains space for remarks.
- **Page 05** (Map 1715) contains Home Health Prospective Payment System (HH PPS) Claim-OASIS Matching Key code.
- **Page 06** (Map 1716) contains Medicare payment information upon processing of the claim.

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1. From the Claim and Attachments Entry Menu (Map 1703), enter the appropriate claims entry option in the **Enter Menu Selection** field and press Enter.
 - Home Health (**26**)—use to enter home health RAPs and final claims.
 - Hospice (**28**)—use to enter hospice claims.
 - NOE/NOA (**49**)—use to enter hospice notice of elections (NOEs) [or cancel an NOE](#)
 - Roster Bill Entry (**87**)—use to enter flu and pneumonia roster bills.

```

MAP1703                CAHABA GBA - RHHI                ACPFAT01 XX/XX/XX
XXXXXX                CLAIM AND ATTACHMENTS ENTRY MENU    C200928S XX:XX:XX

                        CLAIMS ENTRY

                        INPATIENT                20
                        OUTPATIENT              22
                        SNF                    24
                        HOME HEALTH            26
                        HOSPICE                28
                        NOE/NOA                49
                        ROSTER BILL ENTRY      87

                        ATTACHMENT ENTRY

                        HOME HEALTH            41
                        DME HISTORY            54
                        ESRD CMS-382 FORM      57

ENTER MENU SELECTION: XX

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
    
```

2. When options 26, 28, and 49 are selected, Page 01 of the claim (Map 1711) appears. When option 87 (Roster Bill Entry) is selected, Map 1681 displays. For additional information about Map 1681, refer to “Entering a Roster Bill”, which is found later in this section.
3. When Page 01 of the claim appears, FISS automatically inserts default information into the type of bill (**TOB**) field and the status/location (**S/LOC**) field. A list of the default TOBs is provided below. You may need to change this information to reflect the most appropriate bill type. Do not change the default S/LOC field.

Claim Entry Option	Default TOB
26	322
28	811
49	81A

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In the screen example below, because option 26 was selected, FISS inserted the default home health TOB of 322.

```
MAP1711 PAGE 01 CAHABA GBA - RHHI ACPFAT01 XX/XX/XX
XXXXXX SC INST CLAIM ENTRY C200934S XX:XX:XX
HIC TOB 322 S/LOC S B0100 DSCAR SV: UB-FORM
NPI TRANS HOSP PROV PROCESS NEW HIC
PAT.CNTL#: TAX#/SUB: TAXO.CD:
STMT DATES FROM TO DAYS COV N-C CO LTR
LAST FIRST MI DOB
ADDR 1 2
3 4 CARR:
5 6 LOC:
ZIP SEX MS ADMIT DATE HR TYPE SRC D HM STAT
COND CODES 01 02 03 04 05 06 07 08 09 10
OCC CDS/DATE 01 02 03 04 05
06 07 08 09 10
SPAN CODES/DATES 01 02 03
04 05 06 07
08 09 10 FAC.ZIP
DCN
V A L U E C O D E S - A M O U N T S - A N S I MSP APP IND
01 02 03
04 05 06
07 08 09
PLEASE ENTER DATA
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF7-PREV PF8-NEXT
```



This guide explains how to enter provider-specific Medicare billing information into the claim pages. It does not indicate what information to enter. For information about what is entered for your provider type, please access the Centers for Medicare & Medicaid Services (CMS) [Claims Processing Manual \(CMS Pub. 100-04\)](http://www.cms.gov/Manuals/IOM/list.asp). This resource is available at <http://www.cms.gov/Manuals/IOM/list.asp> on the CMS Web site. Select the chapter that is applicable to your provider type (home health agencies access Chapter 10, and hospice agencies access Chapter 11; you may also need to access Chapter 25, which lists the information entered by all Medicare Part A providers).

A variety of resources related to filing Medicare “[Home Health Claims](#)” and “[Hospice Claims](#)” information is also available on Cahaba’s Web site at: <https://www.cahabagba.com/rhhi/claims/index.htm>

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Use the following keys to move around the FISS claim pages:

- Tab**– Moves your cursor from left to right, placing it in a valid field
- Shift + Tab** – Moves your cursor from right to left, placing it in a valid field
- F3** – Exits the entry process and returns to the Claims/Attachments Menu (note that you will lose your work if you press F3 during claim entry)
- F5** – Scrolls up through a list (revenue codes, charges, etc.)
- F6** – Scrolls down through a list
- F7** – Moves backward one page
- F8** – Moves forward one page
- F9** – Updates/enters the claim into FISS
- F10** – Moves to the left
- F11** – Moves to the right

Page 01—Map 1711

MAP1711	PAGE 01	CAHABA GBA - RHHI				ACPFAT01 XX/XX/XX			
XXXXXX	SC	INST CLAIM ENTRY				C200934S XX:XX:XX			
HIC	TOB 322	S/LOC S B0100 OSCAR				SV: UB-FORM			
NPI	TRANS HOSP PROV	PROCESS NEW HIC							
PAT.CNTL#:	TAX#/SUB:				TAXO.CD:				
STMT DATES FROM	TO	DAYS COV		N-C	CO	LTR			
LAST	FIRST		MI		DOB				
ADDR 1	2								
3	4				CARR:				
5	6				LOC:				
ZIP	SEX	MS	ADMIT DATE	HR	TYPE	SRC	D HM	STAT	
COND CODES 01	02	03	04	05	06	07	08	09	10
OCC CDS/DATE 01	02		03		04		05		
	06		07		08		09		
SPAN CODES/DATES 01	02				03				
04	05				06				
08	09				10				
DCN	FAC.ZIP								
V A L U E C O D E S - A M O U N T S - A N S I MSP APP IND									
01	02				03				
04	05				06				
07	08				09				
PLEASE ENTER DATA									
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF7-PREV PF8-NEXT									

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After you've entered your appropriate type of bill, and before you begin to enter your claim information, press Enter. This allows you access to all of the fields required for your bill type.

4. Begin entering data on Page 01 of the claim and continue until the appropriate fields are completed. The easiest way to move from field to field is to use your Tab key.



When keying dollar amounts in the **VALUE CODES - AMOUNTS** fields, you may type or omit the decimal point as you choose (i.e., \$45.92 can be keyed as 45.92 or 4592; \$1500.00 can be keyed as 1500.00 or 150000). However, it is important to ensure that the appropriate cents value is entered, regardless of whether the decimal point is used.



When entering a value code that represents a number rather than a monetary amount, (e.g., value codes 50, 51, and 52) enter the number followed by two zeros. For example, value code 50 represents the number of visits. To indicate five visits, the number would be keyed as 500 or 5.00.



Home health and hospice providers must key a five-digit core based statistical area (CBSA) code in the **VALUE CODE AND AMOUNTS** field (using value code 61 or G8). Two zeroes must be added behind the CBSA code (i.e., CBSA code 19000 must be entered as 1900000 or 19000.00). If you do not add two zeroes, the CBSA code will be incorrect (i.e., entering the CBSA code as 19000 instead of 1900000 will result in FISS reading the code as 190 instead of 19000). CBSA codes can be found on the "[Rates and Fee Schedules](#)" Web page on the Cahaba Web site by selecting the appropriate link for your provider type (Home Health [Prospective Payment System Rates](#) or Hospice [Rates](#)), then selecting the [Calendar Year link \(for home health\)](#) or [Wage Index link \(for hospice\)](#).



Page 01 of the claim allows space for ten condition codes, ten occurrence codes/dates, and nine values codes/amounts. **However**, you can enter up to 30 condition codes, 30 occurrence codes/dates, and up to 36 value codes/amounts. To access the additional space for these fields, press F6 to scroll forward.

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Field Descriptions for Page 01 – Map 1711

Map 1711 Field Descriptions

Field Name	Description	UB-04 Form Locator (FL)
SC	Screen control. Used to access the Inquiry screens while entering a claim.	N/A
HIC	The beneficiary's Health Insurance Claim Number (HICN)	FL 60
TOB	Type of Bill (system generated; you may need to change this depending on the TOB you are entering).	FL 4
S/LOC	Status/location code (system generated).	N/A
OSCAR	Online Survey Certification and Reporting System (OSCAR). Not used during claim entry.	FL 51
SV	Suppress View. Used only for claims in claims correction (status/location T B9997). Not used during claim entry.	N/A
NPI	National Provider Identifier.	FL 56
TRANS HOSP PROV	Medicare number of transferring provider.	N/A
PROCESS NEW HIC	Corrected HICN. Used only in claims correction (status/location T B9997). Not used during claim entry.	N/A
PAT CNTL #	Patient Control Number.	FL 3a
TAX # / SUB	Federal Tax Number (subsidiary) (do not enter).	FL 5
TAXO. CD	Taxonomy code. Not required by home health and hospice providers.	FL 81
STMT DATES FROM/TO	Statement covers period.	FL 6
DAYS COV	Number of covered days billed. <i>Not applicable to home health and hospice claims.</i>	N/A
N-C	Number of noncovered days billed. <i>Not applicable to home health and hospice claims.</i>	N/A
CO	Number of coinsurance days used. <i>Not applicable to home health and hospice claims.</i>	N/A
LTR	Number of lifetime reserve days used. <i>Not applicable to home health and hospice claims.</i>	N/A
LAST	Beneficiary's last name.	FL 8
FIRST	Beneficiary's first name.	FL 8
MI	Beneficiary's middle initial.	FL 8
DOB	Beneficiary's date of birth (MMDDCCYY).	FL 10

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Map 1711 Field Descriptions (continued)

Field Name	Description	UB-04 Form Locator (FL)
ADDR 1-6	Beneficiary's street address, city and state.	FI 9
CARR	Carrier number associated with the nine-digit service facility zip code. Not applicable to home health and hospice claims.	N/A
LOC:	Locality code associated with the nine-digit service facility zip code. Not applicable to home health and hospice claims.	N/A
ZIP	Beneficiary's zip code.	FI 9
SEX	Beneficiary's sex.	FL 11
MS	Beneficiary's marital status.	N/A
ADMIT DATE	Admission date.	FL 12
HR	Admission hour.	FL 13
TYPE	Type of admission. Not applicable to home health and hospice claims.	FL 14
SRC	Point of Origin (previously known as source of admission).	FL 15
D HM	Discharge hour and minutes. Not applicable to home health and hospice claims.	FL 16
STAT	Beneficiary's status code.	FL 17
COND CODES	Condition codes.	FL 18-28
OCC CDS/DATES	Occurrence codes and dates.	FL 31-34
SPAN CODES/DATES	Occurrence span codes and dates.	FL 35-36
FAC ZIP	Facility zip code of the provider or the subpart (5- or 9-digit).	FL 1
DCN	Document Control Number. Not used on claims entry – for adjustments/cancellations only.	N/A
VALUE CODES - AMOUNTS	Value codes and amounts.	FL 39-41
ANSI	ANSI codes (system generated after claim is processed).	N/A
MSP APP IND	MSP Apportion Indicator – No longer used.	N/A

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Page 02—Map 1712

MAP1712	PAGE 02	CAHABA GBA - RHHI	ACPFAT01 XX/XX/XX
XXXXXX	SC	INST CLAIM ENTRY	C200934S XX:XX:XX
			REV CD PAGE 01
HIC	TOB XXX	S/LOC S B0100	PROVIDER
CL	REV	HCPC MODIFS	TOT COV RATE UNIT UNIT TOT CHARGE NCOV CHARGE SERV DT
PROCESS COMPLETED --- PLEASE CONTINUE PRESS PF2-171D PF3-EXIT PF5-UP PF6-DOWN PF7-PREV PF8-NEXT PF9-UPDT PF11-RIGHT			

1. Enter revenue code information on Page 02 of the claim. This page will hold up to 14 revenue code lines. To enter additional revenue code lines, press F6 to scroll down to access the second revenue code page (REV CD PAGE 02). There are 33 revenue code pages and 450 total revenue code lines available.

MAP1712	PAGE 02	CAHABA GBA - RHHI	ACPFAT01 XX/XX/XX
XXXXXX	SC	INST CLAIM ENTRY	C200934S XX:XX:XX
			REV CD PAGE 02
HIC	TOB XXX	S/LOC S B0100	PROVIDER
CL	REV	HCPC MODIFS	TOT COV RATE UNIT UNIT TOT CHARGE NCOV CHARGE SERV DT
1			
2			
3			



The **CL** field identifies the line number of the revenue code and is automatically generated by the system. These will display after pressing Enter.



The **REV** field is a four-position field. You may key a zero before the revenue code (e.g., 0420) or key the three-digit code (e.g., 420) and then use your Tab key to go to the next field.



You do not need to enter information in the **RATE** field. When appropriate, FISS inserts this information during claims processing.

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When keying dollar amounts in the **TOT CHARGE** field, the decimal point is optional (i.e., \$1500.00 can be keyed as 1500.00 or 150000). However, you must key two digits for the cents.



If after you key your revenue codes, you realize you need to delete a revenue code line:

- Key the letter “D” in the first position of the revenue code that you wish to delete.
- Press the HOME key on your keyboard so that your cursor is placed in the upper right hand corner of the screen (the “Page” field).
- Press Enter.



If after you key the 0001 total revenue code, you realize an additional revenue code needs to be added, key the added revenue code line [below](#) the 0001 line. You do not need to re-key the entire revenue code page. Be sure to correct your total charge amount on the 0001 line to reflect the addition of the revenue code charge, and then press the HOME key on your keyboard so that your cursor is placed in the upper right hand corner of the screen (the “Page” field). Press Enter. FISS will automatically reorder the revenue code line that you added to appear before the 0001 line.



Page 02 of the claim includes the function key “F11 – Right”. Press F11 one time and Map 171E will display; press F11 again, Map 171A will display; press F11 a third time and Map 171D displays. Map 171E is used to enter National Drug Code (NDC) information, which is not applicable to home health and hospice providers. Maps 171A and 171D are not used during claim entry and will display information after the claim has processed. Refer to the [“Inquiry Menu”](#) section of the *FISS Reference Guide* for information about Map 171A and 171D.

2. Press F8 to page forward to Page 03 of the claim and continue entering claim information.

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Field Descriptions for Page 02 – Map 1712

Map 1712 Field Descriptions

The HIC, TOB, and S/LOC fields are system generated from Page 01 of the claim.

Field Name	Description	UB-04 Form Locator (FL)
CL	Claim line item number (1 – 450).	NA
REV	Revenue code.	FL 42
HCPC	Healthcare Common Procedure Coding System (HCPCS) code.	FL 44
MODIFS	Modifiers.	FL 44
RATE	Per unit rate for revenue code line item service. Not used for claim entry.	FL 44
TOT UNT	Total units.	FL 46
COV UNT	Covered units.	FL 46
TOT CHARGE	Total charges per revenue code.	FL 47
NCOV CHARGE	Noncovered charges billed per revenue code.	FL 48
SERV DT	Date service was provided.	FL 45

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Page 03—Map 1713

```

MAP1713    PAGE 03          CAHABA GBA - RHHI          ACPFAT01 XX/XX/XX
XXXXXX    SC              INST CLAIM ENTRY        C200934S XX:XX:XX
HIC              TOB XXX  S/LOC S B0100  PROVIDER

      CD  ID    PAYER              OSCAR          RI  AB          OFFSITE ZIPCD:
      A                                     EST AMT DUE
      B
      C
DUE FROM PATIENT

MEDICAL RECORD NBR          COST RPT DAYS          NON COST RPT DAYS
DIAGNOSIS CODES  1          2          3          4          5
                  6          7          8          9          END OF POA IND
ADMITTING DIAGNOSIS          E CODE          HOSPICE TERM ILL IND
IDE
PROCEDURE CODES AND DATES  1          2
      3          4          5          6
NDC CODE
ESRD HOURS          ADJUSTMENT REASON CODE          REJECT CODE          NONPAY CODE
ATT PHYS          NPI          LN          FN          MI
OPR PHYS          NPI          LN          FN          MI
OTH PHYS          NPI          LN          FN          MI
      PROCESS COMPLETED  ---  PLEASE CONTINUE
      PRESS PF3-EXIT  PF7-PREV  PF8-NEXT  PF9-UPDT
    
```

1. Enter payer information, applicable diagnosis and procedure codes, and physician information.



The payer code “Z” (Medicare is the primary payer) is automatically entered by FISS when the NOE option (49) is selected. For the home health and hospice claim entry options (26 and 28), you must enter “Z” (Medicare) into the **CD** field on line **A** when Medicare is the primary payer. **When entering home health Requests for Anticipated Payment (RAPs), enter a “Z” on line A to indicate Medicare is the primary payer, regardless of any other insurers that may pay primary to Medicare.** The payer name “Medicare” does not have to be entered in the **PAYER** field. FISS will insert it automatically. Line A reflects the primary payer, line B reflects the secondary payer, and line C reflects the tertiary payer. Refer to the field descriptions for a list of valid payer codes.



Please see the “[Medicare Secondary Payer \(MSP\) Billing](#)” quick reference tool for the situation where Medicare Secondary Payer information can be entered via DDE. For additional information refer to the “[Submitting Medicare Secondary Payer \(MSP\) Claims and Adjustments](#)” Web page.



The **DIAGNOSIS CODES** field is a six position field followed by a one position field for the Present on Admission (POA) indicator code. Because the POA indicator is not applicable for home health and hospice providers, you will need to use your Tab key to move your cursor to the correct field to key additional diagnosis codes.

2. Press F8 to go to Page 04 of the claim.

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The majority of the information necessary on a claim is entered into the first three claim pages within FISS. If you have no remarks to make regarding this claim, and you do not need to add a HH PPS Claim-OASIS Matching Key code, you can press F9 at this point to store your claim as no further information is required. If, after you press F9, an error appears, see the information titled *Saving your Claim* later in this section.

Field Descriptions for Page 03 – Map 1713

Map 1713 Field Descriptions

The HIC, TOB, and S/LOC fields are system generated from information on Page 01 of the claim.

Field Name	Description	UB-04 Form Locator (FL)
OFFSITE ZIPCD	Not applicable to home health and hospice providers.	N/A
CD	<p>Primary payer code. Valid values are:</p> <p>Z – Medicare</p> <p>C – Conditional (See the “Medicare Secondary Payer (MSP) Billing” quick reference tool for the appropriate situations for use of this code when billing Medicare conditionally.)</p> <p>The following payer codes are only used on lines B (secondary payer) and C (tertiary payer) to identify supplemental insurance payers.</p> <p>1 – Medicaid</p> <p>2 – Blue Cross</p> <p>3 – Other</p>	N/A
PAYER	<p>Name of insurance company paying bill.</p> <p>A – primary (FISS will automatically insert the payer name “Medicare” when a “Z” is entered in the CD field.)</p> <p>B – secondary</p> <p>C – tertiary</p>	FL 50
OSCAR	Online Survey Certification and Reporting System (OSCAR). No longer applicable.	FL 51
RI	Release of Information.	FL 52
AB	Assignment of Benefits.	FL 53
EST AMT DUE	Estimated amount due.	FL 55
DUE FROM PATIENT	Estimated amount due from patient.	N/A

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Map 1713 Field Descriptions (continued)

Field Name	Description	UB-04 Form Locator (FL)
MEDICAL RECORD NBR	Beneficiary's medical record number.	FL 3b
COST RPT DAYS	Informational only – do not enter information.	N/A
NON COST RPT DAYS	Informational only – do not enter information.	N/A
DIAGNOSIS CODES	ICD-9-CM diagnosis codes (nine codes maximum). The diagnosis code field is a six position field followed by a one position field for the Present on Admission (POA) indicator code. The POA field is not applicable for home health and hospice providers; therefore, use your Tab key to move your cursor to key additional diagnosis codes. Do not enter decimal points.	FL 67A – Q
END OF POA IND	Not applicable for home health and hospice providers.	
ADMITTING DIAGNOSIS	ICD-9-CM diagnosis code indicating reason for admission. Do not enter decimal points.	FL 69
E CODE	ICD-9-CM diagnosis code indicating external cause of injury. Do not enter decimal points.	FL 72
HOSPICE TERM ILL IND	Hospice Terminal Illness Indicator. Do not enter information.	N/A
IDE	Not applicable for home health and hospice providers.	N/A
PROCEDURE CODES AND DATES	ICD-9-CM procedure codes/dates (6 codes maximum). Do not enter decimal points.	FL 74a – e
NDC CODE	National drug code.	FL 43
ESRD HOURS	ESRD hours/duration of dialysis.	N/A
ADJUSTMENT REASON CODE	Reason for adjustment of claim (not for use on claim entry – use with claim adjustment/cancel).	N/A
REJECT CODE	Reject code. For intermediary use only.	N/A
NONPAY CODE	Nonpayment code. For intermediary use only.	N/A

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Map 1713 Field Descriptions (continued)

Field Name	Description	UB-04 Form Locator (FL)
ATT PHYS NPI	Attending physician's national provider identifier.	FL 76
LN	Attending physician's last name.	FL 76
FN	Attending physician's first name.	FL 76
MI	Attending physician's middle initial (not required).	FL 76
OPR PHYS NPI	Operating physician's national provider identifier.	FL 77
LN	Operating physician's last name.	FL 77
FN	Operating physician's first name.	FL 77
MI	Operating physician's middle initial (not required).	FL 77
OTH PHYS NPI	Other physician's national provider identifier.	FL 78 – 79
LN	Other physician's last name.	FL 78 – 79
FN	Other physician's first name.	FL 78 – 79
MI	Other physician's middle initial (not required).	FL 78 – 79

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Cahaba Government Benefit Administrators®, LLC (Cahaba)
Regional Home Health Intermediary (RHHI)

Page 04—Map 1714

```

MAP1714  PAGE 04          CAHABA GBA - RHHI          ACPFAT01 XX/XX/XX
XXXXXX  SC              INST CLAIM ENTRY      C200934S XX:XX:XX
                                     REMARK PAGE 01
HIC          TOB XXX  S/LOC S B0100  PROVIDER

REMARKS

47  PACEMAKER          48  AMBULANCE          40  THERAPY          41  HOME HEALTH
58  HBP CLAIMS (MED B)          E1  ESRD ATTACH
ANSI CODES - GROUP:          ADJ REASONS:          APPEALS:

PROCESS COMPLETED  ---  PLEASE CONTINUE
PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF7-PREV  PF8-NEXT  PF9-UPDT
    
```

- When you are submitting claims to Cahaba, using the **REMARKS** field is optional. However, we encourage you to enter any pertinent information that assists with the processing of the claim. Cahaba may also use this field to relay information back to the provider when the claim is in process or processed. There are 3 pages available for remarks. To use additional pages, press F6 to scroll forward and F5 to scroll backward.

Field Descriptions for Page 04 – Map 1714

The HIC, TOB, and S/LOC, fields are system generated from information on Page 01 of the claim.

Map 1714 Field Descriptions

Field Name	Description	UB-04 Form Locator (FL)
REMARKS	Additional pertinent information to assist the processing of the claim. Three pages are available to make remarks. Each page holds 10 lines of remarks. Press F6 to scroll forward to the next remark page.	FL 80
47 PACEMAKER	Attachment screen indicator. This function should not be used.	N/A

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Cahaba Government Benefit Administrators®, LLC (Cahaba)
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Map 1714 Field Descriptions (continued)

Field Name	Description	UB-04 Form Locator (FL)
48 AMBULANCE	Attachment screen indicator. This function should not be used.	N/A
40 THERAPY	Attachment screen indicator. This function should not be used.	N/A
41 HOME HEALTH	Attachment screen indicator. This function should not be used.	N/A
58 HPB CLAIMS (MED B)	N/A	N/A
E1 ESRD ATTACH	Attachment screen indicator. This function should not be used.	N/A
ANSI CODES	ANSI reason codes (see the “ANSI Standard Codes Inquiry screen (Map 1581)” information in the Inquiry Menu section for details).	N/A
GROUP	Adjustment group code identifying the general category of the adjustment.	N/A
ADJ REASONS	Claim adjustment standard reason code identifying the reason for the adjustment (see “Adjustment Reason Codes Inquiry screen (Map 1821)” information in the Inquiry Menu section for details).	N/A
APPEALS	ANSI appeal codes (not applicable for home health and hospice providers).	N/A

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Cahaba Government Benefit Administrators®, LLC (Cahaba)
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Page 05—Map 1715

MAP1715	PAGE 05	CAHABA GBA - RHHI	ACPFAT01 XX/XX/XX
XXXXXX	SC	INST CLAIM ENTRY	C200934S XX:XX:XX
HIC	TOB XXX	S/LOC S B0100	PROVIDER
INSURED NAME REL	CERT-SSN-HIC	SEX GROUP NAME	DOB INS GROUP NUMBER
A			
B			
C			
TREAT. AUTH. CODE			
TREAT. AUTH. CODE			
TREAT. AUTH. CODE			
PROCESS COMPLETED --- PLEASE CONTINUE			
PRESS PF3-EXIT PF7-PREV PF8-NEXT PF9-UPDT			

1. If Medicare is the primary payer, it is not necessary for the insured's information to be entered on Line A. However, if the beneficiary has supplemental insurance, key the insured's supplemental insurance information on Line B.



Please see the "[Medicare Secondary Payer \(MSP\) Billing](#)" quick reference tool for the situation where Medicare Secondary Payer information can be entered via DDE. For additional information refer to the "[Submitting Medicare Secondary Payer \(MSP\) Claims and Adjustments](#)" Web page.

2. On Home Health Prospective Payment System (HH PPS) RAPs and claims, the Claim-OASIS Matching Key code must be entered underneath the **appropriate TREAT. AUTH. CODE** (Treatment Authorization Code) field. When Medicare is the primary payer, the OASIS matching key must be typed in the first **TREAT. AUTH. CODE** field immediately under Line C. Please see the "[Medicare Secondary Payer \(MSP\)](#)" Web page for instructions on the TREAT. AUTH. CODE field (FL 63) when Medicare is not the primary payer.
3. Press F8 to go to Page 06 of the claim.

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Cahaba Government Benefit Administrators®, LLC (Cahaba)
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Field Descriptions for Page 05 – Map 1715

Map 1715 Field Descriptions

The HIC, TOB, and S/LOC fields are system generated from information on Page 01 of the claim.



Two separate lines are available for the insured’s information. When Medicare is primary, it is not necessary to enter information on Line A. Only enter supplemental insurance information on Line B. Please see the “[Medicare Secondary Payer \(MSP\) Billing](#)” quick reference tool for the situation where Medicare Secondary Payer information can be entered via DDE. The field names below are listed in the order they are entered.

Field Name	Description	UB-04 Form Locator (FL)
INSURED NAME	Name of policyholder, last name (then press the Tab key) and first name.	FL 58
SEX	Identifies the sex of the insured.	FL 11
DOB	Identifies the insured’s date of birth.	FL 10
REL	Relationship code of patient to the insured.	FL 59
CERT.-SSN-HIC	Certificate/Social Security No./Health Insurance Claim No./Identification No.	FL 60
GROUP NAME	Name of group (payer/other coverage).	FL 61
INS GROUP NUMBER	Insurance policy group number.	FL 62
TREAT. AUTH. CODE	Treatment Authorization Code. HH PPS Claim-OASIS Matching Key code entry field (home health only).	FL 63

Claims and Attachments Menu

Cahaba Government Benefit Administrators®, LLC (Cahaba)
Regional Home Health Intermediary (RHHI)

Page 06—Map 1716

MAP1716	PAGE 06	CAHABA GBA - RHHI	ACPFAT01 XX/XX/XX
XXXXXX	SC	INST CLAIM ENTRY	C200934S XX:XX:XX
HIC	TOB XXX	S/LOC S B0100	PROVIDER
MSP ADDITIONAL INSURER INFORMATION			
1ST INSURERS ADDRESS 1			
1ST INSURERS ADDRESS 2			
	CITY	ST	ZIP
2ND INSURERS ADDRESS 1			
2ND INSURERS ADDRESS 2			
	CITY	ST	ZIP
PAYMENT DATA ---	DEDUCTIBLE	COIN	CROSSOVER IND
PARTNER ID			
PAYED DATE	PROVIDER PAYMENT	PAID BY PATIENT	
REIMB RATE	RECEIPT DATE	PROVIDER INTEREST	
CHECK/EFT NO	CHECK/EFT ISSUE DATE	PAYMENT CODE	
PRICER DATA			
DRG	OUTLIER AMT	TTL BLNDED PAYMT	FED SPEC
GRAMM RUDMAN ORIG REIMBURSEMENT AMT		NET INL	
TECH PROV DAYS		TECH PROV CHARGES	
OTHER INS ID	CLINIC CODE		
PROCESS COMPLETED ---	PLEASE CONTINUE		
PRESS PF3-EXIT PF7-PREV PAGE PF9-UPDT ENTER-CONTINUE			

1. For claims where Medicare is primary, Page 06 of the claim should be left blank.



If the claim is for services unrelated to an MSP record and you are submitting it for conditional Medicare payment, complete the **MSP ADDITIONAL INSURER INFORMATION** area.



Please see the “[Medicare Secondary Payer \(MSP\) Billing](#)” quick reference tool for the situation where Medicare Secondary Payer information can be entered via DDE. For additional information refer to the “[Submitting Medicare Secondary Payer \(MSP\) Claims and Adjustments](#)” Web page.

2. If you need to go back and review information before saving the claim, use your F7 and F8 keys to page backward and forward. You can also press your HOME key to move your cursor into the **PAGE** field then type the page number you wish to review and press Enter.
3. When you have completed entering information on the claim, press F9 to store your claim in FISS. See *Saving your Claim*, which follows directly after the Map 1716 field descriptions.

Claims and Attachments Menu

Cahaba Government Benefit Administrators®, LLC (Cahaba)
Regional Home Health Intermediary (RHHI)

Field Descriptions for Page 06 – Map 1716

Map 1716 Field Descriptions

The HIC, TOB, and S/LOC fields are system generated from information on Page 01 of the claim.

Field Name	Description
1 ST INSURERS ADDRESS 1, 2	These fields are left blank when Medicare is the primary payer. Please see the “ Medicare Secondary Payer (MSP) Billing ” quick reference tool for the situation where Medicare Secondary Payer information can be entered via DDE.
CITY	
ST	
ZIP	
2 ND INSURERS ADDRESS 1, 2	
CITY	
ST	
ZIP	

The following payment and pricer data will appear after FISS has completed processing of the claim.

Field Name	Description
DEDUCTIBLE	Amount applied toward deductible (system generated).
COIN	Coinsurance. Amount applied toward coinsurance (system generated).
CROSSOVER IND	Crossover Indicator. The code which identifies the Medicare payer on the claim. Valid values are: 1 Primary 2 Secondary 3 Tertiary
PARTNER ID	The trading partner’s identification number. Access http://www.cms.gov/cobagreement/downloads/contacts.pdf to associate the identification number with the insurer’s name.
PAID DATE	Date of payment.
PROVIDER PAYMENT	Amount paid to provider.
PAID BY PATIENT	N/A
REIMB RATE	Provider’s specific reimbursement rate (per diem or percentage).
RECEIPT DATE	Date claim was received by FISS.

Claims and Attachments Menu

Cahaba Government Benefit Administrators®, LLC (Cahaba)
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Map 1716 Field Descriptions (continued)

Field Name	Description
PROVIDER INTEREST	Amount of interest paid to the provider on this claim.
CHECK/EFT NO	Identification number of the check or the electronic funds being transferred.
CHECK/EFT ISSUE DATE	Date check was issued or the date the electronic funds transfer were released.
PAYMENT CODE	Payment method of the check or electronic funds transfer. Valid values are: ACH = Automated clearing house or electronic funds transfer CHK = check NON = non-payment data
DRG	N/A
OUTLIER AMT	Capital outlier payment. Outlier portion of the PPS payment.
TTL BLENDED PAYMENT	N/A
FED SPEC	N/A
GRAMM RUDMAN ORIG REIMBURSEMENT AMT	N/A
TECH PROV DAYS	Technical provider liable days. Days present on benefit savings record or days reflected in Occurrence Span Code 77 if benefit savings not present.
TECH PROV CHARGES	Charges present on benefit savings record.
OTHER INS IND	N/A
CLINIC CODE	N/A

Claims and Attachments Menu

Cahaba Government Benefit Administrators®, LLC (Cahaba)
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Saving your Claim

1. Once you have entered all the pertinent information on the claim pages, press F9 to update (store/save) the claim. If there are no errors on the claim, FISS will automatically display a new, blank Page 01 (Map 1711) and the message *RECORD SUCCESSFULLY ADDED* will appear at the bottom of the screen. Your cursor will be in the HIC field. You can begin entering a new claim, or you can press F3 to return to the Claim and Attachments Entry Menu.

```
MAP1711  PAGE 01                CAHABA GBA - RHHI                ACPFAT01 XX/XX/XX
XXXXXX  SC                    INST CLAIM ENTRY                C200934S XX:XX:XX
HIC                                TOB XXX  S/LOC S B0100 OSCAR                SV:      UB-FORM
NPI                                TRANS HOSP PROV                PROCESS NEW HIC
PAT.CNTL#:                        TAX#/SUB:                    TAXO.CD
STMT DATES FROM                TO                DAYS COV                N-C                CO                LTR
LAST                                FIRST                                MI                DOB
ADDR 1                                2
3                                4                                CARR:
5                                6                                LOC:
ZIP                                SEX  MS  ADMIT DATE                HR  TYPE  SRC  D  HM  STAT
COND CODES 01  02  03  04  05  06  07  08  09  10
OCC CDS/DATE 01                02                03                04                05
                                06                07                08                09                10
SPAN CODES/DATES 01                02                03
04                05                06
08                09                10                FAC.ZIP
DCN
V A L U E  C O D E S  -  A M O U N T S  -  A N S I  MSP APP IND
01                                02                                03
04                                05                                06
07                                08                                09
RECORD SUCCESSFULLY ADDED PLEASE ENTER DATA
PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF7-PREV  PF8-NEXT
```

2. If, after you press F9, you do not see the message *RECORD SUCCESSFULLY ADDED* at the bottom of your screen, there is missing or invalid information on the claim. At least one reason code, identifying the problem with the claim, will appear in the bottom left-hand corner of the screen. See the example on the next page.

Claims and Attachments Menu

**Cahaba Government Benefit Administrators®, LLC (Cahaba)
Regional Home Health Intermediary (RHHI)**

```

MAP1711  PAGE 01                CAHABA GBA - RHHI                ACPFAT01 XX/XX/XX
XXXXXX  SC                    INST CLAIM ENTRY                C200934S XX:XX:XX
HIC 123456789A  TOB 322  S/LOC S B0100 OSCAR XXXXXX  SV:  UB-FORM
NPI XXXXXXXXXXXX  TRANS HOSP PROV                PROCESS NEW HIC
PAT.CNTL#:                TAX#/SUB:                TAXO.CD
STMT DATES FROM 1206XX  TO 1206XX  DAYS COV        N-C        CO        LTR
LAST SMITH                FIRST                MI        DOB 01011929
ADDR 1 101 MAIN ST                2 ANYTOWN IA
3                                4                                CARR:
5                                6                                LOC:
ZIP 50001        SEX M MS M ADMIT DATE 1206XX HR 01 TYPE  SRC 1 D HM  STAT 30
COND CODES 01    02    03    04    05    06    07    08    09    10
OCC CDS/DATE 01                02                03                04                05
                06                07                08                09                10
SPAN CODES/DATES 01                02                03
04                05                06                07
08                09                10                FAC.ZIP
DCN
V A L U E C O D E S - A M O U N T S - A N S I  MSP APP IND
01 61    99916.00    02                03
04                05                06
07                08                09
30703
<== REASON CODES
PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF7-PREV  PF8-NEXT
    
```

- Press F1 to access the Reason Codes Inquiry screen (Map 1881). The reason code narrative that appears will provide you with information about the problem.

```

MAP1881                CAHABA GBA - RHHI                ACPFAT01 XX/XX/XX
XXXXXX  SC                    REASON CODES INQUIRY                C200928S XX:XX:XX
MNT: XXXXXX  XXXXXX
PLAN REAS  NARR  EFF  MSN  EFF  TERM  EMC  HC/PRO  PP  CC
IND  CODE  TYPE  DATE  REAS  DATE  DATE  ST/LOC  ST/LOC  LOC  IND
1  30703  E  110790                S MDLTD S MDLTD
TPTF A  B  NPCD A  B  HD CPY A  B  NB ADR  CAL DY  C/L C
-----NARRATIVE-----
MISSING PATIENT'S STATE CODE.
*CHECK SCREEN 1 (MAP 1711) FOR STATE (UB92 FL 13).
*ENTER CORRECT DATA AND UPDATE THE CLAIM.

PROCESS COMPLETED --- NO MORE DATA THIS TYPE
PRESS PF3-EXIT  PF6-SCROLL FWD  PF8-NEXT
    
```

Claims and Attachments Menu

Cahaba Government Benefit Administrators®, LLC (Cahaba)
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4. Once you have reviewed the narrative, press F3 one time to return to the claim. Make the correction and press F9 again. If the *RECORD SUCCESSFULLY ADDED* message appears, you have successfully entered the claim. If this message does not appear, another reason code will display indicating that you still have missing or invalid information on your claim. Press F1 again to see the narrative for the reason code. When you have finished reviewing the narrative, press F3 one time to return to the claim. Make your correction and press F9. Repeat this process until the *RECORD SUCCESSFULLY ADDED* message appears. The claim will not be stored or saved until all reason codes are resolved and you see the *RECORD SUCCESSFULLY ADDED* message at the bottom of the screen. If you press F3 without getting the *RECORD SUCCESSFULLY ADDED* message, the claim information is lost and you will need to re-key the entire claim.



More than one reason code may appear at the bottom of your screen. Pressing F1 displays the first reason code. You should correct the reason codes one at a time, beginning with the first reason code. Sometimes, by correcting the first code, other related codes will also be corrected. Sometimes new codes will appear. Continue to work through the reason codes until you see the *RECORD SUCCESSFULLY ADDED* message.



If, as you are working on your claim, you cannot fix the error, call the Provider Contact Center for assistance. Refer to the "[Telephone Us](#)" page on our Web site for the telephone number to call.



If you are viewing a FISS Claim Page and press F3 before the *RECORD SUCCESSFULLY ADDED* message appears, you will lose the claim data you entered. FISS does not save the claim information until all errors on the claim are corrected.



Even though you may be required to fix errors (reason codes) before your claim is accepted into the system, the claim could still go to the Return to Provider (RTP) file for other corrections. It is very important to check the RTP (claims correction) area of FISS to see if you have claims to correct. See the "[Claims Corrections](#)" section of this reference guide for details.

Claims and Attachments Menu

Cahaba Government Benefit Administrators®, LLC (Cahaba)
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Entering or Canceling an Notice of Election (NOE) or Benefit Period – Hospice Providers

- From the Claims and Attachments Entry Menu, type 49 and press Enter.

```

MAP1703                CAHABA GBA - RHHI                ACPFAT01 XX/XX/XX
XXXXXX                CLAIM AND ATTACHMENTS ENTRY MENU    C200928S XX:XX:XX

                        CLAIMS ENTRY

                        INPATIENT                20
                        OUTPATIENT              22
                        SNF                    24
                        HOME HEALTH            26
                        HOSPICE                28
                        NOE/NOA              49
                        ROSTER BILL ENTRY      87

                        ATTACHMENT ENTRY

                        HOME HEALTH            41
                        DME HISTORY            54
                        ESRD CMS-382 FORM      57

ENTER MENU SELECTION: 49

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
    
```

- Page 01 of the claim entry screen (Map 1711) appears:

```

MAP1711  PAGE 01                CAHABA GBA - RHHI                ACPFAT01 XX/XX/XX
XXXXXX  SC                INST CLAIM ENTRY                C200934S XX:XX:XX
HIC                TOB 81A  S/LOC S B0100 OSCAR XXXXXX    SV:  UB-FORM
NPI XXXXXXXXXXXX  TRANS HOSP PROV                PROCESS NEW HIC
PAT.CNTL#:                TAX#/SUB:                TAXO.CD
STMT DATES FROM                TO                DAYS COV                N-C                CO                LTR
LAST                FIRST                MI                DOB
ADDR 1                2
3                4                CARR:
5                6                LOC:
ZIP                SEX  MS  ADMIT DATE                HR  TYPE  SRC  D HM  STAT
COND CODES 01 02 03 04 05 06 07 08 09 10
OCC CDS/DATE 01                02                03                04                05
                06                07                08                09                10
SPAN CODES/DATES 01                02                03
04                05                06                07
08                09                10                FAC.ZIP
DCN
V A L U E  C O D E S  -  A M O U N T S  -  A N S I  MSP APP IND
01                02                03
04                05                06
07                08                09

PLEASE ENTER DATA
PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF7-PREV  PF8-NEXT
    
```



The Type of Bill (TOB) defaults to 81A. If you are a hospital-based hospice, you will need to change the TOB to 82A. **If you are canceling an NOE or canceling a benefit period (BP), change the TOB to an 81D or 82D.**

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Although you have access to all six FISS claim pages, the hospice NOE only requires information to be entered on Page 01 and 03. Complete the following fields on Page 01:

- HIC
- TOB (if a hospital-based hospice, change to 82A)
- NPI (National Provider Identifier)
- STMT DATES FROM (Effective date of hospice election for billing or canceling an NOE, or the START DATE of the benefit period if you are canceling a BP.)
- LAST, FIRST (beneficiary's last and first name)
- DOB (date of birth in MMDDCCYY format)
- ADDR 1; ADDR 2 (beneficiary's street address, city, state)
- ZIP
- SEX
- ADMIT DATE (Admit date for billing or canceling an NOE, or the START DATE of the BP if you are canceling a BP.)
- HR
- OCC CDS/DATE
- FAC. ZIP



Please note: For more information about what to enter in these fields, please see the [Medicare Claims Processing Manual \(CMS Pub. 100-04\) Chapter 11](#) on the CMS Web site, or the "[Hospice Claims Filing](#)" page on Cahaba's Web site.



This example shows how FISS Page 01 of the claim entry screen would look when entering an NOE.

```

MAP1711  PAGE 01          CAHABA GBA - RHHI          ACPFAT01 XX/XX/XX
XXXXXX  SC              INST CLAIM ENTRY          C200934S XX:XX:XX
HIC 123456789A  TOB 81A  S/LOC S B0100 OSCAR XXXXXX  SV:  UB-FORM
NPI 9876543210  TRANS HOSP PROV          PROCESS NEW HIC
PAT.CNTL#:          TAX#/SUB:          TAXO.CD
STMT DATES FROM 0101XX  TO          DAYS COV          N-C          CO          LTR
LAST SMITH          FIRST JAMES          MI          DOB 01011931
ADDR 1 101 MAIN ST          2 DUBUQUE, IA
3          4          CARR:
5          6          LOC:
ZIP 52001          SEX M MS          ADMIT DATE 0101XX HR XX          TYPE          SRC          D HM          STAT
COND CODES 01 02 03 04 05 06 07 08 09 10
OCC CDS/DATE 01 27 0101XX 02          03          04          05
          06          07          08          09          10
SPAN CODES/DATES 01          02          03
04          05          06          07
08          09          10          FAC.ZIP 50010
DCN
          V A L U E C O D E S - A M O U N T S - A N S I  MSP APP IND
01          02          03
04          05          06
07          08          09
PLEASE ENTER DATA
PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF7-PREV  PF8-NEXT
    
```

Claims and Attachments Menu

Cahaba Government Benefit Administrators®, LLC (Cahaba)
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The following fields also need to be completed on Page 03 of the NOE/cancel NOE.

- CD (Payer Code) (FISS will automatically enter a “Z”. It should not be changed.)
- RI (Release of Information)
- DIAGNOSIS CODES
- ATT PHYS NPI
- ATT PHYS LN
- ATT PHYS FN
- OTH PHYS NPI
- OTH PHYS LN
- OTH PHYS FN



Please note: For more information about what to enter in these fields, please see the [Medicare Claims Processing Manual \(CMS Pub. 100-04\) Chapter 11](#) on the CMS Web site, or the [“Hospice Claims Filing”](#) page on Cahaba’s Web site.



This example shows how FISS Page 03 of the claim entry screen would look when entering an NOE.

MAP1713		PAGE 03		CAHABA GBA - RHHI		ACPFAT01 XX/XX/XX	
XXXXXX		SC		INST CLAIM ENTRY		C200934S XX:XX:XX	
HIC		TOB XXX		S/LOC S B0100		PROVIDER	
						OFFSITE ZIPCD:	
CD	ID	PAYER		OSCAR		RI AB	EST AMT DUE
A Z						Y	
B							
C							
DUE FROM PATIENT							
MEDICAL RECORD NBR				COST RPT DAYS		NON COST RPT DAYS	
DIAGNOSIS CODES	1	25001	2	3	4	5	
	6	7	8	9			END OF POA IND
ADMITTING DIAGNOSIS				E CODE		HOSPICE TERM ILL IND	
IDE							
PROCEDURE CODES AND DATES				1	2		
	3	4		5	6		
NDC CODE							
ESRD HOURS		ADJUSTMENT REASON CODE			REJECT CODE		NONPAY CODE
ATT PHYS		NPI 1234567890	LN	GREEN	FN	MARK	MI
OPR PHYS		NPI	LN		FN		MI
OTH PHYS		NPI 1234567890	LN	GREEN	FN	MARK	MI
PROCESS COMPLETED --- PLEASE CONTINUE							
PRESS PF3-EXIT PF7-PREV PF8-NEXT PF9-UPDT							

4. Press F9 to save the NOE. If there are no errors on the NOE, FISS will automatically display a new Page 01 (Map 1711) and the message *RECORD SUCCESSFULLY ADDED* will appear at the bottom of the screen. Your cursor will be in the HIC field. You can begin entering a new NOE, or you can press F3 to return to the Claim and Attachments Entry Menu.

Claims and Attachments Menu

Cahaba Government Benefit Administrators®, LLC (Cahaba)
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If, after you press F9, you do not see the message *RECORD SUCCESSFULLY ADDED* at the bottom of your screen, there is missing or invalid information entered on the NOE. At least one reason code explaining the error will appear at the bottom left of the screen. Press F1 to review the reason code and then press F3 one time to return to the NOE. Correct the error and press F9 again. If additional reason codes display, continue this process (F1, F3, F9) until all reason codes are eliminated. The NOE will not be stored or saved until all reason codes are resolved and you see the *RECORD SUCCESSFULLY ADDED* message at the bottom of the screen. If you press F3 without getting the *RECORD SUCCESSFULLY ADDED* message, the NOE information is lost and you will need to re-key the entire NOE.

- After you have successfully added the NOE, and the NOE completes processing and appears in a paid status/location (P B9997), you can bill your first hospice claim. This may take up to two weeks. To see if your hospice NOE is in P B9997, select option 12 (Claims) from the Inquiry Menu. Type your NPI, the HIC, S/LOC (P B9997), and TOB (81A or 82A) and press Enter. If the NOE appears, you can begin billing. See the following example.



Hospice claims must be submitted and processed (status/location P B9997) in date order. For additional information, review Cahaba’s [Hospice Sequential Billing](#) Web page. After the first claim has processed, the subsequent claim can then be submitted.



The example below shows how to search for a processed NOE using option 12 (Claims) from the Inquiry Menu. For additional information, refer to the “[Inquiry Menu](#)” section of the *FISS Reference Guide*.

MAP1741	CAHABA GBA - RHHI	ACPFAT01 XX/XX/XX
XXXXXX SC	CLAIM SUMMARY INQUIRY	C200928S XX:XX:XX
	NPI 9876543210	
HIC 12345789A	PROVIDER	S/LOC P B9997 TOB 81A
OPERATOR ID XXXXX	FROM DATE	TO DATE
MEDICAL REVIEW SELECT		
HIC	PROV/MRN	S/LOC
SEL	LAST NAME	FIRST INIT
	TOT CHG	PROV REIMB
		PD DT
		CAN DT
		REAS NPC
		#DAYS
	123456789A	XXXXXX
	SMITH	J
	P B9997	81A
	0101XX	0101XX
	0124XX	
		0110XX
		37200

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Cahaba Government Benefit Administrators®, LLC (Cahaba)
Regional Home Health Intermediary (RHHI)

Entering a Roster Bill (Home Health Only)

Roster billing is a quick and convenient way to bill for flu and pneumonia vaccinations. To submit a roster bill through the Roster Bill Entry option, you must have given the same type of vaccination to five or more people on the same date of service. Each type of vaccination must be billed on a separate roster bill. You cannot have pneumonia and flu shots on the same roster bill. Additional roster billing information is available on the "[Roster Billing for Influenza and Pneumococcal Pneumonia Vaccines](#)" Web page.



If you administered a vaccine to fewer than five Medicare beneficiaries on the same day, you must submit the claim(s) individually via the 'Home Health' Option 26 from the Claims and Attachments Entry Menu. Instructions for submitting individual vaccination claims to Medicare are available on the "[Billing Individual Influenza and Pneumococcal Pneumonia Vaccines](#)" Web page.

1. From the Claims and Attachments Entry Menu, type 87 and press Enter.

MAP1703	CAHABA GBA - RHHI	ACPFAT01 XX/XX/XX
XXXXXX	CLAIM AND ATTACHMENTS ENTRY MENU	C200928S XX:XX:XX
CLAIMS ENTRY		
INPATIENT		20
OUTPATIENT		22
SNF		24
HOME HEALTH		26
HOSPICE		28
NOE/NOA		49
ROSTER BILL ENTRY		87
ATTACHMENT ENTRY		
HOME HEALTH		41
DME HISTORY		54
ESRD CMS-382 FORM		57
ENTER MENU SELECTION: 87		
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT		

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2. The Vaccine Roster for Mass Immunizers screen (Map 1681) appears:

```
MAP1681                CAHABA GBA - RHHI                ACPFAT01 XX/XX/XX
XXXXXX   SC           VACCINE ROSTER FOR MASS IMMUNIZERS   C20084ZF XX:XX:XX

RECEIPT DATE: XXXXXX
OSCAR:                DATE OF SERV:                TYPE-OF-BILL:
NPI:                  TAXO.CD:                FAC.ZIP
REVENUE CODE         HCPC                CHARGES PER BENEFICIARY

                                PATIENT INFORMATION
HIC NUMBER   LAST NAME                FIRST NAME                INIT   BIRTH DATE   SEX
  ADMIT DATE                ADMIT TYPE   ADMIT DIAG   PAT STATUS   ADMIT SRCE

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```



The **RECEIPT DATE** is system generated.

3. Complete the following fields:
- Date of Serv
 - Type of Bill (key only the first two digits of the type of bill)
 - NPI (National Provider Identifier)
 - Fac. Zip
 - Revenue Code (up to 2 lines)
 - HCPC (up to 2 lines)
 - Charges per Beneficiary (up to 2 lines)
 - HIC Number
 - Last Name
 - First Name
 - Init (optional field)
 - Birth Date
 - Sex



The **ADMIT DATE**, **ADMIT TYPE**, **ADMIT DIAG**, **PAT STATUS**, and **ADMIT SRCE** fields are not required by home health providers submitting a Roster Bill.

4. Up to 10 beneficiaries can be listed; however, only four beneficiaries can be entered on the first screen. To continue the entry of information for the remaining beneficiaries, press F6 to enter the next four beneficiaries and press F6 again to enter the last two beneficiaries.

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Press F9 to submit the Roster Bill information into FISS. If the entered information is accepted, the message *RECORD SUCCESSFULLY ADDED* will display. You can continue to enter additional roster bill information or press F3 to return to the Claim and Attachments Entry Menu.


If, after you press F9, you do not see the message *RECORD SUCCESSFULLY ADDED* at the bottom of your screen, there is missing or invalid information entered on the roster bill. Some names may “disappear” from the list because their specific identification information was correct. Other names may remain because of identification problems (e.g., wrong HICN, invalid date of birth, etc.). Reason codes explaining problems with the information will appear at the bottom left of the screen. Press F1 to review the reason code narrative and then press F3 one time to return to the roster bill. Correct the error and press F9 again. If additional reason codes display, continue this process (F1, F3, F9) until all reason codes are eliminated. Your roster bill will not be stored or saved until all reason codes are resolved and you see the *RECORD SUCCESSFULLY ADDED* message at the bottom of the screen.



You can use a shortcut to enter beneficiary information on the roster billing screen when you have more than 10 beneficiaries that received the same vaccine on the same day. After entering the required data above the “PATIENT INFORMATION” section of the roster bill screen, omit the HIC number of the first beneficiary, but enter the rest of the beneficiary specific information. Enter the remaining nine beneficiaries’ information accurately, and then press the F9 key to submit the claim information. The accurate information for the nine will disappear and the information for the beneficiary with the omitted HIC number will remain along with the vaccination information at the top of the roster bill screen. Keep accurately entering and submitting (F9) the information for the remaining beneficiary – nine at a time – until all have been billed. You can then correct your intentional error [of omitting the HIC number](#) and submit the first beneficiary’s information to Medicare by pressing F9.

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 An example of a completed roster bill (how it looks before pressing F9) is pictured below.

```

MAP1681                CAHABA GBA - RHHI                ACPFAT01 XX/XX/XX
XXXXXX      SC        VACCINE ROSTER FOR MASS IMMUNIZERS  C20084ZF XX:XX:XX

RECEIPT DATE: XXXXXX
OSCAR:                DATE OF SERV: 1001XX                TYPE-OF-BILL: XX
NPI: XXXXXXXXXXXX    TAXO.CD:                FAC.ZIP 50010
REVENUE CODE        HCPC                CHARGES PER BENEFICIARY
    636                90657                4.00
    771                G0008                10.00

                PATIENT INFORMATION
HIC NUMBER    LAST NAME                FIRST NAME                INIT    BIRTH DATE    SEX
  ADMIT DATE                ADMIT TYPE    ADMIT DIAG    PAT STATUS    ADMIT SRCE
123456789A    SMITH                JAMES                E    01011931    M

123654789A    BAKER                BETTY                06051908    F

121212121A    JONES                MARY                B    04161916    F

222222222A    ADAMS                ANN                03271921    F

                PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
    
```

Field Descriptions for Vaccine Roster for Mass Immunizers screen – Map 1681

Map 1681 Field Descriptions

Field Name	Description
RECEIPT DATE	System generated.
OSCAR	Online Survey Certification and Reporting System (OSCAR). No longer applicable.
DATE OF SERV	Date vaccine was administered.
TYPE OF BILL	Type of bill. Enter only the first 2 positions of the type of bill.
NPI	National Provider Identifier.
TAXO. CD	Taxonomy code. Not required for home health and hospice providers.
FAC ZIP	Facility zip code of the provider or the subpart.
REVENUE CODE	Enter the appropriate revenue code(s).
HCPC	Enter the appropriate Healthcare Common Procedure Code System (HCPCS) code(s).

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Map 1681 Field Descriptions (continued)

Field Name	Description
CHARGES PER BENEFICIARY	Total charge per patient for the revenue codes indicated.
HIC NUMBER	Beneficiary's Health Insurance Claim Number (HICN).
LAST NAME	Beneficiary's last name.
FIRST NAME	Beneficiary's first name.
INIT	Beneficiary's middle initial. (optional)
BIRTH DATE	Beneficiary's date of birth.
SEX	Beneficiary's sex (gender).
ADMIT DATE	Date of the admission (MMDDYY). Not applicable for home health and hospice providers.
ADMIT TYPE	Admission type. Not applicable for home health and hospice providers.
ADMIT DIAG	Admission diagnosis. Not applicable for home health and hospice providers.
PAT STATUS	Patient status code. Not applicable for home health and hospice providers.
ADMIT SRCE	Admission source code. Not applicable for home health and hospice providers.