

Home Health Medicare Billing Codes Sheet

Type of Bill (TOB)* (FL 4)

322 Request for Anticipated Payment (RAP)	329 Final Claim for Episode
327 Adjustment Claim	320 Nonpayment Claim
328 Void/Cancel Prior RAP/Claim	34X Outpatient Services
3XG or 3XI Contractor adjustment	

[CMS Pub. 100-04, Chapter 10](#)

* FISS will automatically change the 2nd digit of the TOB, if required.

Claim Change Reason Codes (CCRC) (FL 18-28) & Adjustment Reason Codes (ARC) (FISS only)

Description	CCRC	ARC	TOB
Changes in Service Dates	D0	RF	3X7
Changes to Charges	D1	RG	3X7
Changes in revenue/HCP/HIPPS codes	D2	RH	3X7
Cancel to correct provider/HIC #	D5	RI	3X8
Cancel duplicate or OIG payment	D6	RJ	3X8
Change to make Medicare secondary	D7	RK	3X7
Change to make Medicare primary	D8	RL	3X7
Any other/multiple change (s)	D9	RM	3X7
Change in patient status	E0	RN	3X7

NOTE: RAPs cannot be adjusted. If information must be changed on a processed RAP, it must be cancelled and resubmitted to Medicare.

[CMS Pub. 100-04, Chapter 25](#)

Core Based Statistical Area (CBSA) Value Code (FL 39-41)

61 CBSA code for where HH services were provided. CBSA codes are required on all 32X and 33X TOB.

Place "61" in the first value code field locator and the CBSA code in the dollar amount column followed by two zeros.

Other value codes may be required when Medicare is the secondary payer.

[CMS Pub. 100-04, Chapter 10 and Chapter 25](#)

Point of Origin (formerly Source of Admission Codes) (FL 15)

1	Non-Health Care Facility Point of Origin	7	Emergency Room (ER) (discontinued effective 07/01/2010)
2	Clinic or Physician's Office	8	Court/Law Enforcement
4	Transfer from Hospital (Different Facility)	9	Information Not Available
5	Transfer from Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)	B	Transfer from Another HHA (cannot be submitted on home health RAPs/claims when "FROM" date is on/after 07/01/2010)
6	Transfer from Another Health Care Facility	C	Readmission to Same HHA (cannot be submitted on home health RAPs/claims when "FROM" date is on/after 07/01/2010)

[CMS Pub. 100-04, Chapter 25](#)

Medicare Secondary Payer (MSP) Value Codes (VC) (FL 39-41) & Payer Codes (PC) (FISS only)

Description	VC	PC	Description	VC	PC
Working Aged	12	N/A	Black Lung	41	N/A
ESRD	13	N/A	Disabled	43	N/A
No Fault (no attorney involved)	14	N/A	Veteran's Administration	42	N/A
Worker's Compensation	15	N/A	Conditional Payment	Any of the above	C
Public Health Svc/Other Federal	16	N/A	Medicare		Z

NOTE: Medicare does not make secondary payer payments on RAPs. Submit RAPs with Medicare as primary.

Cahaba GBA "Medicare Secondary Payer (MSP) Web page:

<http://www.cahabagba.com/rhhi/claims/msp/index.htm>

[CMS Pub. 100-05, Chapter 3](#)

Web Site References

Home Health Claims Filing

http://www.cahabagba.com/rhhi/claims/home_health/index.htm

Home Health Educational Materials

<http://www.cahabagba.com/rhhi/education/materials/index.htm>

Home Health & Hospice Medicare A Newsletters

<http://www.cahabagba.com/rhhi/news/newsletter/index.htm>

CMS Pub. 100

<http://www.cms.gov/Manuals/IOM/list.asp>

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Patient Status Codes (FL 17)

01	Discharge to home or self-care (routine discharge)	43	Discharge/transfer to federal hospital
02	Discharge/transfer to short-term general hospital	50	Discharge/transfer for hospice services in the home
03	Discharge/transfer to SNF	51	Discharge/transfer to hospice services in a medical facility
04	Discharge/transfer to ICF	61	Discharge/transfer to hospital-based Medicare approved swing bed
05	Discharge to designated cancer center or children's hospital	62	Discharge/transfer to IRF (inpatient rehabilitation facility)
06	Discharge/transfer to home care of another HHA OR discharge and readmit to the same HHA within a 60-day episode	63	Discharge/transfer to long-term care hospital
07	Left against medical advice or discontinued care	64	Discharge/transfer to Medicaid certified, but non-Medicare certified nursing facility
20	Expired	65	Discharge/transfer to psychiatric hospital or psychiatric part unit of a hospital
21	Discharge/transfer to court/law enforcement (eff. 10/1/09)	66	Discharge/transfer to Critical Access Hospital (CAH)
30*	Still a beneficiary. Services continue to be provided	70	Discharge/transfer to another type of health care institution not defined elsewhere in code list

[CMS Pub. 100-4, Chapter 25](#)

* Required on RAPs

Common Revenue Codes (FL 42) and HCPCS/Rates/HIPPS Rate Codes (FL 44)

Rev Code	Definition	HCPCS	Comments
0001	Total units/charges	N/A	No HCPCS required with revenue code
0023	HIPPS code	As assigned by Grouper software	See "Claim Page 02 – Entering a RAP or Claim" Web page for more information
027X	Medical/Surgical Supplies	N/A unless 0274	HCPCS required when submitting revenue code 0274 (Prosthetic/Orthotic devices) – See CPT coding book for appropriate HCPCS code.
029X	Durable Medical Equipment (DME) (Other Than Renal)	Varied	See CPT coding book for appropriate HCPCS code
042X	Physical Therapy	G0151	
043X	Occupational Therapy	G0152	
044X	Speech Language Pathology	G0153	
055X	Skilled Nursing	G0154	
056X	Medical Social Services	G0155	
057X	Home Health Aide	G0156	
060X	Oxygen	Varied	See CPT coding book for applicable HCPCS code for item
062X	Medical/Surgical Supplies	N/A	Optional Use: When HHAs choose to report additional breakdown for surgical/wound care dressings.

[Home Health Claims Filing Web Pages](#)

[CMS Pub. 100-04, Chapter 10 and Chapter 25](#)

* For revenue codes ending in an "X", sub-classifications exist. Use a "0" to indicate general classification when the sub-classifications are not appropriate.

Common Home Health Billing Errors by Reason Code (RC) (When RAP/claim is in FISS status/location (S/LOC) T B9997 or R B9997)

RC	Resolution/Resource	RC	Resolution/Resource
31018	31018 Top CSE Web Page	31147	31147 Top CSE Web Page
31755	31755 Top CSE Web Page	32226	32226 Top CSE Web Page
32907	32907 Top CSE Web Page	38157, 38200	38157, 38200 Top CSE Web Page
38107	38107 Top CSE Web Page	C7080	C7080 Top CSE Web Page
U538G	U538G Top CSE Web Page	U538I	U538I Top CSE Web Page

Top CSE Web page available at <http://www.cahabagba.com/rhhi/claims/errors.htm>



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FISS Fields and UB-04 Field Locators (FL) for Home Health Billing

R = required

C = conditional

N = not required

O = optional

FISS Pg	FISS Field Name	UB FL	Data Entered	RAP	Claims
1	HIC	60	Medicare (HIC) number	R	R
1	TOB	4	Type of Bill	R	R
1	NPI	56	NPI number	R ¹	R ¹
1	PAT. CNTL #	3a	Patient Control Number	O	O
1	STMT DATE FROM	6	From date of service	R	R
1	TO	6	To date of service	R	R
1	LAST	8	Patient's last name	R	R
1	FIRST	8	Patient's first name	R	R
1	DOB	10	Patient's date of birth	R	R
1	ADDR1	9	Patient's address	R	R
1	ADDR 2	9	City State	R	R
1	ZIP	9	Zip code	R	R
1	SEX	11	Gender (M or F)	R	R
1	ADMIT DATE	12	Date of admission	R	R
1	HR	13	Admission hour	R ²	R ²
1	SRC	15	Source of admission	R	R
1	STAT	17	Patient status	R	R
1	COND CODES	18-28	Condition codes	C	C
1	OCC DCS/DATE	31-34	Occurrence code(s)/date(s)	N	C
1	SPAN CODES/DATES	35-36	Occurrence span code(s)/date(s)	N	C
1	FAC ZIP	1	Zip code for provider or subpart	R ¹	R ¹
1	DCN	64	Document control number	N	C ³
1	VALUE CODES	39-41	Value codes	R ⁴	R ⁴
2	REV	42	Revenue codes	R ⁵	R
2	HCPC	44	HCPCS	R	R
2	MODIFS	44	Modifiers	N	C
2	TOT UNIT	46	Total Units	N	R
2	COV UNIT	46	Covered Units	N	R
2	TOT CHARGES	47	Total charges	N	R
2	NCOV CHARGES	48	Noncovered charges	N	C
2	SERV DT	45	Service Date	R ⁶	R

FISS Pg	FISS Field Name	UB FL	Data Entered	RAP	Claims
3	CD	50	Payer code	R	R
3	PAYER	50	Payer name	R	R
3	RI	52	Release of information	R	R
3	MEDICAL RECORD NBR	3b	Medical Record Number	O	O
3	DIAGNOSIS CODES	67	Diagnosis codes	R	R
3	NPI	76	Primary care physician's NPI	R	R
3	LN	76	Primary physician's last name	R	R
3	FN	76	Primary physician's first name	R	R
3	MI	76	Primary physician's middle initial	O	O
3	NPI	77	Operating physician's NPI	C	C
3	LN	77	Operating physician's last name	C	C
3	FN	77	Operating physician's first name	C	C
3	MI	77	Operating physician's middle initial	O	O
3	NPI	77	Other physician's NPI	C	C
3	LN	77	Other physician's last name	C	C
3	FN	77	Other physician's first name	C	C
3	MI	77	Other physician's middle initial	O	O
4	REMARKS	80	Remarks (adjustments, cancels, demand/no-pay bills, MSP)	C	C
5	INSURED NAME	58	Insured's last name, first name	N	C ⁷
5	SEX	N/A	Insured's sex code	N	C ⁷
5	DOB	N/A	Insured's date of birth	N	C ⁷
5	REL	59	Patient's relationship	N	C ⁷
5	CERT-SSN-HIC	60	Insured's ID/HIC#	N	C ⁷
5	GROUP NAME	61	Insurance group name	N	C ⁷
5	GROUP NUMBER	62	Insurance group number	N	C ⁷
5	TREAT AUTH CODE	63	Claim-OASIS Matching Key code	R	R ⁸

¹ NPI & FAC ZIP required effective 1/1/2008.

² Required for DDE ³ Adjustments & cancels only

⁴ Value code 61 and CBSA code required

⁵ Rev codes 0023 and 0001 required on RAPs & final claim

⁶ RAPs require the 1st covered, Medicare billable service date along with revenue code 0023 & the HIPPS code

⁷ Required when Medicare is not the primary payer

⁸ Enter the Claims-OASIS Matching Key code on the TREAT AUTH CODE line that reflects Medicare's payer status (primary, secondary or tertiary).



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