Medicare Home Health Agency Manual

Department of Health & Human Services (DHHS) Centers for Medicare & Medicaid Services (CMS)

Transmittal 307

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HEADER SECTION NUMBERS	PAGES TO INSERT	PAGES TO DELETE
Table of Contents – Chapter II		11 – 12.6 (8 pp.)
200 - 270.1		13–25.15 (208 pp.)
Table of Contents - Chapter II, Interim Manual Instructions		No Page # (1 p.)
Chapter II, Interim Manual Instructions		No Page # (3 pp.)
Table of Contents – Chapter III		25.18 (1 p.)
300 - 399		27–38.1 (17 pp.)
Table of Contents – Chapter IV		4-1-4-4 (4 pp.)
400 – Addendum D		41 – 96 (180 pp.)
Chapter IV, Addendum A		A-1 – A-58 (58 pp.)
Chapter IV, Addendum B		B-1 – B-32 (32 pp.)
Chapter IV, Addendum D		D-1 – D-13 (14 pp.)

NEW/REVISED MATERIAL--EFFECTIVE DATE: Not Applicable

<u>Chapter II, Coverage of Services; Chapter III, Entitlement Verification Procedures;</u> and <u>Chapter IV, Billing Procedures</u>; are being deleted and the related instructions are issued in the CMS Manual System. The tables of contents are replaced with a crosswalk from the old HHA Manual to the related instruction in the Internet-only manual (IOM). If the material from the old HHA Manual is no longer applicable, we indicate that it was not moved to the IOM by entering "deleted" in the crosswalk. For each included cross-reference, we provide the old manual number and the IOM number (e.g., CMS Pub. 100-2 for Medicare Benefit Policy Manual), and the IOM chapter and section (§) number.

The CMS Manual System can be found at http://www.cms.hhs.gov/manuals

These instructions should be implemented within your current operating budget.

CHAPTER II - COVERAGE OF SERVICES

NOTE: Chapter II has been moved to the new CMS Manual System, mainly in the Medicare Benefit Policy Manual (CMS Pub. 100-2). The new manuals can be found at <u>http://www.cms.hhs.gov/manuals</u>. A crosswalk from the deleted manual sections to the new manual sections follows.

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Duration of Covered Home Health Services

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CHAPTER III - ENTITLEMENT VERIFICATION PROCEDURES

NOTE: Chapter III has been moved to the new CMS Manual System, mainly in the Medicare Claims Processing Manual (CMS Pub. 100-4). The new manual can be found at <u>http://www.cms.hhs.gov/manuals</u>. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old §	Pub, Chapter, & §
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Exhibit 1 - Health Insurance Cards	HH-399	100-1, 2-§50
Exhibit 2 - Medicare Hospital Extended Care and Home Health Benefits Record (Form SSA-1533).	НН-399	Deleted - Replaced by MSN
Exhibit 3 - Home Health Agency Report and Billing - Start of Care (Admission Copy) (Form SSA-1487).	НН-399	Deleted – Obsolete
Exhibit 4 - Certificate of Social Insurance Award	HH-399	Deleted – Obsolete
Exhibit 5 - Temporary Notice of Medicare Eligibility	НН-399	100-1, 2-§50.1

CHAPTER IV - BILLING PROCEDURES

NOTE: Chapter IV has been moved to the new CMS Manual System, mainly in the Medicare Claims Processing Manual (CMS Pub. 100-4). The new manual can be found at <u>http://www.cms.hhs.gov/manuals</u>. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old §	Pub, Chapter, & §
Collection of Deductible and Coinsurance from Patient	HH-400	100-4, 10-§40.4
General Billing Information	HH-401	100-4, 10-§10
Billing Medicare for the Professional Component of Provider-Based Physician's Services	HH-402	100-4, 10-§10
Billing for Enteral and Parenteral Nutritional Therapy Covered as a Prosthetic Device	НН-403	100-4, 20-§160.3
Billing for Services Provided to HMO Enrollees	HH-412	100-4, 10-§10.1.26
Billing for Nonvisit Charges	HH-413	100-4, 10-§40.5
Billing for DME Furnished as a Home Health Benefit	HH-414	100-4, 10-§90.1
Reduction in Payment Due to P.L. 99-177	HH-415	Deleted – Obsolete
Disposition of Form CMS-1450	HH-422	100-4, 10-§40
CMS-1500, Provider Billing for Patient Services by Physicians	НН-424	100-4, 26-§50ff.
Use of CMS-1500	HH-425	100-4, 26-§50ff.
Completion of the CMS-1500	HH-426	100-4, 26-§50ff.
Establishing That a HHA Qualifies to Receive Part B Payment on the Basis of Reassignment	НН-429	100-4, 10-§10
Scope of Waiver of Liability Provision	HH-431	100-4, 10-§10
Billing Procedures for an Agency Being Assigned Multiple Provider Numbers or a Change in Provider Number	НН-432	100-4, 30-§100.1
Home Health Services After Termination of Provider Agreement	НН-433	100-4, 10-§40.2, 100.1
More than One Agency Furnished Home Health Services	НН-439	100-4, 10-§10.1.5.1
Transfer to Another Agency Under the Same Plan of Treatment	HH-440	100-4, 10-§10.1.5.1
Home Health Services are Suspended or Terminated Then Reinstated	HH-441	100-4, 10-§100
Preparation of a Bill for Utilization Chargeable	HH-442	100-4, Ch1 §60 placeholder for no pay bills
Submitting Corrected Bills	HH-445	100-4, 25-§80.1
Frequency of Billing	HH-446	100-4, 10-§40.2
Billing for Osteoporosis Injections	HH-460	100-4, 10-§90.1.1
Billing for Medical and Other Health Services	HH-461	100-4, 10-§90
Claims Processing Timeliness	НН-462	100-4, 1-§80

Focused Medical Review (FMR)	HH-462.1	100-8, 6-§7.5
Billing for Durable Medical Equipment (DME) and	НН-463	100-4, 10-§§40.4,
Orthotic/Prosthetic Devices		90.1
Clinical Laboratory Improvement Amendments (CLIA)	HH-465	100-8, 6-§3
Background on the Home Health Prospective Payment	HH-467	100-4, 10-§10.1
System (HH PPS)		
Creation of the HH PPS	HH-467.1	100-4, 10-§10.1.1
Regulatory Implementation of HH PPS	HH-467.2	
Commonalities of the Cost Reimbursement and HH PPS Environments	НН-467.3	100-4, 10-§10.1.2
Effective Date and Scope of HH PPS for Claims	HH-467.4	
Configuration of the HH PPS Environment	HH-467.5	100-4, 10-§10.1.3
New Software for the HH PPS Environment	HH-467.6	100-4, 10-§10.1.3
The HH PPS EpisodeUnit of Payment	HH-467.7	100-4, 10-§10.1.4
Number, Duration and Claims Submission of HH PPS Episodes	HH-467.8	100-4, 10-§10.1.5
Effect of Election of HMO and Eligibility Changes on HH PPS Episodes	НН-467.9	100-4, 10-§10.1.26
Split Percentage Payment of Episodes and	HH-467.10	100-4, 10-§10.1.6
Development of Episode Rates		100 4 10 810 1 7
Basis of Medicare Prospective Payment Systems and Case-Mix	HH-467.11	100-4, 10-§10.1.7
Coding of HH PPS Episode Case-Mix Groups on HH PPS Claims: (H)HRGs and HIPPS Codes	HH-467.12	100-4, 10-§10.1.8
Composition of HIPPS Codes for HH PPS	HH-467.13	100-4, 10-§10.1.9
Significance of HIPPS Coding for HH PPS	HH-467.14	100-4, 10-§10.1.9
Overview of the Provider Billing Process Under HH PPS	НН-467.15	100-4, 10-§10.1.10
OverviewGrouper Links Assessment and Payment	HH-467.16	100-4, 10-§10.1.10.1
OverviewHIQH Inquiry System Shows Primary HHA	HH-467.17	100-4, 10-§10.1.10.2
OverviewRequest for Anticipated Payment (RAP)	HH-467.18	100-4, 10-§10.1.10.3
OverviewClaim Submission and Processing	HH-467.19	100-4, 10-§10.1.10.4
OverviewPayment, Claim Adjustments and Cancellations	HH-467.20	100-4, 10-§10.1.11
Definition of the Request for Anticipated Payment (RAP)	НН-467.21	100-4, 10-§10.1.12
Definition of Transfer SituationPayment Effects	HH-467.22	100-4, 10-§10.1.13
Definition of Discharge and Readmission Situation HH PPSPayment Effects	НН-467.23	100-4, 10-§10.1.14
Payment When Death Occurs During an HH PPS Episode	НН-467.24	100-4, 10-§10.1.16

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Adjustments of Episode PaymentLow Utilization	HH-467.25	100-4, 10-§10.1.17
Payment Adjustments (LUPAs)		2 0
Adjustments of Episode PaymentSpecial Submission Case: "No-RAP" LUPAs	HH-467.26	100-4, 10-§10.1.18
Adjustments of Episode PaymentTherapy Threshold	HH-467.27	100-4, 10-§10.1.19
Adjustments of Episode PaymentPartial Episode Payment (PEP)	HH-467.28	100-4, 10-§10.1.15
Adjustments of Episode PaymentSignificant Change in Condition (SCIC)	НН-467.29	100-4, 10-§10.1.20
Adjustments of Episode PaymentOutlier Payments	HH-467.30	100-4, 10-§10.1.21
Adjustments of Episode PaymentExclusivity and Multiplicity of Adjustments	HH-467.31	100-4, 10-§10.1.22
Exhibit: Seven Scenarios for Home Health Prospective Payment Adjustments	НН-467.32	100-4, 10-§10.1.22
Exhibit: General Guidance on Line Item Billing under HH PPS	НН-467.33	100-4, 10-§10.1.23
Exhibit: Acronym Table	HH-467.34	100-4, 10-§10.1.24
HH PPS Consolidated Billing and Primary HHAs	HH-467.35	100-4, 10-§10.1.25
New Common Working File (CWF) Requirements for the Home Health Perspective Payment System (HH PPS)	HH-468	100-4, 10-§30
Creation of the Health Insurance Query System for Home Health Agencies (HIQH)	HH-468.1	100-4, 10-§30.1
HIQH Inquiry and Response	HH-468.2	100-4, 10-§30.2
Timeliness and Limitations of HIQH Responses	HH-468.3	100-4, 10-§30.3
Inquiries to RHHIs Based on HIQH Responses	HH-468.4	100-4, 10-§30.4
National Home Health Prospective Payment Episode History File	HH-468.5	100-4, 10-§30.5
Opening and Length of HH PPS Episodes	HH-468.6	100-4, 10-§30.6
Closing, Adjusting and Prioritizing HH PPS Episodes Based on RAPs and HHA Claim Activity	HH-468.7	100-4, 10-§30.7
Other Editing and Changes for HH PPS Episodes	HH-468.8	100-4, 10-§30.8
Priority Among Other Claim Types and HH PPS Consolidated Billing for Episodes	НН-468.9	100-4, 10-§30.9
Medicare Secondary Payment (MSP) and the HH PPS Episodes File	HH-468.10	100-4, 10-§30.10
Uniform Billin	ıg	
Billing for Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines	HH-473	100-4, 10-§110
Completion of Form CMS-1450 for Home Health Agency Billing	HH-475	100-4, 10-§40
Requests for Anticipated Payment	HH-475.1	100-4, 10-§40.1
HH PPS Claims	HH-475.2	100-4, 10-§40.2

	Old §	Pub, Chapter, & §	
HH PPS Claims When No RAP is Submitted - "No-RAP" LUPAs	НН-475.3	100-4, 10-§40.3	
HH PPS Pricer Program	HH-475.4	100-4, 10-§§70-70.5	
Special Billing Situations Involving OASIS Assessments	НН-475.5	100-4, 10-§80	
Billing for Oral Cancer Drugs	HH-476	102, 15-§50.5.3 100-4, 17-§80.2	
Self-Administered Antiemetic Drugs	HH-476.1	102, 15-§50.5.4	
Billing for Ambulance Services	HH-477	100-4, 15	
Retention and Destruction of Heal	th Insurance	Records	
Retention of Health Insurance Records	HH-480	100-4, 1-§110	
Destruction of Health Insurance Records	HH-480.1	100-4, 1-§110.4	
Time Limitation for Medical Inf	formation Rec	quests	
Request for Additional Medical Information	НН-483	100-4, 1-§70	
Remittance Adv	vice		
HH PPS Remittance Advice Instructions	HH-485	100-4, 22-§80	
Scope of Remittance Changes for HH PPS	HH-485.1	100-4, 22-§80.1	
Payment Methodology of the HH PPS Remittance: HIPPS Codes	HH-485.2	100-4, 22-§80.2	
DME and Other Items Not Included in HH PPS Episode Payment	НН-485.3	100-4, 10-§90.1, 22- §80.3	
835 Version 3051.4A.01 Line Level Reporting Requirements for RAP Payments	HH-485.4	100-4, 22-§80.4	
835 Version 3051.4A.01 Line Level Reporting Requirements for Claim Payments in an Episode (More than 4 Visits)	HH-485.5	100-4, 22-§80.5	
835 Version 3051.4A.01 Line Level Reporting Requirements for Claim Payments in an Episode (4 or Fewer Visits)	HH-485.6	100-4, 22-§80.6	
Instructions for Versions Subsequent to Electronic 835 Version 3051.4A.01	HH-485.7	Not Included	
Overpayments			
Credit Balance Reporting Requirement - General	HH-489	To be placed after adjustments in 100-4 §140	
Submitting the CMS-838	HH - 489.	To be placed after adjustments in 100-4 §140	
Completing the CMS-838	HH-489.	To be placed after adjustments in 100-4 §140	

Payment of Amounts Owed Medicare	НН-489.	To be placed after adjustments in 100-4 §140
Records Supporting CMS-838 Data	HH-489.	To be placed after adjustments in 100-4 §140
Provider-Based Home Health Agencies	HH-489.	To be placed after adjustments in 100-4 §140
Exception for Low Utilization Providers	HH-489.	To be placed after adjustments in 100-4 §140
Compliance with MSP Regulations	HH-489.	To be placed after adjustments in 100-4 §140
Overpayments for HHA Services - General	HH-490	100-6, 3-§20
When an HHA Is Not Liable for an Overpayment	HH-491	100-6, 3-§100
Situations in Which HHA Is Liable for Overpayments	HH-491.1	100-6, 3-§§100.1-100.2
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Liability for Overpayments Discovered Subsequent to Third Calendar Year After the Year of Payment	НН-493	100-6, 3-§100.5

Billing in Situations Where Medicare Is Secondary Payer

HH-494	100-5, 3-§10.3, 40, 40.1.2
HH-495	100-5, 3-§40
HH-496	100-5, 3-§40
HH-497	100-5, 3-§40
HH - 497.1	100-5, 3-§40
HH-498	100-5, 5-§40.8.2, 40.8.3
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Provider Submission of Electronic Media Claims (EMC)

Provider Submission of Electronic Media Claims	HH-499	100-4, 24-§40
(EMC) Data	1111 400 1	100 4 04 0404
Requirements for Submission of EMC Data	HH-499.1	100-4, 24-§40A
File Specifications, Record Specifications, and Data	HH-499.2	100-4, 24-§40.1, 25-§90
Elements Definitions for EMCs		
Maintenance of National Formats	HH - 499.3	100-4, 24-§40
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	Old §	Pub, Chapter, & §
Addendum C	HH-C-1	Deleted Obsolete
Addendum D	HH-D-1	100-4, 25-§140