Medicare Claims Processing Manual

Chapter 10 - Home Health Agency Billing

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110 – Billing and Payment Procedures Regarding Ownership and Provider Numbers

(Rev.17, 10-31-03)

110. 1 - Billing Procedures for an Agency Being Assigned Multiple Provider Numbers or a Change in Provider Number

(Rev.17, 10-31-03)

Where a multiple-facility is being assigned separate provider numbers for each component facility or when an agency is assigned a different number, HHAs are required to use the new number for any bill, beginning with the date the new number is effective.

The old provider number is used on claims for services through the day of the termination for the old number. Claims for all Medicare beneficiaries in open HH PPS episodes of care must be closed with discharge claims as of this date. These claims will be paid partial episode payment (PEP) adjustments. For services rendered on and after the effective date of the new provider number, use the new number when submitting bills or other information. A new request for anticipated payment (RAP) must be submitted for each Medicare beneficiary on service under the new number. These RAPs must be dated on or after the effective date of the new number. If there is a gap of days between the termination date of the old number and the effective date of the new number, Medicare payments cannot be made for dates of service in the gap period.

In cases in which the ownership of the agency changes, but the Medicare provider number does not change (new owner accepts the assignment of the existing number), billing for HH PPS episodes is not affected by the change of ownership.

110.2 - Payment Procedures for Terminated HHAs

(Rev.17, 10-31-03)

Medicare regulations allow that payment may be made for home health services for up to thirty days after a home health agency (HHA) terminates their Medicare provider agreement. This payment may be made if the home health services are furnished under a home health plan of care established before the effective date of the termination.

Under HH PPS, Medicare continues to make full episode payments for episodes which extend beyond a provider's termination date if the home health services are provided under a plan of care established prior to that date and if the home health episode of care ends within the 30 day period. In cases where such an episode begins prior to a provider's termination date and the episode ends after the 30 day allowance period, the portion of these episodes that falls within the 30-day allowance period receives Medicare payment. The payment mechanism under HH PPS for paying for shortened periods of

services is the partial episode payment (PEP) adjustment. Medicare systems will make PEP payments for HH PPS episodes which begin prior to a provider's termination date and which end after the 30 day allowance period.