





Billing the Home Health

Notice of Admission



Any codes within this job aid indicate common codes for required fields on home health Notices of Admission (NOAs). The National Uniform Billing Committee (NUBC) maintains the coding information for Medicare billing, including the UB-04 data elements. For an all-inclusive listing of codes appropriate for all claim fields used for Medicare billing, visit https://www.nubc.org to subscribe to the official UB-04 Data Specifications manual.

The bolded fields on the claim screen shots provided are the fields required when billing the home health NOA. The tables below each screen shot include field title descriptions and the associated valid values.

NOA Claim Page 1

MAP1711	M F	EDIC	ARE	1 O A	N I, T N	E	SYS'	T E M	CLA	ATM PAGE 01
SC			IN	IST CLA	IM ENTR	Y				SV:
MID		TOB	S/	LOC		OS	CAR			UB-FORM
NPI	TI	RANS HO	SP PRO	V P			ROCES	S NEW	HIC	
PAT.CNT	L#:			TAX#/S	SUB:				TAXO.CD:	
STMT D	ATES FROM		TO	I	DAYS CO	J	N-C		CO	LTR
LAST				FIRST				MI	DOB	
ADDR	1				2					
	3				3					
	4				5					
ZIP		MS		DATE	H		TYPE			STAT
		02	03	04	05	06	07	80	09	10
OCC CD	S/DATE 01		02		03			04		05
	06		07		08			09		10
SPAN	CODES/DAT	ES 01			02				03	
04		05			06				07	
08		09			10				FAC.ZIP	
DCN										
	VALUE	C O D		AMOU	JNTS			M S	PAPF	N D
01			02)3			
04			05			-)6			
07			08			0)9			
Ρ.	LEASE ENTE PRESS PF3		-	ROLL BK	WD PF6-	-SCR	ROLL FW	D PF7	-PREV F	PF8-EXIT

FIELD	DESCRIPTION/NOTES	
MID Medicare ID Number	Enter the Medicare Beneficiary Identifier.	
TOB Type of Bill	32A – Notice of Admission. 32D – Cancellation of Admission.	
NPI National Provider Identifier	Enter your home health agency's (HHA's) NPI number.	
STMT DATES FROM, TO Statement Covers Period "From" and "To"	Report date of the first visit provided in the admission as the "From" date. The "To" or "Through" date on the NOA must always match the "From" date.	
LAST, FIRST, MI, ADDR, DOB, ZIP, SEX	Patient's last name, first name, middle initial (if applicable), full address, date of birth (MMDDYYYY) and sex code (M/F).	
ADMIT DATE	Enter effective date of admission. This is the first Medicare billable visit and the Medicare start of care date (MMDDYY). The admission date on the NOA must always match the "From" date.	
TYPE Type of Admission	Enter the appropriate NUBC code representing an NOA or NOA-related transaction.	
SRC Source of Admission	Not required unless submitting via the 837l format. Submit default value of "1."	
STAT Patient Status	Not required unless submitting via the 837l format. Submit default value of "30."	
COND CODES Condition Codes	If the NOA is for a patient transferred from another HHA, enter condition code "47."	
FAC.ZIP	Facility ZIP Code of provider or subpart (nine-digit code).	

NOA Claim Page 2

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MAP1712
              MEDICARE A ONLINE SYSTEM
                                                          CLAIM PAGE 02
                          INST CLAIM ENTRY
                                                         REV CD PAGE 01
 SC
                          S/LOC
                                      PROVIDER
 MTD
                  TOB
                              TOT
                                     COV
          HCPC MODIFS
                          RATE UNIT
                                     UNIT TOT CHARGE NCOV CHARGE SERV DT
          PROCESS COMPLETED --- PLEASE CONTINUE
                   PF3-EXIT PF5-UP PF6-DOWN PF7-PREV PF8-NEXT PF11-RIGHT
     PRESS PF2-17D
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FIELD	DESCRIPTION/NOTES				
REV Revenue Codes	Enter revenue code "0023" to indicate billing under Home Health Prospective Payment System (HH PPS).				
HCPC Healthcare Common Procedure Code	Not required unless submitting via the 837l format. Submit Health Insurance Prospective Payment System (HIPPS) code "1AA11" as a placeholder value since differing HIPPS codes may apply over the course of an HH admission.				
TOT UNIT Total Service Units	Enter one unit.				
TOT CHARGE Total Charge	Total charge for the "0023" revenue code line must be zero.				
SERV DT Service Date	Must not be a future date. Not required unless submitting via the 837I format. The admission date may be duplicated to satisfy this requirement.				

NOA Claim Page 3

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MAP1712
              MEDICARE A ONLINE SYSTEM
 SC
                          INST CLAIM ENTRY
 MID
                  TOB
                                  PROVIDER
                          S/LOC
                                                    OFFSITE ZIPCD:
            PAYER
                                  OSCAR
                                             RI AB PRIOR PAY EST AMT DUE
 В
 DUE FROM PATIENT
 MEDICAL RECORD NBR
                                    COST RPT DAYS
                                                     NON COST RPT DAYS
 DIAGNOSIS CODES 1
                                   3
 ADMITTING DIAGNOSIS
                            E CODE
                                           HOSPICE TERM ILL IND
 PROCEDURE CODES AND DATES 1
 ESRD HOURS 00 ADJUSTMENT REASON CODE FC REJECT CODE
                                                         NONPAY CODE
 ATT PHYS
               NPI
                                L
                                                               M
 OPR PHYS
                                                                   SC
               NPT
                                T.
 OTH PHYS
                                                    F
                                                               Μ
                                                                    SC
               NPI
                                L
 REN PHYS
               NPI
                                L
                                                    F
                                                               Μ
                                                                    SC
 REF PHYS
          PROCESS COMPLETED --- PLEASE CONTINUE
               PF3-EXIT PF7-PREV PF8-NEXT PF11-RIGHT
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FIELD	DESCRIPTION/NOTES	
PAYER Payer Identification	Enter "Medicare" on line A with payer code "Z" Always submit the NOA as Medicare primary. CGS will accept and process a TOB 032A if the "From" date overlaps a Medicare Secondary Payer period.	
RI Release of Information	Enter "Y," "R" or "N" • "Y" indicates HHA has a signed statement on file permitting it to release data to other organizations in order to adjudicate claims • "R" indicates release is limited or restricted • "N" indicates no release is on file	
DIAGNOSIS CODES Enter appropriate ICD code for principal diagnosis or submit ar diagnosis code		
ATT PHYS Attending Physician	Enter NPI and name (last name, first name, middle initial) of attending physician who established the plan of care with verbal orders. This must be the individual physician's NPI – not a group NPI.	

NOA Claim Page 4

MAP1712 SC	MEDICAR	E A ONLIN INST CLAIM ENTR	E SYSTEM Y	CLAIM PAGE 02 REV CD PAGE 01
MID	TOB	S/LOC	PROVIDER	
REMARKS				
45 22 22 42 42	40			
58 HBP CLAIM	IS (MED B)	E1 ESRD A' REASONS: APPI		Н
PRO		O PLEASE CO 7-PREV PF8-NEXT		

FIELD	DESCRIPTION/NOTES
REMARKS	Not required on the NOA; however, remarks are recommended when canceling the NOA to indicate the reason for cancellation

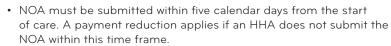
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\texttt{M} \; \texttt{E} \; \texttt{D} \; \texttt{I} \; \texttt{C} \; \texttt{A} \; \texttt{R} \; \texttt{E} \quad \texttt{A} \quad \texttt{O} \; \texttt{N} \; \texttt{L} \; \texttt{I} \; \texttt{N} \; \texttt{E} \quad \texttt{S} \; \texttt{Y} \; \texttt{S} \; \texttt{T} \; \texttt{E} \; \texttt{M}
MAP1712
                                                                                                               CLAIM PAGE 02
                                                 INST CLAIM ENTRY
   SC
                                                                                                              REV CD PAGE 01
                                                 S/LOC
                                   TOB
                                                                             PROVIDER
INSURED NAME REL CERT-SSN-HIC SEX GROUP NAME DOB INS GROUP NUMBER
   Χ
   TREAT. AUTH. CODE
   TREAT. AUTH. CODE
   TREAT. AUTH. CODE
                    PROCESS COMPLETED --- PLEASE CONTINUE
                            PF3-EXIT PF7-PREV PF8-NEXT PF11-RIGHT
```

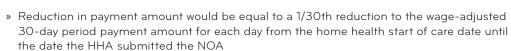
NOA Claim Page 5

FIELD	DESCRIPTION/NOTES	
INSURED NAME	Enter patient's name as shown on their Medicare card	
CERT/SSN/HIC	Enter beneficiary's Medicare number as it appears on their Medicare card if it does not automatically populate.	

Tips to Remember

- An NOA is required for any period of care that starts on or after 01.01.22
- HHAs must submit the NOA when they have received the appropriate physician's written or verbal order that contains the services required for an initial visit, and the HHA has conducted the initial visit at the start of care





- Reduction would include any outlier payment
- Reduction amount will be displayed with value code "QF" on claim

Patients Continuing Care in 2022

HHAs with periods of care that continue from 2021 into 2022 must submit an NOA with a one-time artificial admission date that corresponds with the "From" on the new period of care in 2022.

For example, if the start of care is 12.13.21, the first 30-day period of care runs from 12.13.21 – 01.11.22. You would need an NOA on 01.12.22 for a new period in CY2022.



• Start of Care: 12.13.21

• 30-day Period of Care: 12.13.21 - 01.11.22



Submit an NOA with an admission date of 01.12.22 for the next 30-day period of care.

Resources

- There are chapters that include billing instructions for specific disciplines. These are within
 certain publications in the CMS Internet Only Manuals (IOMs). Information on home health
 billing can be found in chapter 10 of the Medicare Claims Processing manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912
- Replacing Home Health Requests for Anticipated Payment (RAPs) With a Notice of Admission (NOA) – Manual Instructions (MLN Matters® Number: MM12256): https://www.cms.gov/files/document/mm12256.pdf
- Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission – Implementation: Change Request 12227: https://www.cms.gov/regulations-and-guidance/guidance/transmittals

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