

Billing the Home Health Notice of Admission



Billing the Home Health Notice of Admission (NOA)

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

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MAP1711          M E D I C A R E  A  O N L I N E  S Y S T E M          CLAIM PAGE 01
SC              INST CLAIM ENTRY          SV:
MID            TOB          S/LOC          OSCAR          UB-FORM
NPI            TRANS HOSP PROV P          ROCESS 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          3
      4          5
ZIP          SEX          MS          ADMIT DATE          HR          TYPE          SRC          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  M S P  A P P  I N D
01          02          03
04          05          06
07          08          09
PLEASE ENTER DATEA
PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF7-PREV  PF8-EXIT
  
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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 837I format. Submit default value of "1."
STAT Patient Status	Not required unless submitting via the 837I 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).

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NOA Claim Page 2

MAP1712	M E D I C A R E A O N L I N E S Y S T E M				CLAIM PAGE 02	
SC	INST CLAIM ENTRY				REV CD PAGE 01	
MID	TOB	S/LOC	PROVIDER			
CL	REV	HCPC	MODIFS	TOT RATE UNIT	COV UNIT	TOT CHARGE
						NCOV CHARGE SERV DT
<p>PROCESS COMPLETED --- PLEASE CONTINUE</p> <p>PRESS PF2-17D PF3-EXIT PF5-UP PF6-DOWN PF7-PREV PF8-NEXT PF11-RIGHT</p>						

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 837I 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.

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MAP1712	M E D I C A R E A O N L I N E S Y S T E M				CLAIM PAGE 03	
SC	INST CLAIM ENTRY					
MID	TOB	S/LOC	PROVIDER			
			OFFSITE ZIPCD:			
CD	ID	PAYER	OSCAR	RI	AB	PRIOR PAY EST AMT DUE
A						
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		
ADMITTING DIAGNOSIS		E CODE		HOSPICE TERM ILL IND		
IDE						
PROCEDURE CODES AND DATES		1	2	6		
3	4	5				
ESRD HOURS 00		ADJUSTMENT REASON CODE FC		REJECT CODE		NONPAY CODE
ATT PHYS	NPI	L		F	M	SC
OPR PHYS	NPI	L		F	M	SC
OTH PHYS	NPI	L		F	M	SC
REN PHYS	NPI	L		F	M	SC
REF PHYS	NPI	L		F	M	SC
<p>PROCESS COMPLETED --- PLEASE CONTINUE</p> <p>PF3-EXIT PF7-PREV PF8-NEXT PF11-RIGHT</p>						

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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" <ul style="list-style-type: none"> "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 any valid 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	M E D I C A R E A O N L I N E S Y S T E M			CLAIM PAGE 02
SC	INST CLAIM ENTRY			REV CD PAGE 01
MID	TOB	S/LOC	PROVIDER	
REMARKS				
<p>47 PACEMAKER 48 AMBULANCE 40 THERAPY 41 HOME HEALTH</p> <p>58 HBP CLAIMS (MED B) E1 ESRD ATTACH</p> <p>ANSI CODES - GROUP: ADJ REASONS: APPEALS:</p> <p>PROCESS COMPLETED --- PLEASE CONTINUE</p> <p>PF3-EXIT PF7-PREV PF8-NEXT PF11-RIGHT</p>				

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

MAP1712	M E D I C A R E A O N L I N E S Y S T E M			CLAIM PAGE 02
SC	INST CLAIM ENTRY			REV CD PAGE 01
MID	TOB	S/LOC	PROVIDER	
INSURED NAME	REL	CERT-SSN-HIC	SEX	GROUP NAME DOB INS GROUP NUMBER
A				
B				
X				
TREAT. AUTH. CODE				
TREAT. AUTH. CODE				
TREAT. AUTH. CODE				
<p>PROCESS COMPLETED --- PLEASE CONTINUE</p> <p>PF3-EXIT PF7-PREV PF8-NEXT PF11-RIGHT</p>				

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
- NOA must be submitted within five calendar days from the start of care. A payment reduction applies if an HHA does not submit the NOA within this time frame.
 - » Reduction in payment amount would be equal to a 1/30th reduction to the wage-adjusted 30-day period payment amount for each day from the home health start of care date until the date the HHA submitted the NOA
 - 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>