

Provider Update

HIPPS Codes Required for SNF and HHA Claims

All claims from Skilled Nursing Facilities (SNFs) and Home Health Agencies (HHAs) received 07/01/14 and after must contain a valid HIPPS code. **This pertains to Contracted and Non-Contracted Providers.** CMS requires Amerigroup* Community Care to include this information on **all processed claims** data that we submit, regardless of the payment methodology. These billing instructions apply to all individual and group-sponsored Medicare Advantage plans including Medicare-Medicaid Plans. This does not apply to Dual Special Needs Plans (D-SNPs) or Medicare Supplement plans.

SNFs

- SNFs should bill the HIPPS code derived from the “Admission Assessment”
- Only the HIPPS code from the initial assessment is required, but any updates to the HIPPS codes are welcomed by CMS.
- Bill the first line with the applicable Revenue Code (0022), the HIPPS code, 1 or more units, billed charges of 0.00 or one cent.

HHAs

- HHAs should bill the HIPPS code derived from the date of assessment
- Bill the first line with the applicable Revenue Code (0023), the HIPPS code, date of the first covered visit, one or more units, billed charges of 0.00 or one cent.
- HHAs are not required to bill Treatment Authorization Codes.

If you currently have a contract with Amerigroup, the CMS mandated addition of the HIPPS code on your claim will not affect your contracted rate but is required to process your claim for payment.

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Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.

*In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup, Texas, Inc. In Washington, Amerigroup Washington, Inc.

