Provider Update

Home Health Billing Instructions

All claims from home health agencies (HHAs) must follow CMS billing instructions. These billing instructions pertain to providers contracted to Medicare pricing and non-contracted providers. These billing instructions apply to all individual and group-sponsored Medicare Advantage plans and Medicare-Medicaid Plans.

0322 – Interim First Claim

Statement Covers Period

Typically, these fields show the beginning and ending dates of the period covered by a bill. Since the Request for Anticipated Payment is a request for payment for future services, the ending date may not be known. The RAP contains the same date in both the "from" and "through" date fields. On the first RAP in an admission, this date should be the date the first service was provided to the beneficiary. On RAPs for subsequent episodes of continuous care, this date should be the day immediately following the close of the preceding episode (day 61, 121, etc.).

Admission Date

Date the patient was admitted to home health care. On the first RAP in an admission, this date should match the statement covers period field (above) "from" date. On RAPs for subsequent episodes of continuous care, this date should remain constant, showing the actual date the beneficiary was admitted to home health care. The date on RAPs for subsequent episodes should, therefore, match the date submitted on the first RAP in the admission.

Service Date

For initial episodes, use the 0023 revenue code to report the date of the first covered visit provided during the episode. For subsequent episodes, the Home Health Agency should use the 0023 revenue code to report the date of the first visit provided during the episode , regardless of whether the visit was covered or non-covered.

0329 – Final Bill

Statement Covers Period

The beginning and ending dates of the period covered by this claim. The "from" date must match the date submitted on the RAP for the episode. For continuous care episodes, the "through" date must be 59 days after the "from" date.

Admission Date

The HHA enters the same date of admission that was submitted on the RAP for the episode.

Service Date

For initial episodes, the HHA reports on the 0023 revenue code line the date of the first covered visit provided during the episode. For subsequent episodes, the HHA reports on the 0023 revenue code the date of the first visit provided during the episode line, regardless of whether the visit was covered or non-covered.

60509WPPENMUB 06/09/2016