

HIPPS Codes Required for All Skilled Nursing and Home Health Providers

Effective July 1, 2014, all claims from skilled nursing facilities (SNFs) and Home Health Agencies (HHAs) received by Amerigroup Community Care (Amerigroup) for Amerigroup Amerivantage (Medicare Advantage) services must contain a valid Health Insurance Prospective Payment System (HIPPS) code. **This pertains to both contracted and noncontracted providers.** We did not require these codes from all contracted providers in the past; however, the Centers for Medicare & Medicaid Services (CMS) now requires us to include this information on **all processed claims data** we submit to CMS. As a result, all SNF and HHA claims for services rendered on or after July 1 sent to Amerigroup without the valid HIPPS code may be denied and sent back to you.

What and how to bill

- SNFs should bill the HIPPS code derived from the admission assessment.
- HHAs should bill the HIPPS code derived from the start-of-care 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 prospective payment system revenue code (022 or 023), the HIPPS code, one unit and billed charges of \$0.00.

Additional information

- This billing instruction applies to all Medicare Advantage Plans, including Dual Eligible Special Needs Plans. However, this instruction does not apply to Medicare Supplemental Plans.
- 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 how your claim is processed.

Amerivantage is an HMO plan with a Medicare contract and a contract with the Maryland Medicaid program. Enrollment in Amerivantage depends on contract renewal.