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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 Tennessee Medicaid program. Enrollment in Amerivantage depends on contract renewal.