

Home Health Medicare Billing Codes Sheet

Page #100 (7/20/2024)	
320	Request for Voluntary Payment (RVP)
321	Adjustment Claim
322	Initial/Control Prior RAH/Claim
323	Final Claim for Episode
324	Nonpayment Claim
325	Outpatient Services
326 to 329	Contractor adjustment

CMS Pub. 100-04, Chapter 10 <https://www.cms.gov/Regulations-and-Programs/Policy-Initiatives-and-Guidance/Statutes-Regulations>
<https://www.cms.gov/Regulations-and-Programs/Policy-Initiatives-and-Guidance/Statutes-Regulations>

Priority (Type) of Assessment on HealthCodes (HL-10)	
1. Emergency	1. Infection
2. Urgent	2. Trauma
3. Elective	3. Information not available

Point of Origin/Intermediate Source of Submission/Contact (PI, TI)	
1	New Health-Care Facility/Point of Origin
2	Clinic or Physician's Office
3	Transfer from Hospital (Different Facility)
4	Transfer from Skilled Nursing/Facility (SNF) or Intermediate-Care Facility (ICF)
5	Transfer from Another Health-Care Facility
6	Court/Law Enforcement
7	Interviewer not available

Patient Status Codes (PL 57)	
01	Discharge to home or self-care (positive discharge)
02	Discharge/transfer to short-term general hospital
03	Discharge/transfer to SNF
04	Discharge/transfer to CRF
05	Discharge/transfer to a designated cancer center or children's hospital
06	Discharge/transfer to home care (standard/1994 SNF discharge and readmit for the same SNF within 60-day episode)
07	Left against medical advice or discontinued care
08	Expired - Secondary code (S1) also required
09	Discharge/transfer to another retirement
10	SNF expiring. Services continue to be provided (Regressive RHPs)
40	Discharge/transfer to federal hospital
50	Discharge/transfer for hospice services in the home
61	Discharge/transfer to hospice services in a medical facility
62	Discharge/transfer to hospice-based skilled care approved wing/unit
63	Discharge/transfer to IPF (inpatient rehabilitation facility)
64	Discharge/transfer to long-term care hospital
65	Discharge/transfer to psychiatric hospital or psychiatric unit of general hospital
66	Discharge/transfer to Critical Access Hospital (CAH)
70	Discharge/transfer to another type of health care institution not defined elsewhere in code set

Location Codes (CC, PL, RA, BR)	
00	Treatment of institutional condition for long-term patient
10	Emergency unscheduled/urgent admission services
20	Billing for scheduled services (no pay bill)
40	Transfer from another HSA
60	No billed services in billing period
C1	Expatriation/leave – partial approval of Medicare-covered services
C4	Expatriation/leave – services denied
C7	Expatriation/leave – extended authorization of Medicare-covered services

Claim Change Reason Codes (CIRC) (PL 94-361)			
Replacement Reason Codes (RRC) (PL94-361)			
Description	CIRC	RRC	FIR
Change in Service Dates	00	87	037
Change to Charges	01	88	037
Change in Internal CIRC/RRC codes	02	89	037
Cancel/extend provider/HC ID	03	90	037
Cancel/terminate OIG payment	04	91	038
Any other multiple change etc	05	99	037
Disenroll patient status	06	95	037

NOTE: RARs cannot be adjusted if information results-charged was processed RAR
 1 month(s) received and results-charged RAR(s)

Medicaid Secondary Payer (MSP) Allowance (MCO/PL 28-PI)	
Cost Type	YTD
Residing Agent	11
EDRO	10
No Fault/Personal Injury	18
Workers Compensation	15
Public Health Services/Insurance	18
Black Lung	47
Disability	40
Obligated to Accept as Payment in Full (OSAP)	48
Liability	47
Conditional Payment	Any of the Above
Medicare	

NOTE: Medicare does not make secondary paper payments on PAPs. Submit PAPs with appropriate co-payments.

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Notes: The scales listed on this rating order sheet represent those most frequently submitted as home health NACAP claims. A complete listing of all scales is available from the National Uniform Billing Convention (NUBC) Official UB-04 Data Specifications Manual - <http://www.nubc.org>

Medicare Home Health Coding Guidelines



Health Beacon

Medicare Home Health Coding Guidelines:

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