

Billing the Home Health Notice of Admission

Disclaimer:

This job aid is not a legal document and is a collaboration between CGS, NGS and Palmetto GBA.



Billing the Home Health Notice of Admission (NOA)

Any codes within this job aid indicate common codes for required fields on home health Notices of Admission (NOAs). The National Uniform Billing Committee (NUBC) maintains the coding information for Medicare billing, including the UB-04 data elements. For an all-inclusive listing of codes appropriate for all claim fields used for Medicare billing, visit www.nubc.org to subscribe to the official UB-04 Data Specifications manual.

The bolded fields on the claim screen shots provided are the fields required when billing the home health NOA. The tables below each screen shot include field title descriptions and the associated valid values.

NOA Claim Page 1

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MAP1711      M E D I C A R E  A  O N L I N E  S Y S T E M      CLAIM PAGE 01
SC           INST CLAIM ENTRY                          SV:
MID              TOB          S/LOC          OSCAR          UB-FORM
NPI              TRANS HOSP PROV          PROCESS NEW HIC
PAT.CNTL#:   TAX#/SUB:          TAXO.CD:|
STMT DATES FROM      TO          DAYS COV          N-C          CO          LTR
LAST              FIRST              MI          DOB
ADDR 1          2
          3          4
          5          6
ZIP              SEX  MS  ADMIT DATE      HR  TYPE  SRC      HM  STAT
COND CODES 01  02  03  04  05  06  07  08  09  10
OCC CDS/DATE 01          02          03          04          05
          06          07          08          09          10
SPAN CODES/DATES 01          02          03
04          05          06          07
08          09          10          FAC . ZIP
DCN
V A L U E  C O D E S  -  A M O U N T S  -  A N S I  MSP APP IND
01          02          03
04          05          06
07          08          09
PLEASE ENTER DATA
PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF7-PREV  PF8-EXIT
    
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| Field | Description/Notes |
|--|---|
| MID Medicare ID Number | Enter the Medicare Beneficiary Identifier |
| TOB Type of Bill | 32A – Notice of Admission 32D – Cancellation of Admission |
| NPI National Provider Identifier | Enter your home health agency's (HHA's) NPI number |
| STMT DATES FROM, TO Statement Covers Period "From" and "To" | Report date of the first visit provided in the admission as the "From" date. The "To" or "Through" date on the NOA must always match the "From" date. |
| LAST, FIRST, MI, ADDR, DOB, ZIP, SEX | Patient's last name, first name, middle initial (if applicable), full address, date of birth (MMDDYYYY) and sex code (M/F) |
| ADMIT DATE | Enter effective date of admission. This is the first Medicare billable visit and the Medicare start of care date (MMDDYY). The admission date on the NOA must always match the "From" date. |
| TYPE Type of Admission | Enter the appropriate NUBC code representing an NOA or NOA-related transaction |

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| Field | Description/Notes |
|--------------------------------------|--|
| SRC Source of Admission | Not required unless submitting via the 837I format. Submit default value of "1." |
| STAT Patient Status | Not required unless submitting via the 837I format. Submit default value of "30." |
| COND CODES Condition Codes | If the NOA is for a patient transferred from another HHA, enter condition code "47." |
| FAC.ZIP | Facility ZIP Code of provider or subpart (nine-digit code) |

NOA Claim Page 2

| | | | | | |
|--|---|-------------|----------|-------------------|----------------|
| MAP1712 | M E D I C A R E A O N L I N E S Y S T E M | | | | CLAIM PAGE 02 |
| SC | INST CLAIM ENTRY | | | | REV CD PAGE 01 |
| MID | TOB | S/LOC | PROVIDER | | |
| CL | REV | HCPC | MODIFS | TOT | COV |
| | | | RATE | UNIT | UNIT |
| | | | | TOT CHARGE | NCOV CHARGE |
| | | | | | SERV DT |
| <p>PROCESS COMPLETED --- PLEASE CONTINUE</p> <p>PRESS PF2-171D PF3-EXIT PF5-UP PF6-DOWN PF7-PREV PF8-NEXT PF11-RIGHT</p> | | | | | |

| Field | Description/Notes |
|---|--|
| REV Revenue Codes | Enter revenue code "0023" to indicate billing under Home Health Prospective Payment System (HH PPS) |
| HCPC Healthcare Common Procedure Code | Not required unless submitting via the 837I format. Submit Health Insurance Prospective Payment System (HIPPS) code "1AA11" as a placeholder value since differing HIPPS codes may apply over the course of an HH admission. |
| TOT UNIT Total Service Units | Enter one unit |
| TOT CHARGE Total Charge | Total charge for the "0023" revenue code line must be zero |
| SERV DT Service Date | Must not be a future date. Not required unless submitting via the 837I format. The admission date may be duplicated to satisfy this requirement. |

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NOA Claim Page 3

| | | | | | | |
|---------------------------------------|------------|---|----------|----------------------|----------------|-----------------------|
| MAP1713 | | M E D I C A R E A O N L I N E S Y S T E M | | | CLAIM PAGE 03 | |
| SC | | INST CLAIM ENTRY | | | | |
| MID | | TOB | S/LOC | PROVIDER | | |
| | | | | | OFFSITE ZIPCD: | |
| CD | ID | PAYER | OSCAR | RI | AB | PRIOR PAY EST AMT DUE |
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| DUE FROM PATIENT | | | | | | |
| MEDICAL RECORD NBR | | COST RPT DAYS | | NON COST RPT DAYS | | |
| DIAGNOSIS CODES | 1 | 2 | 3 | 4 | 5 | |
| | 6 | 7 | 8 | 9 | | |
| ADMITTING DIAGNOSIS | | E CODE | | HOSPICE TERM ILL IND | | |
| IDE | | | | | | |
| PROCEDURE CODES AND DATES | | 1 | 2 | | | |
| 3 | 4 | 5 | 6 | | | |
| ESRD HOURS 00 | | ADJUSTMENT REASON | CODE FC | REJECT CODE | NONPAY CODE | |
| ATT PHYS | NPI | L | F | M | SC | |
| OPR PHYS | NPI | L | F | M | SC | |
| OTH PHYS | NPI | L | F | M | SC | |
| REN PHYS | NPI | L | F | M | SC | |
| REF PHYS | NPI | L | F | M | SC | |
| PROCESS COMPLETED --- PLEASE CONTINUE | | | | | | |
| PF3-EXIT PF7-PREV PF8-NEXT PF9-UPDT | | | | | | |

| Field | Description/Notes |
|--|---|
| PAYER Payer Identification | Enter "Medicare" on line A with payer code "Z" • Always submit the NOA as Medicare primary. Palmetto GBA will accept and process a TOB 032A if the "From" date overlaps a Medicare Secondary Payer period. |
| RI Release of Information | Enter "Y," "R" or "N" • "Y" indicates HHA has a signed statement on file permitting it to release data to other organizations in order to adjudicate claims • "R" indicates release is limited or restricted • "N" indicates no release is on file |
| DIAGNOSIS CODES | Enter appropriate ICD code for principal diagnosis or submit any valid diagnosis code |
| ATT PHYS Attending Physician | Enter NPI and name (last name, first name, middle initial) of attending physician who established the plan of care with verbal orders. This must be the individual physician's NPI – not a group NPI. |

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NOA Claim Page 4

MAP1714 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 04
 SC INST CLAIM ENTRY REMARK PAGE 01

MID TOB S/LOC PROVIDER

REMARKS

47 PACEMAKER 48 AMBULANCE 40 THERAPY 41 HOME HEALTH
 58 HBP CLAIMS (MED B) E1 ESRD ATTACH
 ANSI CODES - GROUP: ADJ REASONS: APPEALS:

PROCESS COMPLETED --- PLEASE CONTINUE
 PF3-EXIT PF7-PREV PF8-NEXT PF9-UPDT

| Field | Description/Notes |
|---------|--|
| REMARKS | Not required on the NOA; however, remarks are recommended when canceling the NOA to indicate the reason for cancellation |

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NOA Claim Page 5

| | | | | | |
|---------------------------------------|---|---------------------|----------|------------|----------------------|
| MAP1715 | M E D I C A R E A O N L I N E S Y S T E M | | | | CLAIM PAGE 05 |
| SC | INST CLAIM ENTRY | | | | |
| MID | TOB | S/LOC | PROVIDER | | |
| INSURED NAME | REL | CERT-SSN-HIC | SEX | GROUP NAME | DOB INS GROUP NUMBER |
| A | | | | | |
| B | | | | | |
| C | | | | | |
| TREAT. AUTH. CODE | | | | | |
| TREAT. AUTH. CODE | | | | | |
| TREAT. AUTH. CODE | | | | | |
| PROCESS COMPLETED --- PLEASE CONTINUE | | | | | |
| PF3-EXIT PF7-PREV PF8-NEXT PF9-UPDT | | | | | |

| Field | Description/Notes |
|--------------|--|
| INSURED NAME | Enter patient's name as shown on their Medicare card |
| CERT/SSN/HIC | Enter beneficiary's Medicare number as it appears on their Medicare card if it does not automatically populate |

Tips to Remember

- An NOA is required for any period of care that starts on or after 01.01.22
- HHAs must submit the NOA when they have received the appropriate physician's written or verbal order that contains the services required for an initial visit, and the HHA has conducted the initial visit at the start of care
- NOA must be submitted within five calendar days from the start of care. A payment reduction applies if an HHA does not submit the NOA within this time frame.
 - Reduction in payment amount would be equal to a 1/30th reduction to the wage-adjusted 30-day period payment amount for each day from the home health start of care date until the date the HHA submitted the NOA
 - Reduction would include any outlier payment
 - Reduction amount will be displayed with value code "QF" on claim



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Patients Continuing Care in 2022

HHAs with periods of care that continue from 2021 into 2022 must submit an NOA with a one-time artificial admission date that corresponds with the "From" on the new period of care in 2022.

For example, if the start of care is 12.13.21, the first 30-day period of care runs from 12.13.21 – 01.11.22. You would need an NOA on 01.12.22 for a new period in CY2022.



- Start of Care: 12.13.21
- 30-day Period of Care: 12.13.21 – 01.11.22



Submit an NOA with an admission date of 01.12.22 for the next 30-day period of care

Resources

- There are chapters that include billing instructions for specific disciplines. These are within certain publications in the CMS Internet Only Manuals (IOMs). Information on home health billing can be found in chapter 10 of the [Medicare Claims Processing](#) manual.
- [Replacing Home Health Requests for Anticipated Payment \(RAPs\) With a Notice of Admission \(NOA\) – Manual Instructions \(MLN Matters® Number: MM12256\)](#)
- [Replacing Home Health Requests for Anticipated Payment \(RAPs\) with a Notice of Admission – Implementation: Change Request 12227](#)