

Request for Anticipated Payment Versus Notice of Admission

Disclaimer:

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



RAP

Provider Name, Address, Phone Number
Required

Patient Control Number
Required

Type of Bill
Required – 322

Statement Covers Period (“From” & “Through” Dates)
Required

Patient Name, Address, Date of Birth, Sex
Required

Admission/Start of Care Date
Required

Point of Origin for Admission or Visit (Source Code)
Required

Patient Discharge Status
Required

Condition Code (CC)
Conditional

- CC 47 is used for a transfer RAP
 - Claim change reason codes required on a cancel RAP (328)
-

Value Code (VC) & Amount

- Optional for RAPs with “From” dates on or after 01.01.2021
- VC 61 reported with appropriate Core-Based Statistical Area (CBSA) code
 - VC 85 reported with appropriate Federal Information Processing Standards (FIPS) code
-

Revenue Code & Description
Required

0023 – Billing Health Insurance Prospective Payment System (HIPPS) under Home Health Prospective Payment System (PPS)

NOA

Provider Name, Address, Phone Number
Required

Patient Control Number
Not Required

Type of Bill
Required – 32A

Statement Covers Period (“From” & “Through” Dates)
Required

Patient Name, Address, Date of Birth, Sex
Required

Admission/Start of Care Date
Required

Point of Origin for Admission or Visit (Source Code)
Not required unless submitting 837I format
(Default value “1”)

Patient Discharge Status
Not required unless submitting 837I format
(Default value “30”)

Condition Code (CC)
Conditional

- CC 47 is used for patient transfer from another home health agency
 - Claim change reason codes required on cancellation of admission (32D)
-

Value Code (VC) & Amount
Not Required

Revenue Code & Description
Required

0023 – Billing Home Health Prospective Payment System (PPS)

RAP

HCPCS, Accommodation Rate, HIPPS Rate Code

Required

Report HIPPS from Grouper software or any valid HIPPS under Patient-Driven Groupings Model (PDGM)

Service Date

Required

Service Units

Required

Total Charges

Required

(Report zero charges)

Payer Name

Required – Always submit as Medicare primary

Release of Information Certification Indicator

Required

National Provider Identifier

Required

Insured's Name

Required

Insured's Unique Identifier

Required

Document Control Number

Required when canceling RAP

Principal Diagnosis Code

Required

(Submit any valid diagnosis code)

Attending Provider Name & Identifiers

Required

Remarks

Conditional

(Only necessary when canceling RAP)

NOA

HCPCS, Accommodation Rate, HIPPS Rate Code

Not required unless submitting 837I format
(Placeholder "1AA11")

Service Date

Not required unless submitting 837I format
(Enter same date as admission date)

Service Units

Required
(Enter "1" unit)

Total Charges

Required
(Report zero charges)

Payer Name

Required – Always submit as Medicare primary

Release of Information Certification Indicator

Required

National Provider Identifier

Required

Insured's Name

Required

Insured's Unique Identifier

Required

Document Control Number

Required
(DDE will automatically populate when entering 32D)

Principal Diagnosis Code

Required
(Submit any valid diagnosis code)

Attending Provider Name & Identifiers

Required

Remarks

Not required, but recommended when canceling (32D)
to explain reason for cancel