Billing the Home Health Notice of Admission (NOA) Electronically

Any codes within this job aid indicate common codes for required fields on Home Health 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 https://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 via the 837I format (electronically). The tables below the screen shots 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 P           ROCESS 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 DATEA
```

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 Number	Enter your home health agency"s (HHA"s) NPI number.
STMT DATES FROM and **TO** - Statement Covers Period "From" and "To"	Report the 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, and middle initial (if applicable), full address, date of birth (MMDDYYYY) and sex code (M/F)
ADMIT DATE	Enter the effective date of admission, which 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.
SRC - Source of Admission	Submit a default value of "1."
STAT - Patient Status	Submit default value of "30".
COND CODES - Condition Codes	Enter condition code 47 for a patient transferred from another HHA. HHAs can also use cc 47 when the patient has been discharged from another HHA, but the discharge claim has not been submitted or processed at the time of the new admission.
FAC.ZIP	Facility ZIP Code of the provider or subpart (9-digit code).

NOA Claim Page 2

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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

                                     TOT   COV
  CL   REV   HCPC MODIFS        RATE UNIT   UNIT   TOT CHARGE  NCOV  CHARGE  SERV DT












         PROCESS COMPLETED  ---  PLEASE CONTINUE
      PRESS PF2-17D   PF3-EXIT  PF5-UP  PF6-DOWN   PF7-PREV  PF8-NEXT  PF11-RIGHT
```

FIELD	DESCRIPTION/NOTES
REV - Revenue Codes	Enter Revenue Code 0023, which indicates billing under HH PPS.
HCPC - Healthcare Common Procedure Code	Submit 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 1 unit
TOT CHARGE - Total Charge	The total charge for the 0023 revenue line must be zero.
SERV DT - Service Date	Must not be a future date. The admission date may be duplicated to satisfy this requirement.

NOA Claim Page 3

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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
```

FIELD	DESCRIPTION/NOTES
PAYER - Payer Identification	Enter "Medicare" on line A with payer code "Z".
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

FIELD	DESCRIPTION/NOTES
DIAGNOSIS CODES	Enter the appropriate ICD code for the principal diagnosis code or submit any valid diagnosis code.
ATT PHYS - Attending Physician	Enter the NPI and name (last name, first name, middle initial) of the attending physician who established the plan of care with verbal orders — this must be the individual physician"s NPI, not a group NPI.

NOA Claim Page 4

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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  PF11-RIGHT
```

FIELD	DESCRIPTION/NOTES
REMARKS	Remarks are not required on the NOA; however, remarks are recommended when canceling the NOA to indicate the reason for cancellation.

NOA Claim Page 5

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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  PF11-RIGHT
```

FIELD	DESCRIPTION/NOTES
INSURED NAME	Enter the patient"s name as shown on the Medicare card.
CERT/SSN/HIC	Enter the beneficiary"s Medicare number as it appears on the Medicare card if it does not automatically populate.

Tips to Remember

- Required for any period of care that starts on or after 1/1/2022
- HHAs with periods of care that continue into 2022 from 2021 need to submit an NOA with a one-time artificial admission date that corresponds with the "From" of the new period of care in 2022

- HHAs are to 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 timeframe.
  » 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
    - The reduction would include any outlier payment
    - The reduction amount will be displayed with value code QF on the claim

Patients Continuing Care in 2022

HHAs with periods of care that continue from 2021 into 2022 must submit a 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 12/13/2021 – 01/11/2022. The NOA date needs to be 1/12/22 for the new period beginning in CY2022.

- Start of Care: 12/13/21
- 30-day period of care: 12/13/21 – 1/11/22
- Submit an NOA with an admission date of 1/12/22 for the next 30-day period of care, and any subsequent period(s) of care until the patient is discharged

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 manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912
- Replacing Home Health Requests for Anticipated Payment (RAPs) With a Notice of Admission (NOA) – Manual Instructions: https://www.cms.gov/files/document/mm12256.pdf
- Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission – Implementation: https://www.cms.gov/files/document/r10977otn.pdf
- CMS 837I NOA Companion Guide: https://www.cms.gov/files/document/home-health-notice-admission-837i-companion-guide-updated-06172021.pdf