

# Billing the Home Health Notice of Admission (NOA) via DDE

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 Direct Data Entry (DDE). 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
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF7-PREV PF8-EXIT
    
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FIELD	DESCRIPTION/NOTES
<b>MID</b> Medicare ID Number	Enter the Medicare Beneficiary Identifier.
<b>TOB</b> Type of Bill	32A – Notice of Admission. 32D – Cancellation of Admission.
<b>NPI</b> National Provider Identifier Number	Enter your home health agency's NPI number.
<b>STMT DATES FROM and TO</b> (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.
<b>LAST, FIRST, MI, ADDR, DOB, ZIP, SEX</b>	Patient's last name, first name, and middle initial (if applicable), full address, date of birth (MMDDYYYY) and sex code (M/F).
<b>ADMIT DATE</b>	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.
<b>COND CODES</b> 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.
<b>FAC.ZIP</b>	Facility ZIP Code of the provider or subpart (9-digit code).



**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	
<b>REMARKS</b>				
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.

**Notes**

- 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: 12/13/2021
- 30-day period of care: 12/13/2021 – 1/11/2022
- 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>