Correction to the Editing of Health Insurance Prospective Payment System (HIPPS) Codes on Home Health Prospective Payment System (HH PPS) Claims – JA6393

Related CR Release Date: April 24, 2009	Date Job Aid Revised: May 8, 2009
Effective Date: Episodes beginning on or after January 1, 2008	Implementation Date: October 5, 2009

Key Words	MM6393, CR6393, R1714CP, Correction, HIPPS, Prospective, PPS
Contractors Affected	• Part A/B Medicare Administrative Contractors (A/B MACs) • Regional Home Health Intermediaries (RHHIs)
Provider Types Affected	HH agencies (HHAs) submitting claims to A/B MACs and/or RHHIs for services/supplies provided to Medicare beneficiaries during a HH episode

- Change Request (CR) 6393 creates a payment safeguard that ensures HHAs can no longer incorrectly change the supply severity level reflected in the fifth position of HH PPS HIPPS codes.
- The fifth position of the HIPPS on the final claim can only differ from the fifth position of that code on the Request for Anticipated Payment (RAP) in cases where supplies were initially expected to be required, but were not supplied. Then, the code can only change from the S-X letter code on the RAP to its corresponding number (1-6) code on the final claim.

Provider Needs to Know…

- The six numbers in the range one through six in the fifth position of the HIPPS code represent the same six non-routine supply (NRS) severity levels (S-X), but also allow the HHA to attest that the absence of supply revenue codes on the claim is not an error or omission.
- Because it is not certain at the beginning of an HH episode whether supplies will or will not be provided, Medicare grouping software always produces the HIPPS code with a

letter value to show that supplies will be provided.

- This code is typically used on the RAP for the episode.
- If at the end of the episode it is determined that supplies were not provided, the fifth position of the HIPPS code is changed on the final claim for the episode.
- In order to allow this, Medicare systems were revised to relax an edit that required the HIPPS code on the final claim to always match the one that had been submitted on the RAP.
- The edit now allows the fifth position of the code to change, with the expectation that the only change will be to replace a letter value with its corresponding number.
- The Centers for Medicare & Medicaid Services (CMS) has found that in some cases HHAs are instead incorrectly billing a different NRS severity level on the final claim.
- CR6393 instructs that HHAs should change the fifth position of the HIPPS code on HH PPS claims only in order to report cases where supplies were or were not provided during the episode.
- Medicare systems will ensure that the only changes allowed are those which replace a letter with the number that corresponds to the same NRS severity level or which replace a number with the corresponding letter.

Background

- CMS changed the format of the HIPPS codes that carry the case-mix group on HH PPS claims with the implementation of case-mix refinements to the HH PPS.
  - One of the changes required the fifth position of the code to carry a value that represents the NRS severity level.
  - The six letters in the range S - X in the fifth position of the HIPPS code represent each of the six NRS severity levels in the payment system.
- In an effort to improve the quality of supply data reporting, CMS issued CR5776, which established editing of an alternate set of values to represent episodes in which supplies were not actually provided to the beneficiary.

Operational Impact

N/A

Reference Materials	The related MLN Matters® article can be found at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6393.pdf* on the CMS website. The official instruction (CR6393) issued regarding this change may be found at *http://www.cms.hhs.gov/Transmittals/downloads/R1714CP.pdf* on the CMS website. The MLN Matters® article related to CR5776 is available at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5776.pdf* on the CMS website.