| CMS Manual System | Department of Health & Human Services (DHHS) |
|---|---|
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| **Transmittal 10795** | **Date: May 20, 2021** |
| | **Change Request 12227** |

**SUBJECT: Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission (NOA) -- Implementation**

**I. SUMMARY OF CHANGES:** This Change Request implements the submission of a one-time home health Notice of Admission, replacing submission of Requests for Anticipated Payment for every home health period of care.

**EFFECTIVE DATE: January 1, 2022 - Claims From dates on or after this date**
**Unless otherwise specified, the effective date is the date of service.*
**IMPLEMENTATION DATE: October 4, 2021 - for FISS & CWF requirements, design and coding; January 3, 2022 - for FISS and CWF additional coding, testing and implementation, and for all HIGLAS changes; April 4, 2022 - for CWF changes to HICR under BR 12227.6**

***Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.***

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|---|---|
| N/A | |

**III. FUNDING:**
**For Medicare Administrative Contractors (MACs):**
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**
**One Time Notification**

# Attachment - One-Time Notification

| Pub. 100-20 | Transmittal: 10795 | Date: May 20, 2021 | Change Request: 12227 |
|---|---|---|---|

**SUBJECT: Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission (NOA) -- Implementation**

**EFFECTIVE DATE: January 1, 2022 - Claims From dates on or after this date**
**Unless otherwise specified, the effective date is the date of service.*
**IMPLEMENTATION DATE: October 4, 2021 - for FISS & CWF requirements, design and coding; January 3, 2022 - for FISS and CWF additional coding, testing and implementation, and for all HIGLAS changes; April 4, 2022 - for CWF changes to HICR under BR 12227.6**

## I. GENERAL INFORMATION

**A. Background:** Original Medicare requires submission of a Request for Anticipated Payment (RAP) for every 30-day home health (HH) period of care, using Type of Bill (TOB) 322. Each period of care is closed out by a claim using TOB 329, which processes as an adjustment to the TOB 322. Over the past two years, Medicare has been phasing out RAP payments. Starting January 1, 2022, Medicare regulation requires replacing RAP submissions for every period with a one-time Notice of Admission (NOA).

NOAs will be submitted using TOB 32A and may be cancelled using TOB 032D. All claims for periods of care following the admission will be submitted using TOB 329. The National Uniform Billing Committee has redefined TOB 329 to represent an original claim, rather than an adjustment, for all claims with From dates on or after January 1, 2022. The business requirements that follow describe the changes to Medicare systems to implement this policy. A separate Change Request will update the Medicare Claims Processing Manual to describe the changes to providers and provide detailing NOA submission instructions and revised billing instructions.

**B. Policy:** Starting in CY 2022, RAPs will be eliminated and replaced by submission of a one-time NOA for all home health agencies (HHAs). HHAs must submit a NOA to their Medicare contractor within 5 calendar days from the start of care date. The NOA is a one-time submission to establish the home health period of care and covers contiguous 30-day periods of care until the individual is discharged from Medicare home health services.

NOA submission criteria will require HHAs having a verbal or written order from the physician that contains the services required for the initial visit, and that the HHA has conducted an initial visit at the start of care. There will be a non-timely submission reduction in payment amount tied to any late submission of NOAs when the HHA does not submit the NOA within 5 calendar days from the start of care. That is, if an HHA failed to submit a timely NOA, the 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. No low utilization payment adjustment (LUPA) per-visit payments shall be made for visits that occurred on days that fall within the period of care prior to the submission of the NOA.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| 12227.1 | **<u>Notice of Admission Processing Requirements</u>** | | | X | | X | | | X | |
| 12227.1.1 | The contractor shall accept HH notices of admission (NOAs) when submitted with Type of Bill (TOB) 032A and cancellations when submitted with TOB 032D. | | | X | | X | | | X | PC-ACE |
| 12227.1.2 | The contractor shall allow HH NOAs (TOB 032A) and cancellations (TOB 032D) to be submitted via electronic data interchange using a non-standard implementation of the 837I transaction.<br><br>NOTE: A CMS Companion Guide defining how HHAs are to complete elements not required by an NOA but required for the 837I standard will be issued before 1/1/2022. HHA's adoption of this Guide will be by voluntary trading partner agreement. | | | X | | X | | | | |
| 12227.1.2.1 | The contractor shall translate NOAs and NOA cancellations submitted in the 837I transaction format into Medicare's flat file processing format in the same manner as claims. | | | | | X | | | | |
| 12227.1.2.2 | The contractor shall remove all claim information received on an 837I NOA or cancellation that is not required for processing. The information shall be removed prior to placing the record into FISS.<br><br>Note: This includes condition codes other than 47. | | | | | X | | | | |
| 12227.1.3 | The contractor shall allow HH NOAs (TOB 032A) and cancellations of NOAs (032D) to be submitted via Direct Data Entry and hardcopy claim submission. | | | | | X | | | | |
| 12227.1.4 | The contractor shall require the following data elements on an HH NOA:<br><br>• Type of Bill 032A or 032D<br><br>• Statement From/Through Dates<br><br>• Patient's Name<br><br>• Patient's Date of Birth | | | X | | X | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | • Patient's Gender<br>• Patient's MBI<br>• Admission Date<br>• HHA Provider Identifier (NPI) | | | | | | | | | |
| 12227.1.4.1 | The contractor shall return to the provider TOB 032A or 032D if any of the data elements in requirement 1.4 are not present. | | | X | | X | | | | |
| 12227.1.4.2 | The contractor shall return to the provider TOB 032A if the Admission, From or Through date contains a future date. | | | X | | X | | | | |
| 12227.1.4.3 | The contractor shall return to the provider TOB 032A if the Admission, From and Through dates do not all match. | | | X | | X | | | | |
| 12227.1.5 | The contractor shall return to the provider HH transactions submitted with TOBs 032B, 032C or 032E.<br><br>NOTE: HH PPS does not require revocations, transfers within periods of care or changes of ownership within periods of care. | | | X | | X | | | | |
| 12227.1.6 | The contractor shall ensure that TOBs 032A and 032D are not counted as claims workload. | | | | | X | | | | |
| 12227.1.7 | The contractor shall ensure that TOBs 032A and 032D are not reported on the remittance advice. | | | | | X | | | | |
| 12227.1.8 | The contractor shall ensure that TOBs 032A and 032D are not reported on the Medicare Summary Notice. | | | | | X | | | | |
| 12227.1.9 | The contractor shall ensure that TOBs 032A and 032D are not included in finder files sent to iQIES for the claims-assessment matching process. | | | | | X | | | | |
| 12227.1.10 | The contractor shall ensure that TOBs 032A and 032D are not sent to the HH Pricer. | | | | | X | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| 12227.1.11 | The contractor shall ensure that TOBs 032A and 032D are not sent to HIGLAS. | | | | | X | | | | HIGLAS |
| 12227.1.12 | The contractor shall ensure that TOBs 032A and 032D are not sent to COB. | | | | | X | | | | |
| 12227.1.13 | The contractor shall ensure that TOBs 032A and 032D are not sent to PS&R. | | | | | X | | | | PS&R |
| 12227.1.14 | The contractor shall send TOBs 032A and 032D to the IDR. | | | | | X | | | | IDR |
| 12227.1.15 | The contractor shall send TOBs 032A and 032D to CERT. | | | | | X | | | | CERT |
| 12227.1.16 | The contractor shall not add any existing demo indicators to TOB 032A. | | | | | X | | | | |
| 12227.1.17 | The contractor shall return to the provider TOB 032A if the From date is before January 1, 2022. | | | X | | X | | | | |
| 12227.1.18 | The contractor shall store the NOA receipt date on the file that stores RAP receipt dates. | | | | | X | | | | |
| 12227.1.19 | The contractor shall reject a TOB 032A if the From date overlaps a Medicare Advantage enrollment period. | | | | | | | | X | |
| 12227.1.19.1 | The contractor shall return to the provider a TOB 032A if the From date overlaps a Medicare Advantage enrollment period. | | | X | | X | | | | |
| 12227.1.20 | The contractor shall accept and process a TOB 032A if the From date overlaps a Medicare Secondary Payer period.<br><br>Note: MSP policies will be enforced only on HH claims. | | | | | | | | X | |
| 12227.1.21 | The contractor shall accept the NOA (TOB 032A) if the Trust Fund indicated on the NOA does not correspond to the Part A or Part B entitlement of the beneficiary.<br><br>Notes: The NOA shall be rejected if there is no Medicare entitlement at all. CWF will not carry RICs | | | | | | | | X | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | V or W on the NOA. | | | | | | | | | |
| 12227.1.22 | The contractor shall send HH NOAs (TOB 032A) to Beneficiary Data Streaming (BDS). | | | | | | | | X | |
| 12227.1.23 | The contractor shall update all home health edits impacted by the transition from RAPs to NOAs. | | | | | | | | X | |
| 12227.2 | **HH Claim Processing Requirements** | | | X | | X | | | X | |
| 12227.2.1 | The contractor shall return to the provider HH claims with TOB 0322 with a From date on or after January 1, 2022 | | | X | | X | | | | |
| 12227.2.2 | The contractor shall process HH claims with TOB 0329 as original claims. | | | | | X | | | X | HIGLAS |
| 12227.2.2.1 | The contractors shall send HH claims with TOB 0329 to CWF with action code 1. | | | | | X | | | | |
| 12227.2.2.2 | The contractor shall process HH claims with TOB 0329 as action code 1. | | | | | | | | X | |
| 12227.2.3 | The contractor shall no longer match an HH claim with TOB 0329 to a corresponding RAP.<br><br>Note: reason code 38107 | | | | | X | | | | |
| 12227.2.4 | The contractor shall send the NOA receipt date to the HH Pricer in the RECEIPT-DATE field of the input record on all claims and adjustments (TOB 032x other than 032A and 032D) if the From date is on or after January 1, 2022. | | | | | X | | | | |
| 12227.2.4.1 | On HH claims (TOB 329) where the Admssision date and From date are not the same, the contractor shall associate the claim to the corresponding NOA receipt date using the provider CCN and the Admission date. | | | | | X | | | | |
| 12227.2.4.2 | On HH claims (TOB 0329) where a corresponding NOA cannot be found and the claim From date is 24 months or more after the claim Admission date, the contractor shall send the claim Admission date to the HH Pricer in the RECEIPT DATE field.<br><br>Note: the NOA is assumed to have been received in the past and subsequently purged from the file where | | | | | X | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | the NOA receipt dates are stored. | | | | | | | | | |
| 12227.2.5 | The contractor shall no longer apply cancel-only codes A or B to cancelled HH claims if the From date is on or after January 1, 2022. | | | | | X | | | | |
| 12227.3 | **HH Admission Period Requirements** | | | | | | | | X | |
| 12227.3.1 | The contractor shall identify HH admission periods (spans of dates from the NOA From date to the HH discharge date) based on modifications to the existing HH episode auxiliary file (HHEH). | | | | | | | | X | |
| 12227.3.2 | The contractor shall add a new one position NOA indicator field to the HHEH file, including HIMR, with valid values of 1 (NOA without condition code 47), 2 (NOA with condition code 47) and blank. | | | | | | | | X | |
| 12227.3.2.1 | The contractor shall send the NOA indicator field for a home health episode to MBD, NGD and Provider Inquiry Screens HIQA/HIQH, ELGA/ELGH, HUQA. | | | | | X | | | X | MBD, NGD |
| 12227.3.3 | The contractor shall determine a claim to fall within an HH admission period if it is within an admission period start and end date OR if it is on or after a period that remains open. This shall be determined from HHEH period information as follows:<br><br>Admission Period Start Date = HHEH Start Date when NOA indicator is 1 or 2.<br><br>Admission Period End Date = HHEH End Date when patient status on latest HHEH period in a series of contiguous periods is other than 30.<br><br>OR<br><br>HHEH Start Date of a subsequent HHEH period when the NOA indicator is 1 or 2.<br><br>Admission Period Remains Open = when patient status on latest HHEH period in a series of contiguous periods is 30 or blank. | | | | | | | | X | |
| 12227.3.3.1 | The contractor shall consider dates equal to the Start or End of a period as falling within the admission | | | | | | | | X | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | period. | | | | | | | | | |
| 12227.3.4 | The contractor shall reject an NOA (TOB 032A) if the "From" date of the NOA falls within an existing HH admission period unless condition code 47 is present OR the CCN on the NOA matches the CCN on the admission period. | | | | | | | | X | |
| 12227.3.4.1 | The contractor shall return to the provider an NOA (TOB 032A) if the "From" date of the NOA falls within an existing HH admission period unless condition code 47 is present OR the CCN on the NOA matches the CCN on the admission period. | | | X | | X | | | | |
| 12227.3.5 | Upon receipt of an NOA (TOB 032A) which does not fall within any existing admission period OR the CCN on the NOA matches the CCN on the admission period, the contractor shall create a new HHEH period and populate the following data elements:<br><br>• Start Date – NOA From Date<br>• End Date – Calculated 30 day period<br>• Contractor Number<br>• Provider Number<br>• NPI Number<br>• NOA indicator – Set to 1 | | | | | | | | X | |
| 12227.3.6 | Upon receipt of an NOA (TOB 032A) which falls within any existing HH admission period and the NOA has condition code 47, the contractor shall create a new HHEH period as described in BR 12227.3.5 and set the NOA indicator to 2. | | | | | | | | X | |
| 12227.3.7 | The contractor shall reject an NOA (TOB 032A) if the NOA From date is between 1/1/2022 and 2/1/2022 and the From date falls within 30 day period of care present on the HHEH auxiliary file and condition code 47 is not present on the NOA or the CCNs on the NOA and the period of care do not match. | | | | | | | | X | |
| 12227.3.7.1 | The contractor shall return to the provider an NOA (TOB 032A) if the NOA From date is between 1/1/2022 and 2/1/2022 and the From date falls within 30 day period of care present on the HHEH auxiliary file and condition code 47 is not present on the NOA or the CCNs on the NOA and the period of care do not | | | X | | X | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | match.<br><br>(Note: the provider has already submitted a RAP for an episode that will extend into 2022. The provider should submit their final 30 day claim, then submit an NOA for the day after the discharge date.) | | | | | | | | | |
| 12227.3.8 | Upon receipt of an NOA (TOB 032A) and the From date falls within 30 day period of care present on the HHEH auxiliary file and condition code 47 is present or the CCNs on the NOA and the period of care match, the contractor shall accept the NOA and shorten the existing period on HHEH so that the episode end date is the same as the NOA From date. | | | | | | | | X | |
| 12227.3.9 | The contractor shall reject a RAP (TOB 0322) with a From date between 12/1/2021 and 12/31/2021 if the calculated 30 day end date falls within an existing HH admission period with an NOA indicator of 1 and the CCN does not match. | | | | | | | | X | |
| 12227.3.9.1 | The contractor shall return to the provider a RAP (TOB 0322) with a From date between 12/1/2021 and 12/31/2021 if the calculated 30 day end date falls within an existing HH admission period with an NOA indicator of 1 and the CCN does not match.<br><br>(Note: the HHA should contact the other provider and request they resubmit their NOA with condition code 47. An NOA timeliness exception applies to the resubmitted NOA in this case.) | | | X | | X | | | | |
| 12227.3.10 | Upon receipt of a RAP (TOB 0322) with a From date between 12/1/2021 and 12/31/2021, if the calculated 30 day end date falls within an existing HHEH period with an NOA indicator of 2 or with a matching CCN, the contractor shall create an episode on the HHEH auxiliary file and set the episode end date to be the same as the admission period start date.<br><br>(Note: A transfer or discharge/readmission NOA has been received appropriately. The last 30-day period for this provider should be truncated in the same way any transfer or discharge/readmission would currently.) | | | | | | | | X | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| 12227.3.11 | Upon receipt of an NOA that overlaps an HH claim within an existing admission period, the contractor shall auto cancel the claim to trigger a partial period payment. | | | | | | | | X | |
| 12227.3.12 | The contractor shall reject an HH claim or adjustment (TOB 032x other than 032A or 032D) if the "From" and "Through" dates of the claim fall outside an existing HH admission period for the same provider. | | | | | | | | X | |
| 12227.3.12.1 | The contractor shall return to the provider an HH claim or adjustment (TOB 032x other than 032A or 032D) if the "From" and "Through" dates of the claim fall outside an existing HH admission period for the same provider.<br><br>Note: HHA is billing without first submitting NOA. | | | X | | X | | | | |
| 12227.3.13 | The contractor shall create HHEH periods from HH claims and edit HH claims against HHEH periods following the same rules currently applied to HH claims processed with action code 1. | | | | | | | | X | |
| 12227.3.14 | Upon receipt of a HH cancel claim (TOB 0328 with cancel-only codes E or F) that cancels an HHEH period with an NOA indicator of 1 or 2, the contractor shall set the cancel indicator to 0 and remove only the following:<br><br>• HRG Code<br>• DOEBA-DOLBA dates<br>• Patient Status code | | | | | | | | X | |
| 12227.3.15 | Upon receipt of HH cancel claim (TOB 0328 with cancel-only codes E or F) that cancels an HHEH period with an NOA indicator of blank, the contractor shall remove the HHEH period. | | | | | | | | X | |
| 12227.3.16 | The contractor shall no longer apply cancel-only codes A or B on HH claims with From dates on or after January, 1 2022. | | | | | | | | X | |
| 12227.3.17 | When creating an HH auto-cancel claim (PEP, A-B shift or MA overlap), the contractor shall remove the DOEBA and DOLBA dates from the corresponding | | | | | | | | X | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | HHEH period, regardless of the NOA indicator value. | | | | | | | | | |
| 12227.3.18 | Upon receipt of a request to cancel an NOA (TOB 032D), the contractor shall remove the corresponding period on HHEH if an NOA indicator of 1 or 2 is present and the DOEBA-DOLBA dates are blank. | | | | | | | | X | |
| 12227.3.19 | The contractor shall reject a request to cancel an NOA (TOB 032D) if any claims have been paid in the corresponding HH admission period (DOEBA-DOLBA dates are present). | | | | | | | | X | |
| 12227.3.19.1 | The contractor shall return to the provider a request to cancel an NOA (TOB 032D) if any claims have been paid in the corresponding HH admission period (DOEBA-DOLBA dates are present). | | | X | | X | | | | |
| 12227.3.20 | The contractor shall reject a request to cancel an NOA (TOB 32D) if a matching HHEH period (same Start Date, same provider number and NOA indicator is 1 or 2) is not found. | | | | | | | | X | |
| 12227.3.20.1 | The contractor shall return to the provider a request to cancel an NOA (TOB 32D) if a matching HHEH period (same Start Date, same provider number and NOA indicator is 1 or 2) is not found. | | | X | | X | | | | |
| 12227.4 | **HH Consolidated Billing Requirements** | | | | | | | | X | |
| 12227.4.1 | For dates of service on or after January 1, 2022, the contractor shall send alerts on services subject to HH consolidated billing when a line item date of service falls within an HH admission period but does not fall within a period posted on HHEH.<br><br>Note: All claim rejects and IURs for HH consolidated billing will continue to be based on HHEH periods. | | | | | | | | X | |
| 12227.4.2 | For dates of service on or after January 1, 2022, the contractor shall reject claims with TOB 034x reporting revenue code 0636 and a HCPCS for an osteoporosis drug if the claim which falls within an HH admission period and the CCN of the claim does not match the CCN on the HH period. | | | | | | | | X | |
| 12227.4.3 | For dates of service on or after January 1, 2022, the contractor shall reject claim lines with HCPCS 97607 | | | | | | | | X | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | and 97608 on TOB 034x if the line item date of service does not fall within any existing HH admission period.<br><br>NOTE: The edit shall be overrideable. | | | | | | | | | |
| 12227.4.4 | For dates of service on or after January 1, 2022, the contractor shall reject claim with TOB 034x reporting revenue code 0636 and an osteoporosis drug HCPCS, if the claim does not fall within a HH admission period. | | | | | | | | X | |
| 12227.5 | **HIGLAS Requirements** | | | | | X | | | | HIGLAS |
| 12227.5.1 | The contractors shall disable the current Bill Types HHA RAP (322) and LUPA (323). | | | | | X | | | | HIGLAS |
| 12227.5.2 | The contractor shall disable the 'RAP' and 'LUPA' Sub Invoice Types and define a new Sub Invoice Type 'HHA Original' (Invoice Type 'ORIG') for the Original Claims. | | | | | X | | | | HIGLAS |
| 12227.5.3 | The contractor shall disable the Sub Invoice Type 'FINAL' (Invoice Type 'ADJUST') as Final Bill Adjustment (Bill Type 329/328 pair) is no longer processed by FISS/HIGLAS. | | | | | X | | | | HIGLAS |
| 12227.5.4 | The contractor shall reclassify Bill Type '329' as Original claim. | | | | | | | | | HIGLAS |
| 12227.5.5 | The contractor shall calculate Claim Processing Timeliness (CPT) interest on HHA Original claims (Bill Type 329) unless CC 64 is present. | | | | | X | | | | HIGLAS |
| 12227.5.6 | The contractor shall continue to process HHA adjustments for current Bill Type 326/328 pair. | | | | | X | | | | HIGLAS |
| 12227.5.7 | The contractor shall ensure HHA Original claims are reported on the IBPR Report - Line 24 (HOME HEALTH AGENCIES/BILLS PAID). | | | | | | | | | HIGLAS |
| 12227.6 | The contractor shall make all necessary updates to the HICR process to support the addition of the NOA indicator field on the HHEH auxiliary file. | | | | | | | | X | |

## III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | |
|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | CEDI |
| | | A | B | HHH | | |
| | None | | | | | |

## IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements:**

*"Should" denotes a recommendation.*

| X-Ref Requirement Number | Recommendations or other supporting information: |
|---|---|
| 4.4 | This BR is revising existing CWF edit 539L to be based on the admission period. |
| 4.2 | This BR is revising existing CWF edit 5384 to be based on the admission period. |
| 4.3 | This BR is revising existing CWF edit 539Z to be based on the admission period. |
| 1.22 | The edits to be revised under this requirement will be identified by the analysis performed under a previously issued Change Request. |
| 3.5 and 3.6 | HHEH records will only be created if the HH NOA receives disposition 01 from CWF. |
| .3 | Processing under the requirements in this section is illustrated in the attached scenarios spreadsheet. |
| .3 | When editing HH NOAs against admission periods, CMS recommends creating new edits rather than modifying existing edits that apply to claims. |
| .4 | The disposition of edits & IURs, HCPCS and revenue codes edited, remittance advice coding used and other longstanding criteria for HH consolidated billing continue to apply. The only changes implied by this section of BRs are to when alerts should determine an HH admission period rather than using the existing logic to edit against HHEH file. |

**Section B: All other recommendations and supporting information:** N/A

## V. CONTACTS

**Pre-Implementation Contact(s):** Wil Gehne, wilfried.gehne@cms.hhs.gov , Carla Douglas, carla.douglas@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## VI. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 1**