

Nine Steps to Demand Billing for Home Health Providers

Below are the steps to use when billing a demand bill to ensure it processes in the Fiscal Intermediary Standard System (FISS):

Review HIQH Page 3

1. Review both of these screens prior to submitting a Request for Anticipated Payment (RAP) or a Final Claim
1. Enter the first calendar day of the episode in question (or one day prior to this) in the APP DATE field when accessing HIQH. This will determine the episodes established for the beneficiary. This could impact the dates of service being billed.

Bill your RAP

2. A RAP must be submitted and processed (FISS status/location P B9997) prior to sending a demand bill to Medicare.

Ensure type of bill (TOB) is correct.

3. TOB 3X2 should be entered in FL 4 when billing a RAP
3. TOB 3X9 should be entered in FL 4 for final claims and demand bills

Demand bills require condition code "20"

4. Condition codes should be entered in FL 18-28
 - o RAPs DO NOT contain condition code "20"

Enter revenue codes in FL 42 and HCPCS codes in FL 44

5.

Enter 0023 Revenue Code

6. Enter Revenue code 0023 in FL 42
6. Enter a HIPPS code in FL 44
6. Enter first billable visit in FL 45

7.

Include all services reflected in the patient's record

Ensure all services are billed with the appropriate revenue code

8.

Demand bills must contain non-covered charges

Services not covered by Medicare must be entered as non-covered in FL 48

9.

Adjust previously submitted home health claims

- Add non covered charges by adjusting a previously billed home health final claim
- TOB for adjustments is a 3X7
- Enter D9 for the condition code in the first open field for FL 18-28
- Add adjustment reason code, "RM" on page 03 if billing through DDE
- Enter condition code 20 in FL 18-28
- This will ensure the adjustment will process as a demand bill
- Add Remarks on page 04 of DDE or FL 80 of the UB04 explaining reason for adjustment

REMINDER: RAPs are required to be submitted for every episode for which a demand bill will be submitted. RAPs should not contain condition code 20. The Final Claim is billed as usual except be sure to include condition code 20.