

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 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      C L A I M  P A G E  0 1
SC           I N S T  C L A I M  E N T R Y                      S V :
MID              TOB          S / L O C                O S C A R                U B - F O R M
NPI              T R A N S  H O S P  P R O V              P R O C E S S  N E W  H I C
PAT . C N T L # :          T A X # / S U B :          T A X O . C D :
STMT DATES FROM          TO          D A Y S  C O V          N - C          C O          L T R
LAST              FIRST              MI          DOB
ADDR  1          2
          3          4
          5          6
ZIP              SEX  MS  ADMIT DATE          H R          T Y P E          SRC          H M          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  M S P  A P P  I N D
01          02          03
04          05          06
07          08          09
PLEASE ENTER DATA
PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF7-PREV  PF8-EXIT
    
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Field	Description/Notes
MID Medicare ID Number	Enter the Medicare Beneficiary Identifier.
TOB	32A – Notice of Admission

Field	Description/Notes
Type of Bill	32D – Cancellation of Admission
NPI National Provider Identifier Number	Enter your home health agency's NPI number.
STMT DATES FROM and TO (Statement Covers Period "From and "Through")	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, 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	<p>Enter condition code 47 for a patient transferred from another HHA.</p> <p>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.</p>
FAC. ZIP	Facility ZIP Code of the provider or subpart (9 digit code).

NOA Claim Page 2

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

PROCESS COMPLETED --- PLEASE CONTINUE
 PRESS PF2-171D 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 UNITS Total Services 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

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		
CD	ID	PAYER	OSCAR	RI AB	OFFSITE ZIPCD: 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					
PF3-EXIT PF7-PREV PF8-NEXT PF9-UPDT					

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 the HHA has a signed statement on file permitting it to release data to other organizations in order to adjudicate claims "R" – Indicates the release is limited or restricted "N" – Indicates no release is on file
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

Field	Description/Notes
	with verbal orders – this must be the individual physician’s NPI, not a group NPI.

NOA Claim Page 4

MAP1714 SC	M E D I C A R E A O N L I N E S Y S T E M	CLAIM PAGE 04 INST CLAIM ENTRY REMARK PAGE 01
MID	TOB	S/LOC PROVIDER
REMARKS		
<p>47 PACEMAKER 48 AMBULANCE 40 THERAPY 41 HOME HEALTH 58 HBP CLAIMS (MED B) E1 ESRD ATTACH ANSI CODES - GROUP: ADJ REASONS: APPEALS:</p> <p>PROCESS COMPLETED --- PLEASE CONTINUE PF3-EXIT PF7-PREV PF8-NEXT PF9-UPDT</p>		

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

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 PF9-UPDT					

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.

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 12/13/21 – 01/11/22. 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 [Medicare Claims Processing](#) manual.
- Replacing Home Health Requests for Anticipated Payment (RAPs) With a Notice of Admission (NOA) – Manual Instructions ([MLN Matters® Number: MM12256](#))
- Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission – Implementation: [Change Request 12227](#)
- [CMS 837I NOA Companion Guide](#)

Disclaimer: This job aid is not a legal document and is a collaboration between NGS, CGS, and Palmetto GBA