

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal: 12723	Date: July 18, 2024
	Change Request 13684

SUBJECT: Revisions to Home Health Edit Matching Claims to Notices of Admission

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to ensure home health claims submitted more than 24 months from the date of admission are not returned in error due to Notice of Admission records being purged from the Fiscal Intermediary Shared System.

EFFECTIVE DATE: January 1, 2025 - Claims received on or after this date.

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 6, 2025

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/revise 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	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

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EFFECTIVE DATE: January 1, 2025 - Claims received on or after this date.

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IMPLEMENTATION DATE: January 6, 2025

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to ensure home health claims submitted more than 24 months from the date of admission are not returned in error due to Notice of Admission records being purged from the Fiscal Intermediary Shared System.

During the processing of a Home Health (HH) prospective payment system claim (Type of Bill (TOB) 032x), the claim is matched to the corresponding Notice of Admission (NOA) to determine the NOA receipt date. The NOA receipt date is then used to apply any applicable late NOA penalty to the claim payment. The NOA receipt date is stored in FISS in the HRAP (Request for Anticipated Payment) file. If an NOA receipt date is not found in the HRAP file, the claim is returned to the provider with reason code 19963. The HRAP file is periodically purged of old data, so a process is required to handle late claims when the NOA receipt date is not present. CR 12227, which implemented home health NOAs, contained requirement 12227.2.4.2 which stated "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." In these cases, the NOA is assumed to have been received in the past and subsequently purged.

MACs have reported an issue with claims related to reason code 19963. A claim may have a claim From date within 24 months of the Admission date but a Through date that falls after 24 months. In these cases, the claim cannot be processed because the NOA will be purged. This CR revises the criteria for reason code 19963 to send the claim Admission date to the HH Pricer in the RECEIPT DATE field in these cases also.

B. Policy: This CR contains no new policy.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC		D M E	Shared- System Maintainers				Other		
		A	B		H H H	M I S S	F M S	V M S		C W F	
13684.1	On HH claims where: <ul style="list-style-type: none"> • a corresponding NOA cannot be found and 					X					

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	<ul style="list-style-type: none"> the claim From date is less than 24 months from the Admission date and the claim Through date is greater than 24 months from the Admission date, <p>the contractor shall accept the claim and send the claim Admission date to the HH Pricer in the RECEIPT DATE field.</p>										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			H H H	D M E M A C	F I S S	M C S	V M S
		A	B	C					
	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:
	N/A

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

V. CONTACTS

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0