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Billing the Home Health
Notice of Admission

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Billing the Home Health Notice of Admission (NOA)

Any codes within this job aid indicate common codes for required fields on home health Notices of Admission (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. The tables below each screen shot 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    CLAIM PAGE 01
  SC                           INST CLAIM ENTRY                        SV:
  MID                  TOB      S/LOC             OSCAR                UB-FORM
 NPI              TRANS HOSP PROV                    PROCESS NEW HIC
 PAT.CNTL#:                        TAX#/SUB:                   TAXO.CD:|
  STMT DATES FROM        TO            DAYS COV      N-C        CO       LTR
  LAST                        FIRST                  MI      DOB
  ADDR 1                              2
       3                              4
       5                              6
  ZIP           SEX   MS    ADMIT DATE        HR    TYPE    SRC      HM      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   MSP APP IND
 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
```

Field	Description/Notes
MID Medicare ID Number	Enter the Medicare Beneficiary Identifier
TOB Type of Bill	32A – Notice of Admission 32D – Cancellation of Admission
NPI National Provider Identifier	Enter your home health agency's (HHA's) NPI number
STMT DATES FROM, TO Statement Covers Period "From" and "To"	Report 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, ZIP, SEX	Patient's last name, first name, middle initial (if applicable), full address, date of birth (MMDDYYYY) and sex code (M/F)
ADMIT DATE	Enter effective date of admission. This 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.
TYPE Type of Admission	Enter the appropriate NUBC code representing an NOA or NOA-related transaction

Field	Description/Notes
SRC Source of Admission	Not required unless submitting via the 837I format. Submit default value of "1."
STAT Patient Status	Not required unless submitting via the 837I format. Submit default value of "30."
COND CODES Condition Codes	If the NOA is for a patient transferred from another HHA, enter condition code "47."
FAC.ZIP	Facility ZIP Code of provider or subpart (nine-digit code)

NOA Claim Page 2

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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

                                       TOT      COV
   CL   REV   HCPC MODIFS         RATE UNIT     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" to indicate billing under Home Health Prospective Payment System (HH PPS)
HCPC Healthcare Common Procedure Code	Not required unless submitting via the 837I format. Submit Health Insurance Prospective Payment System (HIPPS) code "1AA11" as a placeholder value since differing HIPPS codes may apply over the course of an HH admission.
TOT UNIT Total Service Units	Enter one unit
TOT CHARGE Total Charge	Total charge for the "0023" revenue code line must be zero
SERV DT Service Date	Must not be a future date. Not required unless submitting via the 837I format. The admission date may be duplicated to satisfy this requirement.

NOA Claim Page 3

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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
                                                          OFFSITE ZIPCD:
    CD   ID    PAYER                      OSCAR       RI AB   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" • Always submit the NOA as Medicare primary. Palmetto GBA will accept and process a TOB 032A if the "From" date overlaps a Medicare Secondary Payer period.
RI Release of Information	Enter "Y," "R" or "N" • "Y" indicates HHA has a signed statement on file permitting it to release data to other organizations in order to adjudicate claims • "R" indicates release is limited or restricted • "N" indicates no release is on file
DIAGNOSIS CODES	Enter appropriate ICD code for principal diagnosis or submit any valid diagnosis code
ATT PHYS Attending Physician	Enter NPI and name (last name, first name, middle initial) of attending physician who established the plan of care with verbal orders. This must be the individual physician's NPI – not a group NPI.

NOA Claim Page 4

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MAP1714          M E D I C A R E   A   O N L I N E   S Y S T E M     CLAIM PAGE 04
  SC                              INST CLAIM ENTRY          REMARK PAGE 01

  MID                  TOB        S/LOC            PROVIDER


REMARKS







  47   PACEMAKER   48   AMBULANCE    40   THERAPY    41   HOME  HEALTH
  58   HBP CLAIMS (MED B)            E1   ESRD ATTACH
  ANSI CODES - GROUP:     ADJ REASONS:     APPEALS:

          PROCESS COMPLETED   ---   PLEASE CONTINUE
               PF3-EXIT   PF7-PREV   PF8-NEXT   PF9-UPDT
```

Field	Description/Notes
REMARKS	Not required on the NOA; however, remarks are recommended when canceling the NOA to indicate the reason for cancellation

Billing the Home Health Notice of Admission (NOA)

NOA Claim Page 5

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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 patient's name as shown on their Medicare card
CERT/SSN/HIC	Enter beneficiary's Medicare number as it appears on their Medicare card if it does not automatically populate

Tips to Remember

- An NOA is required for any period of care that starts on or after 01.01.22
- HHAs must 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 time frame.
    - 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
        - Reduction would include any outlier payment
        - Reduction amount will be displayed with value code "QF" on claim

Patients Continuing Care in 2022

HHAs with periods of care that continue from 2021 into 2022 must submit an 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. You would need an NOA on 01.12.22 for a new period in CY2022.

December 2021
13

January 2022
12

- Start of Care: 12.13.21
- 30-day Period of Care: 12.13.21 – 01.11.22

Submit an NOA with an admission date of 01.12.22 for the next 30-day period of care

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