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Corrections to Home Health Claims Edits

Related CR Release Date: June 29, 2023
MLN Matters Number: MM13225
Effective Date: January 1, 2024
Related Change Request (CR) Number: CR 13225
Implementation Date: January 3, 2024
Related CR Transmittal Number:
Related CR Title: Corrections to Home Health Processing - Claims with Condition DR or Claims Receiving Admission Source Edits

Affected Providers

- Home health agencies (HHAs)

Action Needed

Make sure your staff knows that:

- When your claim reports both condition code DR (disaster-related) and occurrence code 50, CMS requires a matching OASIS patient assessment
- Your Medicare Administrative Contractor (MAC) will make sure medical review information isn't removed from claims or adjustments when recoding the Health Insurance Prospective Payment System (HIPPS) code due to admission source edits

Background

The purpose of CR 13225 is to no longer bypass the edit requiring a matching patient assessment when a HH claim reports condition code DR and occurrence code 50. It also corrects processing of HH claims to ensure the medical review information isn't lost if a reviewed claim later gets an admission source edit.

CR 13020 revised billing instructions and Original Medicare system processes for claims with condition code DR effective July 1, 2023. See MLN Matters Article MM13020 for details.

Your MAC will return to home health claims Type of Bill (TOB) 032x, other than TOBs 032A or 032D) when there's no corresponding OASIS assessment on file and condition code DR and occurrence code 50 are present on the claim.

CR 12790, effective January 1, 2023, corrected an issue with claims medically reviewed and later identified for adjustment due to an incorrect period sequence. In processing the adjustment, Medicare systems changed the User Action Code from the code applied by the medical review to "Z." This erased additional medical review coding on the claim. If the provider is still on review, this triggered an unnecessary additional record request to you. CR 13225

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corrects this new problem. Your MAC will make sure medical review information isn't removed from claims or adjustments when recoding the HIPPS code due to admission source edits.

Finally, CR 13225 adds instructions to manual sections about how to avoid delayed submission of a HH Notice of Admission (NOA). The manual changes include this information:

- Reduce the number of errors and exception requests related changes to the Medicare Beneficiary Identifier (MBI) by doing an eligibility check immediately before admission. This can confirm that the MBI is active and accurate since the eligibility inquiry system contains an MBI End Date field. If there's a date in that field, the MBI isn't valid after that date. You can contact the patient or use your MAC's MBI Lookup tool to find the current MBI to use on the NOA.
- Since correct MBI information is available to you, only changes that occur shortly before the admission are beyond your control. MACs won't grant exceptions based on MBI changes that were accessible to you more than 2 weeks prior to the admission date.

More Information

We issued CR 13225 to your MAC as the official instruction for this change.

For more information, find your MAC's website.

Document History

Date of Change	Description
June 29, 2023	Initial article released.