



## Coding Patient Transfers under the Home Health Prospective Payment System (HH PPS) – JA6757

**Note:** This Job Aid was revised to correct a bullet on page 2. It should have stated, “CMS Certification Number.” All other information remains unchanged.

Related CR Release Date: February 5, 2010 **Revised**

Date Job Aid Revised: July 6, 2010

Effective Date: July 1, 2010

Implementation Date: July 6, 2010

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**Key Words** MM6757, CR6757, R1904CP, Transfers, HH, PPS, Prospective

**Contractors Affected** Regional Home Health Intermediaries (RHHIs)

**Provider Types Affected** Provider types affected are HH Agencies (HHAs) submitting claims to Medicare RHHIs for services provided to Medicare beneficiaries.

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- Change Request (CR) 6757 revises Medicare processing of HH Prospective Payment System (HH PPS) claims to account for recent changes to the UB-04 code set by the National Uniform Billing Committee (NUBC).
- Point of origin codes B and C are deleted, effective with claims for dates of service on or after July 1, 2010. A new condition code 47 is created. Medicare system editing of HH episodes is also revised to accommodate these changes.

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**Provider Needs to Know...**

- The NUBC has continued to review the code values that are valid for the ‘Point of Origin for Admission or Visit’ field to ensure they are consistent with the current definition. It has found the following are not consistent with the definition:
    - Point of origin code B (defined as ‘transfer from another home health agency’); and
    - Point of origin code C (defined as ‘readmission to the same home health agency’).
  - Therefore, NUBC will retire these two codes effective for dates of service on or after July 1, 2010.
  - These two codes are significant in Medicare claims processing of HH claims under the HH PPS because both codes are used as indicators to alert Medicare systems that a
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partial episode payment adjustment will apply to a HH episode.

- When these codes are present, the Medicare system is programmed to allow a request for anticipated payment (RAP) which overlaps a previously established episode. The previously established episode is shortened and a new episode is created, allowing the overlapping RAP to be paid.
- The NUBC is replacing point of origin code B with new condition code 47. The title of condition code 47 is "Transfer from another Home Health Agency", and the definition is "The patient was admitted to this home health agency as a transfer from another home health agency." The NUBC will not replace point of origin code C.
- CR6757 ensures Medicare systems can continue to implement existing policies appropriately despite changes in coding. Specifically, Medicare will take the following steps for claims with dates of service on or after July 1, 2010:
  - Medicare will allow an HH RAP on institutional claims (type of bill (TOB) 322 or 332) or a no-RAP Low Utilization Payment Adjustment (LUPA) claim to overlap an existing HH episode if condition code 47 is present on the RAP.
  - Medicare will allow a HH RAP (TOB 322 or 332) or a no-RAP LUPA claim to overlap an existing HH episode record if the CMS Certification Number on the RAP and the episode match.
  - Medicare will calculate an add-on payment to LUPAs on institutional HH claims when the following conditions are met:
    - The dates in the claim "From" date and admission dates match;
    - The first position of the Health Insurance PPS code is 1 or 2;
    - Condition code 47 is not present; and
    - The recoding indicator of 2 is not set.

Background

- When the NUBC replaced the UB-92 institutional claim form with the UB-04, they made several changes to the names and definitions of claim fields. These changes included:
  - Redefining the 'Source of Admission' field as 'Point of Origin for Admission or Visit'; and
  - Specifying that codes in this field must represent a place rather than a referral source.

Operational Impact

N/A

Reference Materials

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6757.pdf> on the CMS website.

The official instruction (CR6757) issued regarding this change may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R1904CP.pdf> on the CMS website.