



Related Change Request (CR) #: 3616

MLN Matters Number: MM3616

Related CR Release Date: January 14, 2005

Related CR Transmittal #: 427

Effective Date: April 1, 2005

Implementation Date: July 5, 2005

*Revision of Change Request 2928: Implementation of Payment Safeguards for Home Health Prospective Payment System (HH PPS) Claims Failing to Report Prior Hospitalizations*

**Note:** This article was updated on February 16, 2013, to reflect current Web addresses. All other information remains unchanged.

### Provider Types Affected

Home Health Agencies (HHA) billing Medicare Regional Home Health Care Intermediaries (RHHIs)

### Provider Action Needed

This article is based on Change Request (CR) 3616, which provides information regarding the appropriate action to be taken if the following occurs:

- Significant Changes In Condition (SCIC) are reported on Home Health Prospective Payment System (HH PPS) claims, and
- There was a previously reported inpatient claim within 14 days of the original Health Insurance Prospective Payment System (HIPPS) code.

### Background

Currently, Medicare systems downcode HH PPS claims when there is an inpatient hospital stay within 14 days of admission to an HHA. Note that the 14 days are determined by comparing the "From" date of the HH PPS claim to the "Through" date of the inpatient hospital claim.

Medicare systems are downcoding the SCIC (based on the date of the original HIPPS code) when HHAs submit claims with more than one HIPPS code on the basis of a SCIC.

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Therefore, CR 3616 is providing instructions for changing Medicare Systems to correct the downcoding of SCIC claims.

When an HHA submits an HH PPS claim on the basis of a SCIC, Medicare systems will bypass downcoding revenue code 0023 lines (other than the earliest dated line on the HH PPS claim) that are identified as having an inpatient claim within 14 days of the home health admission.

RHHIs will adjust HH PPS claims with more than one HIPPS code present that have been downcoded inappropriately for having an inpatient claim within 14 days of the HH admission, retroactive to April 1, 2004, in such cases where the HHA brings the case to the attention of the RHHI.

### Additional Information

For complete details, please see the official instruction issued to your intermediary regarding this change. That instruction may be viewed by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R427CP.pdf> on the CMS website.

If you have any questions, please contact your RHHI at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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