



Home Health Notices of Admission – Additional Manual Instructions

MLN Matters Number: MM12424

Related Change Request (CR) Number: 12424

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Related CR Transmittal Number: R10987CP Implementation Date: November 10, 2021

Provider Types Affected

This MLN Matters Article is for Home Health Agencies (HHAs) billing Medicare Administrative Contractors (MACs) for HH services they provide to Medicare patients.

Provider Action Needed

Make sure your billing staff knows of this update.

Background

CMS is replacing HH Request for Anticipated Payment (RAP) submissions for every period with a 1-time Notice of Admission (NOA), beginning January 1, 2022. See [MLN Matters Article MM12256](#) for more details on replacing RAPs with NOAs.

CR 12424 updates [Chapter 10](#) of the Medicare Claims Processing Manual regarding special billing situations following a NOA submission.

The revised sections of the manual are:

[Chapter 10.1.10.3 – Submission of the NOA](#)

We revised this section to provide guidance to HHAs on how to handle situations where a patient getting services in 2021 continues to receive services in 2022.

[Chapter 10, Section 40.2 – HH PPS Claims](#)

This revised section tells you how to handle cases where you provide care in a 30-day period of care, then discharge the patient in the next 30-day period of care, but don't provide any billable visits in the next 30-day period. In these cases, there may be a need for special handling of the patient status code.

More Information

We issued [CR 12424](#) to your MAC as the official instruction for this change. This CR includes the updated manual content.

For more information, contact your [MAC](#).

Document History

| Date of Change | Description |
|--------------------|---------------------------|
| September 10, 2021 | Initial article released. |

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