Home Health Agencies (HHA) Billing Examples

Page updated: August 2020

Examples in this section are to assist providers in billing Home Health Agency (HHA) services on the *UB-04* claim form. For general policy information, refer to *the Home Health Agencies (HHA*) section in this manual. Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete claim fields not explained in the following example. For additional claim preparation information, refer to the Forms: *Legibility and Completion Standards* section of this manual.

Billing Tips: When completing claims, do not enter the decimal points in ICD-10-CM codes or dollar amounts. If requested information does not fit neatly in the *Remarks* field (Box 80) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

Skilled Nursing Services: “From-Through” Billing

Figure 1. Skilled nursing services: “From-through” billing. This is a sample only. Please adapt to your billing situation.

‹‹In this case, a physician, nurse practitioner, clinical nurse specialist or physician assistant has prescribed in-home medical care for a patient who requires intermittent injections. The patient has a written treatment plan of care that is reviewed by the ordering physician, nurse practitioner, clinical nurse specialist or physician assistant every 60 days.›› The agency that renders the services submits a claim for December 1, 2022. The skilled nursing visits are billed in the “from-through” format and require authorization.

Enter the two-digit facility type code “32” (nursing facility – outpatient) and one-character claim frequency code “1” as “321” in the *Type of Bill* field (Box 4). Code “34” (Inpatient admit through discharge claim) and one-character claim frequency code “1” as “341” may be an option based on whether there is a plan of treatment in effect or not.

HHA claims do not require condition, occurrence or value code information (Boxes 18 thru 28, 31 thru 37 and 39 thru 41).

On line 1, enter the procedure code description (skilled nursing visits) in the *Description* field (Box 43). Enter the “from” date of service (December 1, 2022) in the *Service Date* field (Box 45) as “120122.” No other information is entered on this line.

On line 2, enter the specific days the services were rendered (6/1, 5, 8, 13, 20, 26 and 30) in the *Description* field. Enter code “0551” in the *Revenue Code* field (Box 42) to indicate that this is a home health skilled nursing visit. Enter the procedure code (HCPCS code G0299 or G0300) in the *HCPCS/Rate* field (Box 44) and the “through” date of service (December 1, 2022) in the Service Date field (Box 45) as “120122.” Enter a “28” in the *Service Units* field (Box 46) for CPT® code G0299 or G0300 and the usual and customary charges in the *Total Charges* field (Box 47). Quantities must be billed in whole units.

On claim line 3, enter code “0589” in the *Revenue Code* field (Box 42) to indicate that this is a home health visit. Enter the description of the service rendered (administered drugs) in the *Description* field (Box 43), the procedure code for that service (CPT code 99600) in the *HCPCS/Rate* field (Box 44) and the service date in the *Service Date* field (Box 45). Enter a “1” in the *Service Units* field (Box 46) for CPT 99600. Quantities must be billed in whole units. Enter the usual and customary charges in the *Total Charges* field (Box 47).

On claim line 4, enter code “0270” in the *Revenue Code* field (Box 42) to indicate that this home health visit involved providing medical supplies. Enter the description of the service rendered (provided medical supplies) in the *Description* field (Box 43), the procedure code for the supplies (HCPCS code “A9999”) in the *HCPCS/Rate* field (Box 44) and the service date in the *Service Date* field (Box 45). Enter a “1” in the *Service Units* field (Box 46) for HCPCS code A9999. Quantities must be billed in whole units. Enter the usual and customary charges in the *Total Charges* field (Box 47).

Enter code “001” in the *Revenue Code* field (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in the *Totals* field (Box 47, line 23).

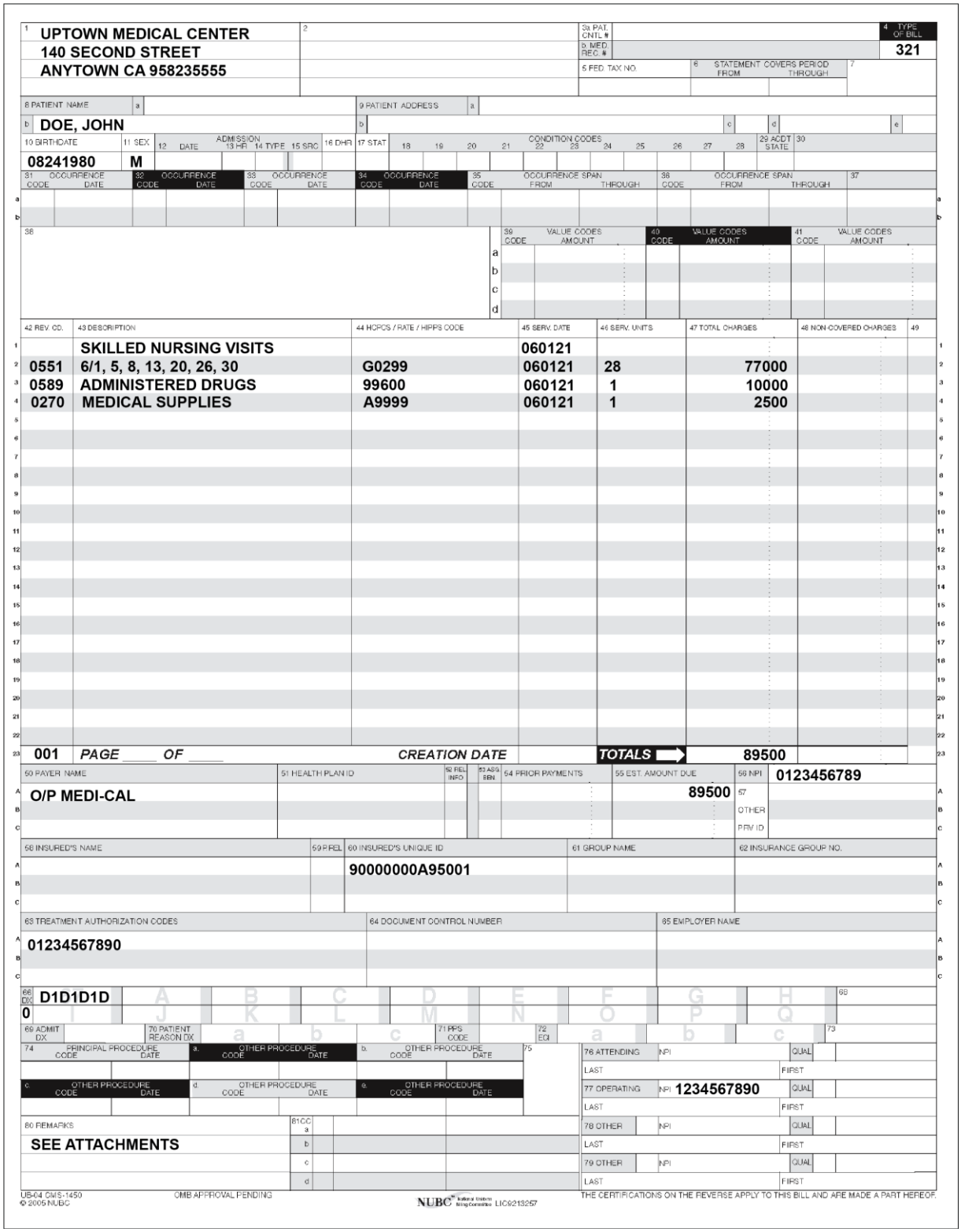
Enter “O/P Medi-Cal” to indicate the type of claim and payer in the *Payer Name* field (Box 50). The HHA’s national provider identifier (NPI) is entered in the *NPI* field (Box 56).

Separately reimbursable medical supplies are subject to authorization regardless of their cost. Skilled nursing visits also require authorization. Enter the entire 11-digit *Treatment Authorization Request* (TAR) control number in the *Treatment Authorization Codes* field (Box 63). In this case, the TAR control number indicates authorization for each of the seven skilled nursing visits plus the supplies billed.

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

Code A9999 must be billed “By Report,” which requires that an invoice, an itemized list of supplies and a TAR be attached to the claim. Indicate in the *Remarks* field (Box 80) that the claim has attachments. (Refer to “Medical Supplies Provided by HHA” in the *Home Health Agencies (HHA)* section of this manual for additional code A9999 billing instructions.)

The rendering provider’s NPI is entered in the *Operating* field (Box 77).



1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 321

8 PATIENT NAME: DOE, JOHN
10 BIRTHDATE: 08241980
11 SEX: M

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
	SKILLED NURSING VISITS		060121			
0551	6/1, 5, 8, 13, 20, 26, 30	G0299	060121	28	77000	
0589	ADMINISTERED DRUGS	99600	060121	1	10000	
0270	MEDICAL SUPPLIES	A9999	060121	1	2500	
001	PAGE ____ OF ____	CREATION DATE		TOTALS	89500	

50 PAYER NAME: O/P MEDI-CAL
55 EST. AMOUNT DUE: 89500
56 NPI: 0123456789

60 INSURED'S UNIQUE ID: 90000000A95001

63 TREATMENT AUTHORIZATION CODES: 01234567890

66 DX: D1D1D1D
0

76 ATTENDING
77 OPERATING NPI: 1234567890
78 OTHER
79 OTHER

80 REMARKS: SEE ATTACHMENTS

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Figure 1: Skilled Nursing Services: “From-Through” Billing.

Initial Case Evaluation Billed on Same Day as Skilled Nursing Visit

Figure 2. Initial case evaluation billed on same day as skilled nursing visit. This is a sample only. Please adapt to your billing situation.

In this case, a physician has prescribed in-home medical care for a man who had a stroke. The patient has a written plan of care that is reviewed by the physician every 60 days. This claim is submitted for initial case evaluation plus treatment plan services. No *Treatment Authorization Request* (TAR) is required for a skilled nursing visit rendered on the same day as the initial evaluation (HCPCS code G0162 and revenue code 0583). These services are billed on the same claim form.

Enter the two-digit facility type code “32” (nursing facility – outpatient) and one-character claim frequency code “1” as “321” in the *Type of Bill* field (Box 4). ‹‹Code “34” (Inpatient admit through discharge claim) and one-character claim frequency code “1” as “341” may be an option based on whether there is a plan of treatment in effect or not.››

HHA claims do not require condition, occurrence or value code information (Boxes 18 thru 28, 31 thru 37 and 39 thru 41).

On claim line 1, enter code “0583” in the *Revenue Code* field (Box 42) to indicate that this is a visit/home health assessment. Enter HCPCS code G0162 in the *HCPCS/Rates* field (Box 44), an explanation of the service in the *Description* field (Box 43), and the date of service in the *Service Date* field (Box 45) in six-digit format. Enter a “4” in the *Service Units* field (Box 46); quantities must be billed in whole units. Enter the usual and customary charges in the *Total Charges* field (Box 47).

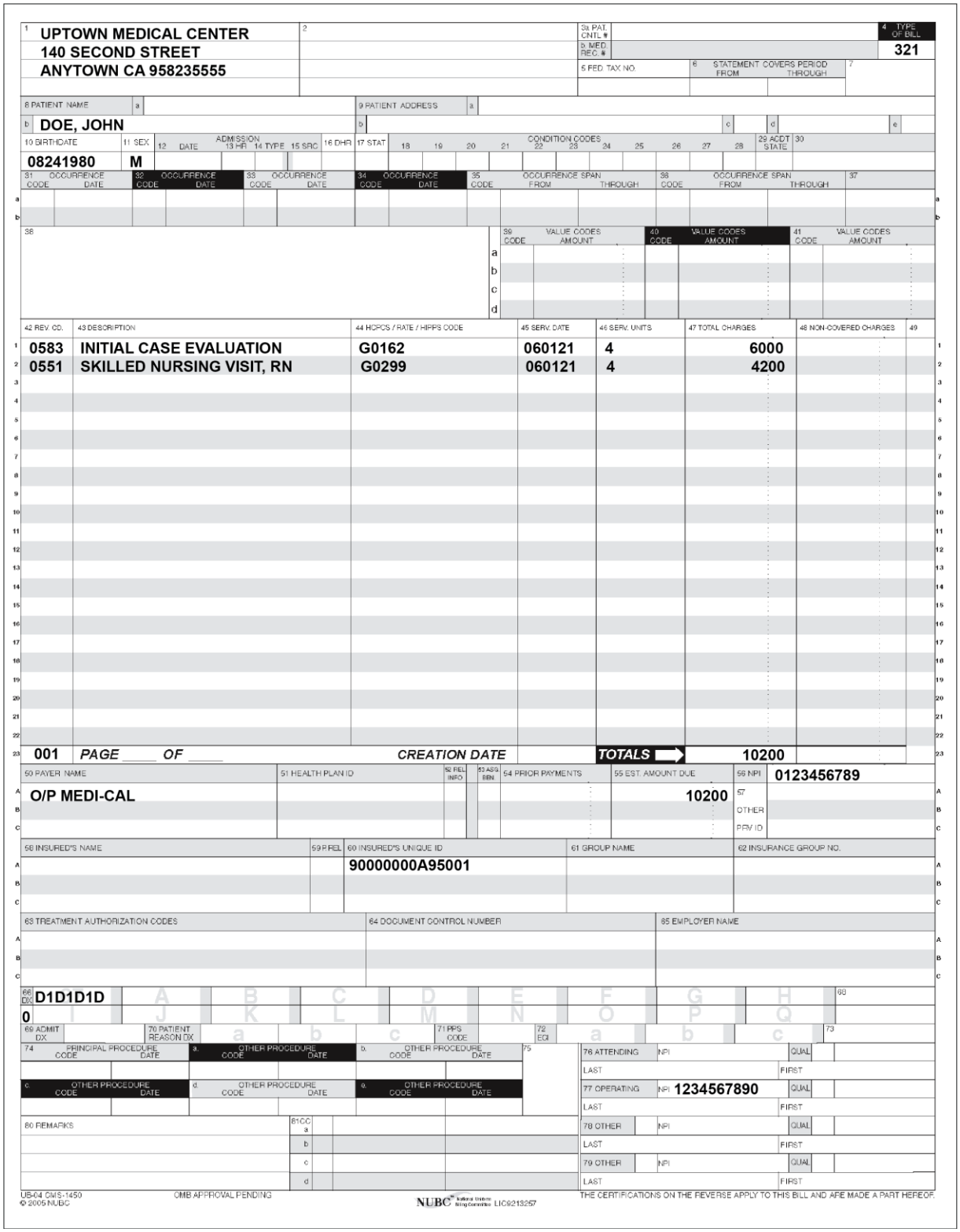
On claim line 2, enter code “0551” in the *Revenue Code* field (Box 42) to indicate that this is a home health skilled nursing/visit. Enter HCPCS code G0299 or G0300 in the *HCPCS/Rates* field (Box 44), an explanation of the service in the *Description field* (Box 43), and the date of service in the *Service Date field* (Box 45) in six-digit format. Enter a “4” in the *Service Units* field (Box 46); quantities must be billed in whole units. Enter the usual and customary charges in the *Total Charges* field (Box 47).

On claim line 23, enter code “001” in the *Revenue Code* field (Box 42) to designate that this is the total charge line, and enter the totals of all charges in the *Totals* field (Box 47, line 23).

Enter “O/P Medi-Cal” to indicate the type of claim and payer in the *Payer Name* field (Box 50). Enter the HHA’s NPI in the *NPI* field (Box 56).

Enter an appropriate ICD-10-CM diagnosis code in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

The rendering provider’s NPI is entered in the Operating field (Box 77).



1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 321

b DOE, JOHN

10 BIRTHDATE: 08241980 | 11 SEX: M

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0583	INITIAL CASE EVALUATION	G0162	060121	4	6000	
0551	SKILLED NURSING VISIT, RN	G0299	060121	4	4200	
001	PAGE ____ OF ____	CREATION DATE		TOTALS	10200	

50 PAYER NAME: O/P MEDI-CAL
55 EST. AMOUNT DUE: 10200
56 NPI: 0123456789

60 INSURED'S UNIQUE ID: 90000000A95001

66 DX: D1D1D1D
0

77 OPERATING NPI: 1234567890

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Figure 2: Initial Case Evaluation Billed on Same Day as Skilled Nursing Visit.

Services to Both Mother and Baby on Same Day

Figure 3. Services to both mother and baby on same day (baby's claim) This is a sample only. Please adapt to your billing situation

‹‹In this case, a physician, nurse practitioner, clinical nurse specialist or physician assistant prescribes in-home medical care for a newly released patient and their infant, who has cerebral palsy. The infant has a written plan of care that is reviewed by the ordering physician, nurse practitioner, clinical nurse specialist or physician assistant every 60 days.›› The agency submits TARs for skilled nursing visits for both the mother and infant. Both TARs are approved. Skilled nursing services are rendered for both the mother and infant on the same day. The mother's services are billed on a separate claim form. This example shows the infant's claim form.

Enter the two-digit facility type code "32" (nursing facility – outpatient) and one-character claim frequency code "1" as "321" in the *Type of Bill* field (Box 4). Code "34" (Inpatient admit through discharge claim) and one-character claim frequency code "1" as "341" may be an option based on whether there is a plan of treatment in effect or not.

On claim line 1, enter code "0551" in the *Revenue Code* field (Box 42) to indicate this is a home health skilled nursing/visit. Enter HCPCS code "G0299" or "G0300" in the *HCPCS/Rate* field (Box 44) for services rendered to the baby. An explanation for code G0154 is entered in the *Description* field (Box 43).

Enter the date of service for code G0299 or G0300 in the *Service Date* field (Box 45) in six-digit format. Enter a "4" in the *Service Units* field (Box 46) for code G0299 or G0300. Quantities must be billed in whole units. Enter the usual and customary charges in the *Total Charges* field (Box 47).

On claim line 23, enter code "001" in the *Revenue Code* field (Box 42) to designate that this is the total charge line, and enter the totals of all charges in the *Totals* field (Box 47, line 23).

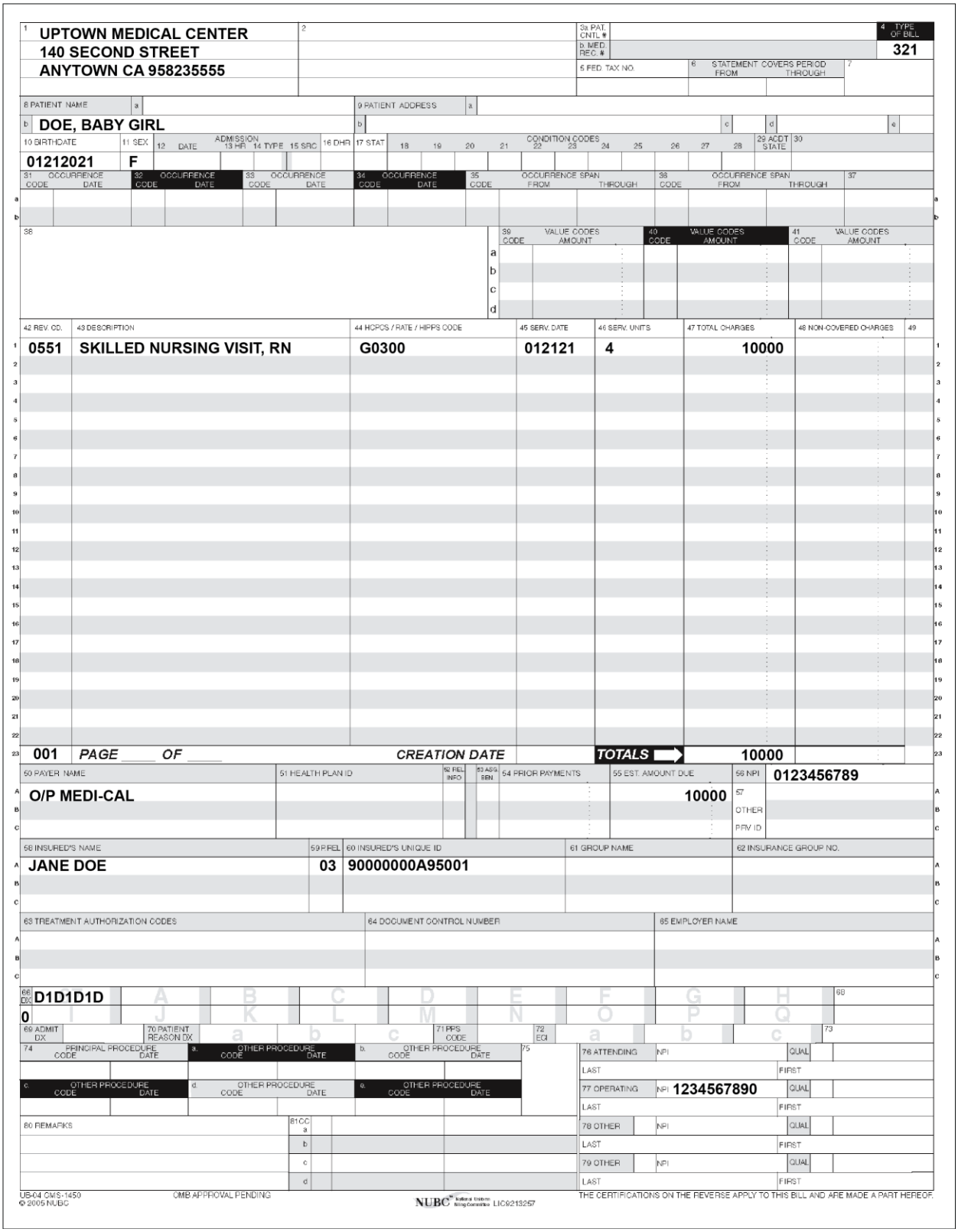
Enter "O/P Medi-Cal" to indicate the type of claim and payer in the *Payer Name* field (Box 50). The HHA's NPI is entered in the *NPI* field (Box 56).

Type the mother's name (the insured party) in the *Insured's Name* field (Box 58). Enter code "03" in the *Patient's Relationship to Insured* field (Box 59) to designate that the recipient is the insured's child who is using her mother's ID number. Enter the mother's Medi-Cal ID number in the Insured's *Unique ID* field (Box 60).

Enter the entire 11-digit TAR control number in the *Treatment Authorization Codes* field (Box 63).

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66), An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

The rendering provider's NPI is entered in the *Operating* field (Box 77).



1	UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555
4 TYPE OF BILL	321
b PATIENT NAME	DOE, BABY GIRL
10 BIRTHDATE	01212021
11 SEX	F

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0551	SKILLED NURSING VISIT, RN	G0300	012121	4	10000	
001	PAGE ____ OF ____	CREATION DATE		TOTALS	10000	

50 PAYER NAME	O/P MEDI-CAL
55 EST. AMOUNT DUE	10000
56 NPI	0123456789
58 INSURED'S NAME	JANE DOE
59 P REL	03
60 INSURED'S UNIQUE ID	90000000A95001
66 DX	D1D1D1D
76 ATTENDING NPI	
77 OPERATING NPI	1234567890

Figure 3: Services to Both Mother and Baby on Same Day: Baby's Claim.

Multiple Services, Same Procedure on Same Day

Figure 4. Multiple services billed with same procedure code, same date of service, different times during the day. This is a sample only. Please adapt to your billing situation.

‹‹In this case, a physician, nurse practitioner, clinical nurse specialist or physician assistant has prescribed in-home medical care for a patient who had a stroke. The patient has a written plan of care that is reviewed by the ordering physician, nurse practitioner, clinical nurse specialist or physician assistant every 60 days.›› The nurse rendered care at the patient's home from 8:15 a.m. to 9:15 a.m. and returned the same evening to continue care from 7:30 p.m. to 8:45 p.m. Both visits are for skilled nursing services (HCPCS code G0299 or G0300 and revenue code 0551).

Enter the two-digit facility type code "32" (nursing facility – outpatient) and one-character claim frequency code "1" as "321" in the *Type of Bill* field (Box 4). Code "34" (Inpatient admit through discharge claim) and one-character claim frequency code "1" as "341" may be an option based on whether there is a plan of treatment in effect or not.

On claim line 1, enter the description of the procedure with the start time and end time of the first visit (skilled nursing visit 8:15 thru 9:15 a.m.) in the *Description* field (Box 43). Enter code "0551" in the *Revenue Code* field (Box 42) to indicate this is a home health skilled nursing/visit and enter the procedure code ("G0299 or G0300") in the *HCPCS/Rate* field (Box 44). Enter a "4" in the *Service Unit* field (Box 46). Quantities must be billed in whole units.

On claim line 2, enter the description of the procedure with the start time and end time of the second visit (skilled nursing visit 7:30 thru 8:45 p.m.) in the *Description* field (Box 43). Enter code "0551" in the *Revenue Code* field (Box 42), and the procedure code ("G0299 or G0300") in the *HCPCS/Rate* field (Box 44). Enter a "5" in the *Service Unit* field (Box 46). Quantities must be billed in whole units.

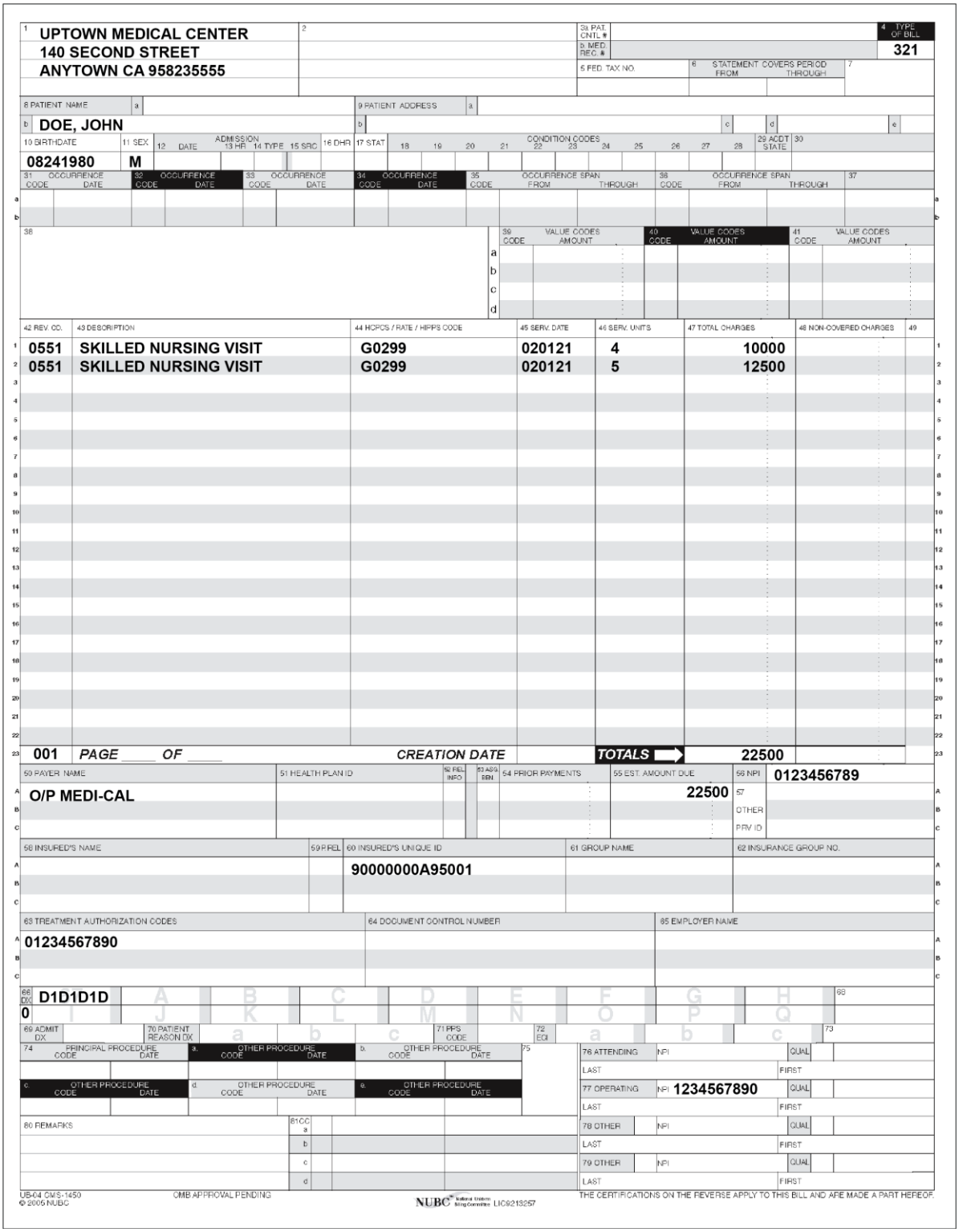
Enter the date of service for each code in the *Service Date* field (Box 45) in six-digit format. Enter the usual and customary charges in the *Total Charges* field (Box 47).

On claim line 23, enter code "001" in the *Revenue Code* field (Box 42) to designate that this is the total charge line and enter the totals of all charges in the *Totals* field (Box 47).

Enter "O/P Medi-Cal" to indicate the type of claim and payer in the *Payer Name* field (Box 50). The HHA's NPI is entered in the *NPI* field (Box 56).

Skilled nursing visits require authorization. Enter the entire 11-digit TAR control number in the *Treatment Authorization Codes* field (Box 63).

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66), An indicator is required only when an ICD-10-CM/PCS code is entered on the claim. The rendering provider's NPI is entered in the *Operating* field (Box 77).



1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 321

8 PATIENT NAME: DOE, JOHN
10 BIRTHDATE: 08241980
11 SEX: M

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0551	SKILLED NURSING VISIT	G0299	020121	4	10000	
0551	SKILLED NURSING VISIT	G0299	020121	5	12500	
001	PAGE ____ OF ____	CREATION DATE		TOTALS	22500	

50 PAYER NAME: O/P MEDI-CAL
55 EST. AMOUNT DUE: 22500
56 NPI: 0123456789

60 INSURED'S UNIQUE ID: 90000000A95001

63 TREATMENT AUTHORIZATION CODES: 01234567890

66 DX: D1D1D1D
0

77 OPERATING NPI: 1234567890

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Figure 4: Multiple Services, Same Procedure on Same Day, Different Times of Day.

‹‹Legend››

‹‹Symbols used in the document above are explained in the following table.››

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.