

CAUTION: Read the [ICD-9 Policy Holding Library](#) page about policy in this document.

Home Health Agencies (HHA) Billing Examples

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-9-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 has prescribed in-home medical care for a man who requires intermittent injections. The patient has a written plan of care that is reviewed by the physician every 60 days. The agency that renders the services submits a claim for June 2007. The skilled nursing visits are billed in the “from-through” format and require prior authorization.

Enter the two-digit facility type code “33” (home health – outpatient) and one-character claim frequency code “1” as “331” in the *Type of Bill* field (Box 4).

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

On line 1, enter the procedure code description (skilled nursing visits) in the *Description* field (Box 43). Enter the “from” date of service (June 2, 2007) in the *Service Date* field (Box 45) as 060207. No other information is entered on this line.

On line 2, enter the specific days the services were rendered (6/2, 5, 8, 13, 20, 26 and 30) in the *Description* field. Enter the procedure code (HCPCS code Z6900) in the *HCPCS/Rate* field (Box 44) and the “through” date of service (June 30, 2007) in the *Service Date* field (Box 45) as 063007. Enter a 7 in the *Service Units* field (Box 46) for code Z6900 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 the description of the service rendered (administered drugs and supplies) in the *Description* field (Box 43), the procedure code for that service 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 Z6918. 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* column (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 NPI is placed 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 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-9-CM diagnosis code is entered in Box 67. In this case, ICD-9-CM code 436 represents acute, but ill-defined, cerebrovascular disease.

Code Z6918 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 Z6918 billing instructions.)

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

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1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3 PAT CNTL # D. MED. REC. #		4 TYPE OF BILL 331	
8 PATIENT NAME a		9 PATIENT ADDRESS a		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
10 BIRTHDATE 08241980		11 SEX M		12 DATE		13 ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE	
35 OCCURRENCE CODE		36 OCCURRENCE DATE		37 OCCURRENCE CODE		38 OCCURRENCE DATE	
39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42 VALUE CODES AMOUNT	
43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV DATE		46 SERV UNITS	
47 TOTAL CHARGES		48 NON-COVERED CHARGES		49			
1 SKILLED NURSING VISITS				060207			
2 6/2, 5, 8, 13, 20, 26, 30		Z6900		063007		7	
3 ADMINISTERED DRUGS/SUPPLIES		Z6918		063007		1	
4		5		6		7	
8		9		10		11	
12		13		14		15	
16		17		18		19	
20		21		22		23	
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840		841		842		843	

**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 Z6914). These services are billed on the same claim form.

Enter the two-digit facility type code “33” (home health – outpatient) and one-character claim frequency code “1” as “331” in the *Type of Bill* field (Box 4).

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

HCPCS code Z6914 (initial case evaluation) is entered on claim line 1 in the *HCPCS/Rates* field (Box 44). HCPCS code Z6900 (skilled nursing visit) is entered on claim line 2 in the *HCPCS/Rates* field (Box 44). Explanations of codes Z6914 and Z6900 are placed in the *Description* field (Box 43).

Enter the date of service (October 27, 2007) for each code in the *Service Date* field (Box 45) as “102707”.

Enter a 1 in the *Service Units* field (Box 46) for each code. 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* column (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 NPI is placed in the *NPI* field (Box 56).

An appropriate ICD-9-CM diagnosis code is entered in Box 67. In this case, ICD-9-CM code 436 represents acute, but ill-defined, cerebrovascular disease.

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

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1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT CNTL # 3b MED REC #		4 TYPE OF BILL 331	
8 PATIENT NAME a DOE JOHN				9 PATIENT ADDRESS a			
10 BIRTHDATE 08241980		11 SEX M		12 DATE		13 HR	
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM		37 OCCURRENCE SPAN THROUGH	
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV. CD		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1		INITIAL CASE EVALUATION	Z6914	102707	1	60 00	
2		SKILLED NURSING VISIT	Z6900	102707	1	42 00	
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23	001	PAGE OF	CREATION DATE	TOTALS	102 00		
50 PAYER NAME A O/P MEDI-CAL		51 HEALTH PLAN ID		52 REL INFO		53 ASG BEN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 102 00		56 NPI 0123456789		57 OTHER PRV ID	
58 INSURED'S NAME		59 P.PEL		60 INSURED'S UNIQUE ID 90000000A95001		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX 436		67		68		69	
70 PATIENT REASON DX		71 PPS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING NPI		77 OPERATING NPI	
78 OTHER NPI		79 OTHER NPI		QUAL		QUAL	
80 REMARKS SEE ATTACHED EXPLANATION OF BENEFITS		81 CC a		LAST		FIRST	
81 CC b		81 CC c		LAST		FIRST	
81 CC d		81 CC e		LAST		FIRST	

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 prescribes in-home medical care for a newly released mother and her infant, who has cerebral palsy. The infant has a written plan of care that is reviewed by the physician every 60 days. The agency submits *Treatment Authorization Requests* (TAR) 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 "33" (home health – outpatient) and one-character claim frequency code "1" as "331" in the *Type of Bill* field (Box 4).

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

HCPCS code Z6900 (skilled nursing visit) is entered in the *HCPCS/Rate* field (Box 44) for services rendered to the baby. An explanation for code Z6900 is placed in the *Description* field (Box 43).

Enter the date of service (July 16, 2007) for code Z6900 in the *Service Date* field (Box 45) as 071607. Enter a "1" in the *Service Units* field (Box 46) for code Z6900. 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* column (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 NPI is placed 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-9-CM diagnosis code is entered in Box 67. In this case, ICD-9-CM code 343.9 represents unspecified infantile cerebral palsy and is entered as 3439.

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

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1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT. CNTL. # b. MED. REC. #		4 TYPE OF BILL 331	
8 PATIENT NAME a		9 PATIENT ADDRESS a		5 FED. TAX. NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
b DOE BABY GIRL		c		d		e	
10 BIRTHDATE 06242007	11 SEX F	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
18		19		20		21	
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46		47		48		49	
1 SKILLED NURSING VISIT		Z6900		072707		1	
2		3		4		5	
6		7		8		9	
10		11		12		13	
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34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
1001		PAGE OF		CREATION DATE		TOTALS 100 00	
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 REL. INFO		53 ASG. BEN.	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 100 00		56 NPI		57 OTHER PRV ID	
58 INSURED'S NAME		59 P. REL.		60 INSURED'S UNIQUE ID 90000000A95001		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES 01234567890		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX 3439		67		68		69	
70 PATIENT REASON DX		71 BBS CODE		72 EQ		73	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI		77 OPERATING NPI	
78 OTHER NPI		79 OTHER NPI		QUAL		FIRST	
80 REMARKS SEE ATTACHED EXPLANATION OF BENEFITS		81 CC		82		83	
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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 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. 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 Z6900).

Enter the two-digit facility type code "33" (home health – outpatient) and one-character claim frequency code "1" as "331" in the *Type of Bill* field (Box 4).

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

On line 1, enter the description of the procedure with the start time and end time of the first visit (skilled nursing visit 8:15 – 9:15 a.m.) in the *Description* field (Box 43). Enter the procedure code (Z6900) in the *HCPCS/Rate* field (Box 44).

On line 2, enter the description of the procedure with the start time and end time of the second visit (skilled nursing visit 7:30 – 8:45 p.m.) in the *Description* field (Box 43). Enter the procedure code (Z6900) in the *HCPCS/Rate* field (Box 44).

Enter the date of service (July 15, 2007) for each code in the *Service Date* field (Box 45) as 071507.

Enter a 1 in the *Service Unit* field (Box 46) for each code. 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* column (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 NPI is placed 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-9-CM diagnosis code is entered in Box 67. In this case, ICD-9-CM code 436 represents acute, but ill-defined, cerebrovascular accident (CVA). The rendering provider's NPI is placed in the *Operating* field (Box 77).

home hlth ex
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1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT CNTL # b. MED REC.#		4 TYPE OF BILL 331	
8 PATIENT NAME a				9 PATIENT ADDRESS a			
b DOE JOHN		c		d		e	
10 BIRTHDATE 08241980		11 SEX M		12 DATE		13 HR	
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM		37 OCCURRENCE SPAN THROUGH	
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV. CD		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1		SKILLED NURSING VISIT 8:15-9:15		Z6900		071507	
2		SKILLED NURSING VISIT 7:30-8:45		Z6900		071507	
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23		001 PAGE OF		CREATION DATE		TOTALS 200 00	
50 PAYER NAME A O/P MEDI-CAL		51 HEALTH PLAN ID		52 REL INFO		53 ASG BEN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 200 00		56 NPI 0123456789		57 OTHER PRV ID	
58 INSURED'S NAME		59 PREL		60 INSURED'S UNIQUE ID 90000000A95001		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES A 01234567890		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX 436		67		68		69	
70 PATIENT REASON DX		71 PPS CODE		72 EDI		73	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING NPI		77 OPERATING NPI 1234567890	
78 OTHER NPI		79 OTHER NPI		QUAL		QUAL	
80 REMARKS SEE ATTACHED EXPLANATION OF BENEFITS		81 CC a		82		83	
84		85		86		87	

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