
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 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 2016. The skilled nursing visits are billed in the “from-through” format and require 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 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 (June 1, 2016) in the *Service Date* field (Box 45) as “060116.” 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 G0154) in the *HCPCS/Rate* field (Box 44) and the “through” date of service (June 30, 2016) in the *Service Date* field (Box 45) as “063016.” Enter a “28” in the *Service Units* field (Box 46) for CPT® code G0154 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		2		38 PAY CONT. #		4 TYPE OF BILL 331	
8 PATIENT NAME DOE, JOHN		9 PATIENT ADDRESS					
10 BIRTHDATE 08241980	11 SEX M	12 DATE		13 ADMISSION NO.		14 TYPE	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE	
35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37 OCCURRENCE SPAN FROM		38 OCCURRENCE SPAN THROUGH	
39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42	
42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HPCS CODE		45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0551	SKILLED NURSING VISITS	G0154		060116	28	770 00	
0589	ADMINISTERED DRUGS	99600		060116	1	100 00	
0270	MEDICAL SUPPLIES	A9999		063016	1	25 00	
001 PAGE OF				CREATION DATE	TOTALS	895 00	
50 PAYER NAME O/P MEDICAL		51 HEALTH PLAN ID		52 REL. INFO	53 ADD. BENE	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE 895 00
56 INSP. NAME		56-FREL	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 DRG CODE D1D1D1D		67 PATIENT REASON DX		68		69	
74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 OTHER PROCEDURE CODE	77 OTHER PROCEDURE CODE	78 ATTENDING	79 OPERATING	80 OTHER	81 OTHER
				81	1234567890	81	81
80 REMARKS				81	81	81	81

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 “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 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 G0154 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		2		38 PAY CONT. #		4 TYPE OF BILL 331	
8 PATIENT NAME DOE, JOHN		9 PATIENT ADDRESS		5 MED. REC. #		6 STATEMENT COVERS PERIOD FROM THROUGH	
10 BIRTHDATE 08241980		11 SEX M		12 DATE		13 ADMISSION 13 HRS 14 TYPE 15 SEC 16 DHR 17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE	
34 OCCURRENCE DATE		35 OCCURRENCE CODE		36 OCCURRENCE DATE		37 OCCURRENCE CODE	
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV. CD		43 DESCRIPTION		44 HCPCS / RATE / HPPS CODE		45 SERV DATE	
46 SERV UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
0583		INITIAL CASE EVALUATION		G0162		060116 4 60 00	
0551		SKILLED NURSING VISIT		G0154		060116 4 42 00	
001		PAGE OF		CREATION DATE		TOTALS 102 00	
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 REL. INFO		53 PRIOR PAYMENTS	
54 EST. AMOUNT DUE 102 00		55 NPI 0123456789		56 OTHER PAYER ID		57	
58 INSURED'S NAME		59 P/FEL		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		D1D1D1D		J K L M N O P Q		68	
69 ADMIT DIX		70 PATIENT REASON DIX		71 HPPS CODE		72 EDI	
73		74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI	
77 OPERATING NPI 1234567890		78 OTHER NPI		79 OTHER NPI		80	
80 REMARKS		81CC a		81CC b		81CC c	
81CC d		81CC e		81CC f		81CC g	

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* (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 "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 thru 28, 31 thru 37 and 39 thru 41).

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 "G0154" 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 G0154 in the *Service Date* field (Box 45) in six-digit format. Enter a "4" in the *Service Units* field (Box 46) for code G0154. 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).

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 G0154 and revenue code 0551).

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 thru 28, 31 thru 37 and 39 thru 41).

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 ("G0154") 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 ("G0154") 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		2		3a PAT CONT #		4 TYPE OF BILL 331	
8 PATIENT NAME DOE, JOHN		9 PATIENT ADDRESS					
10 BIRTHDATE 08241980		11 SEX M		12 DATE		13 ADMISSION	
14 TYPE		15 SRC		16 DNR		17 STAT	
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22		23		24		25	
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38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV CD		43 DESCRIPTION		44 HPOS / RATE / HPRS CODE		45 SERV DATE	
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«Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
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