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### **New billing requirements required by CMS**

Starting December 1, 2013, CMS is requiring all Home Health Care (HHC) and Skilled Nursing Facilities (SNF) to put Health Insurance Prospective Payment System (HIPPS) codes on all claims for patients with Medicare Advantage benefits. This is in agreement with Chapter 25 of the Medicare Claims Processing Manual guidelines (found at [www.cms.gov](http://www.cms.gov)).

#### **To get your claims paid accurately:**

- **All HIPPS codes should be billed with a \$0.00 charge on HHC and SNF claims.**
- **A HIPPS code is needed for all claims, regardless of billing cycle.**
- **If the HIPPS code changes during treatment, the new HIPPS code should be sent with the change.**
- **Precertification is still required for these patients.**

We will follow CMS instruction that all Medicare Advantage plans reject any HHC or SNF claim that does not contain a HIPPS code.

We're here to help, if you have questions call our Provider Service Center at **1-800-624-0756**.

#### **New CMS billing requirements for Home Health Care and Skilled Nursing Facility providers**

Starting December 1, 2013



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**Important Reimbursement Information**