In this document, you will find instructions for creating and sending NOA for Medicare, and for other payers/plans that follow Medicare billing guidelines. There have been several changes in the last 3 years in regards to RAP billing, including the name change from RAP to NOA. The following instructions are for NOA billing, effective January 1, 2022.

NOTE: This process applies to Medicare, or any other PPS payer that is marked as using NOA 2022 (Codes > Payers > Electronic Claims Setup > NOA 2022 Start Date).

From the Main Menu go to **Billing > PPS Billing > RAP Claims.**

- In the **Middle Column**: Select a From and Thru date. The episodes "From date" will automatically be set to the oldest From Date that has not been billed, that still qualifies as billable under Medicare guidelines.
- You can type in a specific "team," or "program" number, or leave blank to include ALL.
- Click the **Update Episodes** button in the middle column. The software will begin to match up OASIS and visits to unbilled episodes. This may take a few minutes based on episode count, and your internet speed.
- If there are any errors found, a RAP Error report will generate.
- You may correct the errors and then return to billing. Click the Close button to close the errors. If you make any changes, you will need to repeat the Update Episodes step. If not, continue to next step.

- In the **Middle Column**, select the payer you want to bill for.
- In the **First Column**, the patient listing of ready NOAs will appear for that payer.
- To remove NOAs that you do not want to send:

  a. In the first column, click on the Chart Number of any RAP you do not want to include in billing.

  b. The chart number will move to the bottom middle column, under **Episodes Removed From the Selected List**.

  c. If you change your mind, you can click the chart number from

the bottom middle column, and it will move back to the first column, which is the list of episodes for billing.

- Make sure that the list in the first column includes only the NOA episodes you wish to bill.
- Click the **Create RAP/NOA Claims** button in the Third Column. Wait while the software creates the NOA claims.
- You may receive a warning message that a doctor may have a missing or invalid NPI. If so, take note of the patient and make the correction. You will need to exit the RAP/NOA screen, correct the problem then restart the NOA process.
- When the NOA transmission is complete, a new file has been created, and the name is shown at the top of the screen.
- Click the icon with the printer in the upper left corner to print the list of episodes.
- Click the **X** in the upper right corner to close the printer page.

**Once the transmission is created, you will use your agency process to upload that transmission to the payer portal.

Sending NOAs electronically

If you use a vendor like Ability or eSolutions to transmit your claims you will need to follow their directions on how to upload the claims to their portal. To find out where on your machine the claims are being saved, go to Billing > HIPAA Transactions > Edit HIPAA Payers. Select the payer you are interested in and look at the "Transmit Folder" field for the location of where those claims are being saved.

Sending NOAs by mail

- Click **Print UB04/1500** at the top of the screen. (Main menu: **Billing tab > Print UB04/1500**)
- Select the payer you just created the NOA for.
- Click the **RAP** button. The RAP claims will show up on the left side of the screen under the list of payers.
- Click the serial number of the RAP claim you want to print.
- At this point if you should insert UB04 paper into the printer, if needed.
- Click the **Print All Claims in This Batch** button.

- Click the icon with the printer in the upper left corner to print the claims.
- Click the **X** in the upper right corner to close the printer page.

- Mail or fax the claims according to the payer.

RAP/NOA History:
Click **here for** RAPs Billed with Service Date Effective 01/01/2021
Clickherefor RAPs to be Replaced with NOA 2022

Knowledgebase
http://kb.barnestorm.biz/KnowledgebaseArticle50256.aspx