HIPPS Code Mandate For Medicare Advantage Plans

Effective July 1, 2014, the Centers for Medicare and Medicaid Services (CMS) requires providers to submit Health Insurance Prospective Pay System (HIPPS) codes on home health care services claims for Medicare Advantage members.

You can setup Barnestorm to remove Unknown and NA as choices on the OASIS question M0110, so a HIPPS code is always created. This is in response to the new requirement to send the HIPPS code to all Medicare Advantage plan insurances, even if they pay per visit instead of PPS. There are two steps that will need to be completed:

Change the Global Setting:

1. Go to **Barnestorm Office > Codes > Security > Global Settings > OASIS**.
2. Change setting **1731** to **True**.
3. OASIS question M0110 in both Office and POC will no longer have those two answers (OASIS screen and the assessment).

Modify the HIPAA Payer Screen

1. Go to **Barnestorm Office > Billing > HIPAA Transactions > Edit HIPAA Payers.**
2. Select the payer(s) that will need to always have a HIPPS code on the claim.
3. Select **Y** for **Send HIPPS Code on Claim**. NOTE: When selecting Yes to this option, the software also generates the Treatment Authorization Number (like Medicare).
4. Click on **Save**.
5. Repeat for other payers that will always need a HIPPS on the claim.

Note: When a HIPPs code is placed on a claim that does not generate episodes, the HIPPs code will show up on the first revenue line with a charge amount of 0.00.

Knowledgebase
http://kb.barnestorm.biz/KnowledgebaseArticle50998.aspx