



Changes to the Health Insurance Prospective Payment System (HIPPS) Codes

Purpose of this communication:

- To notify home health agency providers that, effective January 1, 2020, the Centers for Medicare and Medicaid Services (CMS) has updated the HIPPS code set for home health agency claims for services provided to patients covered under a Medicare plan.

What do I need to know?

- CMS has introduced a new Patient Driven Groupings Model (PDGM) payment methodology for home health agency services provided to patients covered under Original Medicare effective January 1, 2020.
- In connection with this new PDGM payment methodology, CMS also introduced a new HIPPS code set effective January 1, 2020.

What do I need to do?

- Home health agency claims for services provided to Medicare Advantage patients with “from” dates of service on and after January 1, 2020 must be submitted to CareCentrix using the new HIPPS code set.
- Home health agency claims for services provided to Medicare Advantage patients with “from” dates of service before January 1, 2020 must be submitted to CareCentrix using the old HIPPS code set.
- Home health agency claims that are not billed with the correct HIPPS code set will be rejected or denied.

Thank you in advance for your cooperation and continued partnership. If you have any questions, please reach out to your assigned Network Management representative for assistance.