## 5.4   Additional Medicare Submission Requirements that Impact Billing Under the SNF PPS

As stated in CFR §413.343(a) and (b), providers reimbursed under the SNF PPS "are required to submit the resident assessment data described at §483.20…. in the manner necessary to administer the payment rate methodology described in §413.337." This provision includes the frequency, scope, and number of assessments required in accordance with the methodology described in CFR §413.337(c) related to the adjustment of the Federal rates for case mix. SNFs must submit assessments according to a standard schedule. This schedule must include performance of resident assessments at specified windows during the Medicare Part A stay.

**HIPPS Codes:** Health Insurance Prospective Payment System (HIPPS) codes are billing codes used when submitting Medicare Part A SNF payment claims to the Part A/Part B Medicare Administrative Contractor (A/B MAC). The HIPPS code consists of five positions. Under PDPM, the first position represents the Physical Therapy/Occupational Therapy (PT/OT) Payment Group, the second position represents the Speech Language Pathology (SLP) Payment Group, the third position represents the Nursing Payment Group, the fourth position represents the Non-therapy Ancillary (NTA) Payment Group, and the fifth position represents the

Assessment Indicator (AI) code indicating which type of assessment was completed. Standard "grouper" logic and software for PDPM and the AI code are provided by CMS on the MDS 3.0 website.

The standard grouper uses MDS 3.0 items to determine both the PDPM group and the AI code. It is anticipated that MDS 3.0 software used by the provider will incorporate the standard grouper to automatically calculate the PDPM group and AI code. Detailed logic for determining the PDPM group and AI code is provided in Chapter 6.

The Medicare Part A HIPPS code (Item Z0100A) is most often used on the claim. The PDPM version code in Item Z0100B documents which version of PDPM was used to determine the PDPM payment groups represented in the Medicare Part A HIPPS code.

The HIPPS code (Z0100A) and PDPM version code (Z0100B) must be submitted to iQIES on all Medicare PPS assessment records (indicated by A0310B = 01 or 08). Both of these values are validated by iQIES. The final validation report will indicate if any of these items is in error and the correct value for the item. Note that an error in one of these items is usually a non-fatal warning and the record will still be accepted in iQIES.

The Medicare Part A SNF claim cannot be submitted until the corresponding MDS Medicare PPS assessment has been accepted in iQIES. The claim must include the correct HIPPS code for the assessment. If the HIPPS code on the assessment was in error, then the correct HIPPS code from the Final Validation report must be used on the claim (warning error message -3935a).