VA | **U.S. Department of Veterans Affairs**
Veterans Health Administration
Office of Community Care

Home Health Type of Bill Codes

The VA will be requiring non-PPS Home Health services that are billed on a UB to be billed using Type of Bill 034X (In many instances 0343 will be appropriate). This information can be found in this CMS Manual on page 7: https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2694CP.pdf

eCAMS claims processing system will automatically deny all claims for Bill Type 0322 and 0329 that do not have Rev Code 0023 present as those Bill Types are specifically reserved for PPS claims and should not be used for non-skilled services.

Non-skilled home health providers need to use 034X and determine the fourth digit by using the below Information (also found in CMS Manual on page 31: https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1104CP.pdf)

034X

2	Interim-First Claim	Used for the first of an expected series of bills for which utilization is chargeable or which will update Inpatient deductible for the same confinement of course of treatment. For HHAs, used for the submission of original or replacement claim.
3	Interim-Continuing Claims (Not valid for PPS Bills)	Use this code when a bill for which utilization is chargeable for the same confinement or course of treatment had already been submitted and further bills are expected to be submitted later.
4	Interim-Last Claim (Not valid for PPS Bills)	This code is used for a bill for which utilization is chargeable, and which is not last of a series for this confinement or course of treatment. The "Through" date of this bill (FL 6) is the discharge for this treatment.
5	Late Charge Only	Used for outpatient claims only. Late charges are not accepted for Medicare inpatient, home health, or Ambulatory Surgical Center (ASC) claims.
7	Replacement of Prior Claim	This is used to correct a previously bill. The provider applies this code to the corrected or "new" bill.
8	Void/Cancel of a Prior Claim	The provider uses this code to indicate this bill is an exact duplicate of an incorrect bill previously submitted. A code "7" (Replacement of Prior Claim) is being submitted showing corrected information.

Home Health Diagnosis Codes

E codes are meant to be used as supplemental codes – never the primary diagnosis – and serve an informational purpose for researchers collecting data on injuries and injury prevention strategies. While E codes are used to track important information, the primary diagnosis code on a claim must fall within the range of 001 – V91 and capture the actual medical indication or health condition for which care is being provided.

A **manifestation code** describes the manifestation (Sign or the display or disclosure of characteristic signs or symptoms of an illness) of an underlying disease, not the disease itself, and therefore, cannot be a principal diagnosis.

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