

December 1, 2022 – Updated 01.19.23

Updated Late Notice of Admission – The Exception Process

Timeliness of the NOA and the Penalty

The Notice of Admissions (NOA) must be submitted timely. A timely-filed NOA is submitted to and accepted by the A/B MAC (HHH) within five calendar days after the start of care/admission date. Count five calendar days starting the day after the SOC/admission date to determine timely NOA submission.

In instances where an NOA is not timely-filed, Medicare shall reduce the payment for a period of care, including outlier payment, by the number of days from the home health admission date to the date the NOA is submitted to, and accepted by, the A/B MAC (HHH), divided by 30. A late NOA may span multiple 30-day billing periods and each period would be subject to the payment reduction. No Low Utilization Payment Adjustment (LUPA) per-visit payments shall be made for visits that occurred on days that fall within the period of care prior to the submission of the NOA. This reduction shall be a provider liability, and the provider shall not bill the beneficiary for it.

Requirements for Submission of the NOA

For CY 2022, an NOA must be submitted when the following criteria have been met:

- The appropriate physician's or allowed practitioner's written or verbal order that sets out the services required for the initial visit has been received and documented as required at §§ 484.60(b) and 409.43(d);
- The initial visit within the 60-day certification period must have been made and the individual admitted to home health care.

Exception Process

If a home health agency (HHA) fails to submit a timely-filed NOA for a reason listed below, it may request an exception, which, if approved, waives the consequences of late filing. The HHA should not file an appeal, as the exception process is a required action.

The four circumstances that may qualify the HHA for an exception are as follows:

1. Fires, floods, earthquakes, or other unusual events that inflict extensive damage to the HHA's ability to operate;

2. An event that produces a data filing problem due to a CMS or A/B MAC (HHH) systems issue that is beyond the control of the HHA (example U537F issue);
3. A newly Medicare-certified HHA that is notified of that certification after the Medicare certification date, or which is awaiting its user ID from its A/B MAC (HHH); or,
4. Other circumstances determined by the A/B MAC (HHH) or CMS to be beyond the control of the HHA.

A late NOA may span multiple 30-day billing periods. If it does, an exception if requested, would need to be submitted for each 30-day billing period in which the NOA was late.

If the NOA that corresponds to a claim was filed late and the HHA is requesting an exception to the late-filing penalty, append modifier KX to the Health Insurance Prospective Payment System (HIPPS) code reported on the 0023 revenue code line. The HHA shall also provide sufficient information in the Remarks section of its claim to allow the contractor to research the case. If the remarks are not sufficient, the MAC may return the claim for more information.

Medicare contractors shall not grant exceptions if:

- the HHA made no attempt to submit the NOA timely and did not meet any of the four circumstances that may qualify for an exception
- the HHA can correct the NOA without waiting for Medicare systems actions
- the HHA submits a partial NOA to fulfill the timely-filing requirement, or
- an HHA with multiple provider identifiers submits the identifier of a location that did not actually provide the service.

Canceling a Timely NOA to Correct an Error

All claims associated with the admission set up by an NOA must be cancelled by the HHA prior to cancelling that NOA, as the claims directly correspond to the admission that NOA created. Home health claims cannot be reimbursed without a processed NOA on file and therefore, the same applies for reimbursed claims – they cannot be on file without a processed NOA on file. Once the correct 32A is submitted and processed, the provider may resubmit the claims for the admission period. Please be sure to follow the proper billing protocol to help facilitate accurate and timely processing.

If the NOA was originally received timely but was canceled with TOB 032D (Cancellation of Admission) and resubmitted to correct an error, enter Remarks to indicate this is the case, e.g., "Timely NOA, cancel and rebill." Append modifier KX to the HIPPS code on the 0023-revenue code line of the period of care claim. HHAs should resubmit the corrected NOA promptly – within two business days of canceling the incorrect NOA.

Examples of errors that would require the NOA to be canceled and resubmitted:

- Incorrect "Admission," "From" or "Through" date
- Incorrect beneficiary
- **To reset a truncated 30-day period (admission period only) when another HHA billed a later admission, but cancelled their NOA (TOB 032D) prior to January 1, 2023**
 - **When two HHAs bill NOAs in the first period of admission, the later admission will truncate the earlier admission with a through date of a second admission.**
 - **If the later admission NOA is canceled prior to January 1, 2023, the truncated period will not automatically reset to 30 days. The HHA will have to cancel and resubmit the NOA to reset the**

period to 30 days.

- **This does not affect sequential billing periods after admission. If an HHA cancels an NOA that caused a sequential period claim to return for another HHA, the HHA would just return the claim for processing.**
- **NOA cancelations (TOB 032D) processed after January 1, 2023**
 - **CMS made a system enhancement with the implementation of Change Request 12790 to avoid the administrative burden of cancelling NOAs to reset truncated periods in this scenario. Effective January 1, 2023, upon receipt of a request to cancel an NOA (TOB 032D) where the incoming 032D "From" date is equal to the prior HH period of care "End" date, Medicare shall recalculate the prior HH period "End" date to 30 days from that period's "Start" date.**

Reasons Not to Cancel an NOA

HHAs should not cancel an NOA, filed timely or not, for the following reasons:




- Change in the principal diagnosis code reported on the NOA
 - The principal diagnosis code reported on the NOA does not need to match the principal diagnosis reported on the initial period of care claim (only required on NOAs submitted via 837I format).
 - Secondary diagnoses are not required on an NOA.
 - Please remember, the principal diagnosis reported on a period of care claim is what drives the clinical grouping under PDGM for the HIPPS.
- Change of physician/practitioner
 - Report correct physician/practitioner on the claim(s)
- Match the Health Insurance Prospective Payment System (HIPPS) on the NOA to the claim.
 - The HIPPS is not required on the NOA unless submitting via the 837I format, in which case HIPPS code "1AA11" is used.
 - Since the field where the HIPPS code is submitted is not a required field on the NOA, there is not a matching field requirement for the NOA/period of care claim.
 - If no OASIS assessment was done or if the HHA chooses not to perform payment grouping before submitting the claim, report any valid HIPPS code.

Feedback

Exception Examples

- Late notice of a beneficiary disenrolled from their MA plan.
 - The corresponding period of care claim is then billed with the KX modifier and the following statement in Remarks: "CR12256 disenroll MA XX/XX/XXXX." The XX/XX/XXXX date should be the day the MA coverage ended, e.g., "CR12256 disenroll MA 12/31/2021."
- System Issues
 - When a system issue causes an NOA to be untimely, please use the remarks provided in the Claims Payment Issues Log, if applicable. Using the exact remarks will expedite the exception process.
 - Example: U537F Edit issue – If an NOA is late due to this issue, providers must request a late NOA exception on the corresponding claim(s) by appending modifier KX to the HIPPS code on the 0023 revenue line and indicate the following in the Remarks field of the claim(s) "2022 NOA REASON CODE U537F ISSUE".

Resources:

- [Top Provider Questions – Home Health Notice of Admission \(NOA\)](#)
- [MLN Matters Number: MM12256](#)  Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission (NOA) – Manual Instructions
- Medicare Claims Processing Manual, [Chapter 10 – Home Health Agency Billing](#) 
 - 10.1.10.3 – Submission of the Notice of Admission (NOA)
 - 40.1 – Notice of Admission (NOA)
 - 40.2 – HH PPS Claims
- Medicare Benefit Policy Manual, [Chapter 7 – Home Health Services](#) 
 - 10.4 – Submission of the Notice of Admission (NOA), and
 - 10.5 – Requirements for Submission of the NOA