

Introduction Health Insurance PPS (HIPPS) Codes

Each Medicare PPS assessment is used to support Medicare Part A payment for a maximum number of days. The HIPPS code must be entered on each claim, and must accurately reflect which assessment is being used to bill the RUG-III group for Medicare reimbursement.

The CMS HIPPS codes contain a three position code to represent the RUG-III of the SNF resident, plus a 2-position assessment indicator to indicate which assessment was HIPPS modifier codes have been established for each type of assessment used to support Medicare payment. For example, the Medicare reason for assessment on a Medicare 5-Day assessment is "1", and the HIPPS code is "01".

Situations Requiring Dual Assessments

Under the SNF PPS, there are situations when two assessments may be needed to fulfill Medicare requirements. Rather than requiring such duplication of effort, providers have the ability to combine assessments.

For example, if an OMRA is required during the assessment window for a Medicare 30-Day assessment (i.e., days 21-34), the SNF is required to perform only one assessment. There is no way to code two Medicare Reasons for Assessment. The combined OMRA/30-Day Medicare assessment is coded on the MDS as an OMRA and identified on the Part A billing by using a HIPPS modifier code of "28". The combined assessment can then be used when billing the Medicare claim.

Similarly, if an assessment is a combined 30-Day and an SCSA, the SCSA is coded as the Primary Reason for assessment. The 30-Day is shown as the Medicare Reason for Assessment, and the HIPPS modifier code used for billing is "32".

Modifiers & Descriptions

Modifier	Assessments
11	Admission Assessment - Medicare 5 Day (or Readmission/Return) assessment (Comprehensive)
01	Medicare 5 Day Assessment (Full)
05	Readmission/Return Medicare (Full)
07	Medicare 14 Day Assessment (Full)
17	Admission Assessment - Medicare 24 Day Assessment (Comprehensive))
02	Medicare 30 Day Assessment (Full)
03	Medicare 60 Day Assessment (Full)
04	Medicare 90 Day Assessment (Full)
54	Quarterly Review-Medicare 90 day Assessment (Full)
30	Significant Change in Status Assessment (SCSA) - not replacing
08	Other Medicare Require Assessment (OMRA) - Not replacing
Modifier	Significant Correction of Prior Full Assessments**
40	Sig. Correction of a Prior Full Assessment- Previous Assess. Not replacing
41	Significant Correction of Prior Full Assessment - Medicare 5 days-Readmission/Return Medicare
45	Significant Correction of Prior Full Assessment - Medicare 5 days
47	Significant Correction of Prior Full Assessment - Medicare 14 day
42	Significant Correction of Prior Full Assessment - Medicare 30 day
43	Significant Correction of Prior Full Assessment - Medicare 60 day
44	Significant Correction of Prior Full Assessment - Medicare 90 day
Modifier	Other Medicare Required Assessment (OMRA) - Replacing
18	OMRA replacing Medicare 5 Day Assessment- Medicare 14 days
78	OMRA replacing Medicare 14 Full Assessment - Medicare 14 days



Modifiers & Descriptions (cont)

28	OMRA replacing Medicare 14 Full Assessment - Medicare 30 days
38	OMRA replacing Medicare 14 Full Assessment - Medicare 60 days
48	OMRA replacing Medicare 14 Full Assessment - Medicare 90 days
Modifier	Significant Change in Status Assessment (SCSA) - replacing**
31	SCSA replacing Medicare 5 Day Assessment
35	SCSA replacing Readmission/Return Medicare Assessment Assessment
37	SCSA replacing Medicare 14 Day Assessment
32	SCSA replacing Medicare 30 Day Assessment
33	SCSA replacing Medicare 60 Day Assessment
34	SCSA replacing Medicare 90 Day Assessment
00	No Assessment Completed (Default)



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