Home Health NOA Creation

Prepared for

myUnity Essentials Financial



www.ntst.com

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Overview

Effective January 1, 2022, Medicare requires a Home Health Notice of Admission (NOA) via Electronic Data Interchange for active and newly admitted patients.

RAPs are no longer required for billing periods starting in 2022 or later. Instead, the Home Health Notice of Admission (NOA) must be submitted and accepted by Medicare within 5 calendar days after the Admission Date. Clinical users will use the NOA Verbal Order form (formerly named the RAP Notice Verbal Order) to allow the NOA to generate in Billing prior to a SOC assessment being completed and exported.

In addition to being required for new admissions in 2022, an NOA is required for patients on service in 2021 who continue service in 2022. These continuing patients will have an NOA created with an "artificial" admit date that is equal to the first day of their first 2022 billing period. Users should NOT enter this artificial admit date as the patient's admit date in the patient file. The NOA and all claims for that patient's admission will automatically populate this artificial admit date without any user intervention.

Late NOAs will result in a payment penalty equal to a 1/30 reduction of the 30-day period payment amount for each day from the admission date until the date the NOA is accepted.

If requesting an exception for a late NOA, a "KX" modifier should be submitted on the Final claim along with a Remark (Bill Note).

Electronic option sets in myUnity Essentials Financial can be configured to create these non-standard NOA 837I transaction files. If not submitting electronically, a UB04 hard copy can be printed or saved as a PDF from the Electronic Claims menu via the UB04 button.

Setup

Configure the NOA Electronic Option Set

Go to **Billing > Electronic Claims** and select the **#146 Medicare NOA** Option Set. For non-hosted clients, contact <u>Netsmart Client Support</u> to obtain an Option Set.

Click **Options** and change the following locators to match the option set used currently for submitting claims.

0100.06 ISA*06 Interchange Sender ID: set to your agency Medicare Submitter ID or the ID assigned by clearinghouse.

0100.08 ISA*08 Interchange Receiver ID: set to your MAC Receiver ID (CGS/J15 – **15004**, NGS/J6 – **06001**, NGS/JK – **14011**, Palmetto/JM – **11001)** or the value assigned by clearinghouse. For a list of MACs by State go to <u>https://www.cms.gov/files/document/macs-state-jun-2021.pdf</u>.

2010.80 NM1*PR Subscriber Payor ID: set to Insurance Submitter Number (make sure the 5-digit payer ID is present in the Payor/Submitter# field of the Insurance tab in the Insurance file) or set to Bypass this Data Element (Use Receiver ID).



9000.15 Clearinghouse: set to RevConnect/Ability, Waystar/Zirmed or leave set to Bypass depending on your agency set-up.

Press **Save** and close the Option Set wizard.

On the Electronic Billing window, set the Selection Type to **Insurance**. Click on the **Specific Includes** tab and search for and select the **Medicare PPS** and **MSP Home Health** insurances. Press **Store** to retain this selection.

Note: NOAs can be created for any payer set to Insurance Type 1–Medicare (Fee for Service) or 2– Medicare (HMO/Managed) regardless of whether PPS Billing is checked or not. Confirm NOA requirements with the Medicare Advantage Payer prior to adding it to an NOA option set. If you need a unique NOA Option Set for MA payers, make a **Copy** of option set #146 by assigning a unique Destination ID number and update ISA*06 and ISA*08 and any other locators based on the payer or clearinghouse requirements. Refer to the <u>Creating an Option Set FAQ</u> for detailed instructions.

Creating Electronic NOAs

Go to Billing > Electronic Claims and select the Medicare NOA option set.

Report Sequence: Patient or Insurance

Selection Type: Patients or Insurances (use Specific Includes tab for selections).

Submitted Type: Un-Submitted Only (set to 'All Records' only if needing to resubmit an NOA).

Admit Date Selection: enter Admit date range for the NOA generation. Use a wide date range to capture late submissions.

Unit Selection: check Active and select Unit if your agency submits by Unit, otherwise leave unchecked.

Filename: enter a unique filename with a .X12 extension.

Press **Preview** to view the Electronic Claim Submission report. Only patients with a period beginning on or after 1/1/2022 will pull to the report (the certification period must be present in Billing).

For assistance resolving exception messages on the report, refer to the <u>Electronic Submissions</u> <u>Exceptions Guide</u>.



Ceneral Options Specific Includes	tion ×
Report Sequence: Selection Type: Submitted Type • Patient • C All Records • Patients • Insurance • Insurances • All Records • All Reco	e: PPS Claim Type: C Initial Final C All
Admit Date Selection: From: 1/1/2022 To: 6/30/2022 Unit Selection: Active: I Home Health Unit	PPS Type: Medicare
Show Inactive Option Sets:	Claim Type: Normal
Preview Print St Options	■ UB <u>0</u> 4

If no corrections are needed, press **Mark Notice as Submitted** and transmit the file to Medicare. RevConnect/Ability and Waystar/Zirmed interface clients will press the **Submit to Medicare** or **Submit to Zirmed** button. Press **Do Not Mark** if corrections are needed. Confirm successful receipt of these notices via Claims Status or the receiver website.

	Electronic B	illing: X12 Creation	
Please choo	ose one of the options be	elow	
Mark No	otice as Submitted	Do NOT Mark as Submitted	
Claims Sumr	nary:		-
Output File: 9	10.x12		
Claims:	1		
Errors:	0		
Charges:	0.00		
	Drint M Ontions	Ph LIPON	-

The Submit date will populate the **NOA Date** field in the Patient file **Admit** tab, **Addt'I-Data** sub-tab. For patients admitted prior to 1/1/2022, the Benefit Start date will also be updated with an artificial "Admit" date as required by CMS for NOAs and claims starting on or after that date (this will be the first Period Start date that begins in 2022).



*	Patier	nt: 150 - Noah, De	b Admit: 1/1	/2022 - Bro	wse		×
Patient Admit	Diagnosis A	ssign Insurance (Certify Authoriz	e Docs C	Other I	Notes	
Admit-Date	Disch-Date	Admit-Code	Referral-Date	Cover-Sht	Late	Adm-Src	
2/28/2018	12/31/2018	150	12/31/2018		Π	1 - Non-HCF (Doctor)	
1/1/2022		150	12/31/2021			2 - Clinic or Doctor	
Unit/Team Di	scharge Add'l-	Data					-
Benefit-Sta	t: 1/1/2022	NOA-Date:	1/2/2022 💌	NOT	R-Date:	_	
Revoke-Day:	s: 0 <u>*</u>	Admit-Time:		ls-H	lospice:	Г	
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Condition Code 47

As was the case with RAPs, Condition Code 47 is required on the NOA when admitting a patient that has transferred from another agency during an open admission period. To generate the condition code 47 on the NOA, go to the Clinical Patient Profile and set the Admission Source to **Transfer from another HHA** in the Referral Information section.

	Referral Information:
Referral Date: 01/01/2	1021
Projected SOC Date:	
Referral Source:	
Abbott, Asa	×
Referrer's First N	Jame: Asa
Referrer's Last N	lame: Abbott
Referrer's Comp	any Name:
Phone:	
Fax:	
Protocol:	
Referring Facility:	
ALF QCode Test - ALF	(sfo)
Facility Name: 🛛	ALF QCode Test
Туре:	ALF - Board & Care
Phone:	4081231234
Fax:	
Protocol:	
Admission Source:	
Transfer from another	HHA 🗶
Episode Timing Ove	rride (First 30 Day): O Early O Late <u>Clear</u>



In the Billing Module, this shows in the Patient file Admit tab Adm-Src field as **B-Xfer from HHA(CC47)**.

\		Patient: 131527	- Aarons, Aaron Admit: 1/2	2/2021 - Edit			- • ×	
Patient Admit Diagnosis Assign Insurance Certify Authorize Docs Other Notes								
Admit-Date	Disch-Date	Admit-Code	Referral-Date	Cover-Sht	Late	Adm-Src	_	
7/16/2015	6/17/2018	131527-01	7/14/2015	V		2 - Clinic or Doctor		
6/18/2018	1/23/2020	131527-02	6/18/2018			1 - Non-HCF (Doctor)		
1/2/2021		131527	12/21/2020			B-Xfer from HHA(CC47)	–	
						1-Non-HCF (Doctor) 2-Clinic or Doctor 4-Xfer from Hospital 5-Xfer from SNF/ICF 6-Xfer from HCF 8-Court/Law Enforce 9-Info not available A-Reserved B-Xfer from HHA(CC47) D-Xfer from Unit		
Unit/Team Discharg	e Add'I-Dates							
Unit: Home Health Team:	Unit	Referral: Branch:	2	2]				
👫 Eind 🔲 🔜 Sav	ve 🛛 🗶 <u>C</u> ancel 🔍		- <u>D</u> elete	?				

An Admission Source 1 and Condition Code 47 will populate the NOA during NOA creation.

Note: The NOA option set must have 2300.42 set to Patient Admission Source.

Printed NOAs

Press the **UB04** button from the Billing > Electronic Claims menu to preview/print a hard copy NOA if needed. NOA printing from the Billing > Printed Claims menu is NOT supported.

Preview example:



Unit 05 1234 Rhode Road Nowhere, PA 199459999 732-555-8282	2			01-123459	6 STATEWENT SOVENES (19970) 101012022 01012022	32A
Noah, Dora	STACK	New York	56 Downey W	ay	NY 0 10025	a
12311937 F 010122	9 1	30	0 14 22 25 8 00.349/EW/E	2% 22 25	GOOLANENCE SPAN	27
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Medicare PO Box 14537 Collingswood, NJ 085744537			0 000000 000000 00 000000 000000 00 00 0	COLS () NI COUL	VALUE OTIONS IT SW	INF CODES
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PAGE_1_OF_1_		CREATION	DATE 040122	TOTALS		-
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medicare	Unit US	The second second	No. of the local division of the		OD EB	
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Noah, Dora	18	1E65TE5EF85				
						-128.4.5.5.
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NUBC Interaction presentation



Cancelling an NOA

To cancel the NOA, a notice of cancellation (type of bill 32D) is sent.

If a Final claim has been submitted and accepted, cancel the claim prior to cancelling the NOA. Wait for the cancelation to process in Medicare's system prior to resubmitting a new NOA.

The Cancellation NOA will pull the patient's admit date from the Benefit Start Date field of the Billing Module Patient file Admit tab, Addt'l Dates sub-tab. This is to ensure that if the NOA is being cancelled due to an incorrect Admit Date, the cancellation is sent with the same date.

When the Cancellation NOA is Marked As Submitted, the original NOA submit date will be cleared to assist with tracking that the replacement NOA gets submitted timely.

Cancel NOA using Void/Cancel Claim Type (no Remarks):

Go to **Billing > Electronic Claims** and select the NOA option set.

Selection Type: Patients (you must select the patient(s) on the Specific Includes tab)

Submitted Type: All Records

Admit Date Selection: enter the patient admission date.

Claim Type: set to **Void/Cancel**

👻 Electronic Billing: X12 Creation 🗙							
General Options Specific Includes							
Report Sequence: Selection Type: Submitted Type Patient All Records Un-Submitte Insurance Insurances All Records Admit Date Selection: To: 6/30/2022 Unit Selection: To: 6/30/2022	PPS Claim Type: C Initial Final All PPS Type: Medicare Include Held Certs Print Charge Detail Include Paid Bills Any Form Type						
Active: 🔽 Home Health Unit	Test Submission File						
Option Set Selection: 0146 - Medicare NOA	Upper Case Only Reissued Claim UnSubmitted Details Only Exceptions Only						
Show Inactive Option Sets:	Claim Type: Void/Cancel						
C Preview Print S Options	₿ UB <u>0</u> 4						



NOA with Cancellation Condition Code and/or Remarks

Cancel the NOA in DDE or create a new NOA Cancellation Option set that will be used with Claim Type set to Normal. Select the Option Set and set the following locators:

2300.05 CLM*05: set to 32D

2300.59 NTE*ADD Comments: set to 'Constant Value (Entered)' and enter the note in the text box at the right. This note will apply to all NOAs when utilizing this option set.

2300.70 HI*BG Condition Code 1: set to 'Constant Value (Entered)' and enter the Condition Code in the text box at the bottom. This code will apply to all NOAs when utilizing this option set.

Contact Netsmart Support for assistance with creating an option set if needed.

Tracking NOAs

Claims Status

For clients submitting Medicare NOAs using the RevConnect, Ability or Waystar Clearinghouse, go to **Billing > Claims Status** to view 277 and 999 response files. Any Rejected status files with a CLM Bill Type for 999s or NOA Bill Type for 277s need to be corrected immediately to avoid a late submission penalty.

☆		Electro	onic Claim	is Status		×
General Options Ability-Certs						
X12 837 Claim File:						
1						
277, 997 or 999 Acknowledg	gement File	1				
J						
Submitter:	-	Clear	ing-House:	Ability	Include Discarded in <u>Discard Accepted</u>	ı List
Type File-Date	BillType	Status	State	Name		^
277 2022-11-04 18:21:11	NOA	Accept	current	277CA_X12.20211	104133308.3452	

Billing Pre-Audit

The **Billing > Billing Pre-Audit** for Finals shows an Informational message if the NOA was late to alert the user that an exception may need to be requested.



Patient Sequence	PPS Billin Patient(Final Claims Home & Hospice Car Accrual, Andy	Page 1 e Services		
Accrual, Andy - 398	Prim-Ins: Medica	are		Birth: 5/16/19	56
Admit: 1/6/2022	Period-From: 01/06/2022	Period-To: 02/04/202	2		
First-Visit: 01/13/2022 Assessed: 01/06/2022	Exported: NOA-Date:	Hipps: 3BA11 Period: 1	Days: 30	Late-Timing-Ovr	
Insurance-1: Medicare -	60016	Effective: 01/01/2000	- 12/31/2099 PI	PS	
Warning: Assessment has not bee Warning: Assessment was not acc Warning: All Documentation has Warning: Period is 85 days old ar Information: NOA is late, so KX m	n exported. epted by CMS. not been received. nd final has not been run. notifier may be needed before Fi	inal is run.			
Assessments	s For Episode From:1/6/2022	To:3/6/2022			
Assessed 1/6/2022	Hipps HippsP2 RFA 3BA11 3BA11 1	Status Status Locked 7/8	s-Date Clair /2021 22AF19	n-Key MX11CQBHALAA	
Charge Detail - Period	From:1/6/2022 To: 2/4/20	22 Start End	Time Chg-A	mt Bill-To-Ins	
1/6/2022 SNADM	SN Admission	08:00a 09:00a Totals:	1.00 220.0 1.00 220.0	00 00	

PPS Activity Report

The Stats > PPS Activity Report can be run for Days to RAP/NOA and RAP/NOA Not Done to track average days it takes the agency to send an NOA and to obtain a list of patients whose NOA has not yet been submitted.

\	PPS Activity Report	rting 🔀
General Options		
Report Sequence: C Referral C Doctor C Unit	Selection Type:	Report Type: C Days to RAP/NOA C Days to Final C RAP/NOA Not Done
Secondary Sequence: C Days Count C Period Start C Patient	○ Insurances○ Fin-Classes	 Finals Not Done Days to Take-Back Open Period Visits Closed Period Visits
Period-Active Date Select	tion: To: 2/7/2022 💌	Date Type: Period Dates C RAP Date C Final Date
Report Detail: Image: Patient Detail Image: Only PPS Primary Image: Only Show Lupas Image: Only Discharges	☐ Export Report ☐ Export Diagnosis ☐ No Held Certs	PPS Type: Medicare
🛕 Preview 🚳 Print		?

The **RAP/NOA Not Done** report shows patients that have a certification record in Billing but have not yet had an NOA submitted. The **Days-Out** column shows the number of days that have transpired and the NOA has not yet been submitted. This report type can show MSP patients by checking **Include MSP** and selecting the MSP insurance from the dropdown.



11/4/2021 9:59 Unit <u>Sequer</u> RAP/ <mark>NOA N</mark>	9:22 AM nce ot Done		PPS Activity Report Units From:1/3/2022 To:1/31/2022 Period-Active Date Selection				Medicare Home & F 2021 Tesi	lospice Care ting	Page 1 Services	
Patient			Admit	P#	Period-Strt	Period-End	Disch/End	Hidds	Davs-Out	EEP
Activity, Tess - 224	4		5/18/2021	2	12/14/2021	1/12/2022	1/12/2022		-40	0.00
Admit, Andy - 102	2		10/5/2021	2	1/3/2022	2/1/2022	2/1/2022		-60	0.00
Accrual, Amy - 397	7		1/6/2022	2 1	1/6/2022	2/4/2022	2/4/2022	1AA11	-63	2,178.67
Accrual, Andy - 39	8		1/6/2022	2 1	1/6/2022	2/4/2022	2/4/2022	3BA11	-63	1,692.97
Advantage, Med -	365		1/7/2022	2 1	1/7/2022	2/5/2022	2/5/2022	1KB11	-64	2,014.51
Totals:		Episodes:	5				Ave	erage Days:	-58	5,886.15
Grand Totals:										
Patients:	5	Episodes:	5				Ave	erage Days:	-58	5,886.15

Example RAP/NOA Not Done Report (Days-Out > 5 is late):

On the **Days to RAP/NOA**, periods with Days greater than 5 on these reports are considered late and may need an Exception Request on the Final claim.

	PPS Activity Repo	rting
eneral Options		
Report Sequence: C Referral C Doctor (* Unit	Selection Type: C All Records C Patients C Units	Report Type: Days to RAP/NOA Days to Final RAP/NOA Not Done
Secondary Sequence: Days Count	C Insurances C Fin-Classes	 Finals Not Done Days to Take-Back
 Period Start Patient 		C Open Period Visits C Closed Period Visits
Period-Active Date Selec From: 1/1/2022	tion: To: 2/7/2022 💌	Date Type: Period Dates RAP Date Final Date
Patient Detail Only PPS Primary Only Show Lupas	☐ Export Report ☐ Export Diagnosis ☐ No Held Certs	PPS Type: Medicare
Conly Discharges		
Preview 🎯 Print		?

Example Days to NOA Report (Days > 5 is late):



8/17/2021 12 Unit Sequ Days to R 2021 Testing	2:55:38 PM ence AP/NOA		PPS Activity Report Units From:1/31/2022 To:2/7/2022 Period-Active Date Selection					Medicare Home & Hospice Ca 2021 Testing		Page 1 re Services
Patient			Admit	P#	Period-Strt	Period-End	Disch/End	RAP/NOA	Days	EEP
Finals, Only - 38	39		1/3/2022	1	1/3/2022	2/1/2022	2/1/2022	1/5/2022	2	2,683.10
NOAtest, Mya Ka	ay - 370		5/11/2021	1	1/6/2022	2/4/2022	2/4/2022	1/7/2022	1	1,206.83
Activity, Tess - 2	24		5/18/2021	1	1/13/2022	2/11/2022	2/11/2022	1/13/2022	0	1,531.78
Testpatient, Myr	new - 376		1/6/2022	1	1/6/2022	2/4/2022	2/4/2022	1/6/2022	0	2,683.10
Totals:		Episodes:	4				Ave	erage Days:	L	8,104.81
Grand Totals:										
Patients:	4	Episodes:	4				Ave	erage Days:	1	8,104.81

Late NOA Exception Request

If requesting an exception for late NOA submission/acceptance, the KX modifier and Bill Note should be added to the Final claim. The information can be added at any time prior to generating the Electronic Final Claim. Refer to <u>https://www.cms.gov/files/document/r10987cp.pdf</u>.

To add an exception request, go to the **Patient** file **Insurance** tab, select the Medicare or MA payer and click on the **Bill Data** tab. Press **+** to add a new row.

Type: HomecareNOA

Bill-Date: leave blank

Code: enter KX (must be in all caps)

Date: enter the date the NOA was accepted. The KX modifier and note will be added to claims for all billing periods that started prior to this date.

Amount: leave blank

Note: enter the reason for requesting a late exception

V.		Patient: 38	9 - Finals, Onl	y Admit:	1/3/2022		-	
Patient Adr	mit Diagnosis /	Assign Ins	urance Certify	Authorize	Docs Oth	er Notes		
Insurance	Name			1	Start-Date	End-Date	Seq	+
60016	Medicare			1	1/1/2000	12/31/2099	1	
	L.		Insura	nce is PPS/F	PDGM			-
Guarantor Ir	nfo] Bill Rates 🖪	ill Data	Insura	nce is PPS/F	PDGM			_
Guarantor Ir Type	nfo Bill Rates B	ill Data	Insura	nce is PPS/F	PDGM			-

Late NOA exemption request due to switch to Medicare:



In cases where Medicare NOA was submitted late because it was not found out until past timely filing deadlines that the patient had disenrolled from their Medicare Advantage (MA) plan, the following Note should be entered:

"CR11855 disenroll MA xx/xx/xxxx" where the xx/xx/xxxx is the date the MA coverage ended.

Late NOA exemption request due to correction to NOA:

If the NOA was cancelled and resubmitted to correct an error, enter the Note: "Timely NOA, cancel and rebill"

Sample Electronic Claim Submission Report for claim with Late NOA with an exception:

11/11/2021 9:42:23 AM 0800 - PPS RevConnect		Electr Finals Me	Conic Clain Billed From: 2/ edicare_Final_0	n Subr /4/2022 - :)2042022	missio 2/4/2022 .X12	n Institutional Page Home & Hospice Care Service		
Patient # Patient Name		Admi	t Date E	Bill Date 2/4/2022		Bill Type	Payor	
389	389 Finals, Only		022 2			Final: 2/4/2022	Medicare	
Adm-Src: 1 S TOB: 329 Diagnosis: 1: Values: 1:121	Status: 30 Unit: 21 :L89.211 100 2:85*34001.00 Occurrence	Period-' Statemen 25: 1:50:01/03/2022	1 From: 01/03/202 t From: 01/03/202	22 To: 02/0 22 To: 02/0	1/2022 1/2022	Contract: 5	E64TE4MK72	
Order/Refer-D Bill-Notes: La	octor: Devon Aarons 1111333 ite NOA due to MAC system issi	333 Je						
Rev	Description	Code	Date	Units	Hours	Amount	Other	
0023	Home Health Services	1CA11	01/03/22	1		0.00	KX	
0551G0299	Skilled Nursing Visit	Snvt	01/03/22	4	1.00	185.00	G0299	
0551G0299	Skilled Nursing Visit	Q5001	01/03/22	1	0.00	0.01	Q5001	
0551G0299	Skilled Nursing Visit	Snvt	01/10/22	4	1.00	185.00	G0299	
0551G0299	Skilled Nursing Visit	Snvt	01/17/22	4	1.00	185.00	G0299	
0551G0299	Skilled Nursing Visit	Snvt	01/24/22	4	1.00	185.00	G0299	
0551G0299	Skilled Nursing Visit	Snvt	02/01/22	4	1.00	185.00	G0299	
0001	Total Charges			21		925.01		

