

Effective for HH PPS episodes beginning on or after January 1, 2008, non-routine supply severity levels will be indicated on HH PPS claims through a code value in the 5th position of the HIPPS code.

The 5th position of the HIPPS code can contain two sets of values. One set of codes (The letters S through X) indicate that supplies were provided. The second set of codes (The numbers 1 through 6) indicate the HHA is intentionally reporting that they did not provide supplies during the episode.

#### Billing for supplies in MedPoint.

1. Select the assessment for final claim.
2. Click on rap/fc.
3. Select the assessment and click on load billing.
4. Prepare batch for final claim.
5. Click on hcpcs details tab.
6. Click on hcpcs code tab.
7. Click on add.
8. In the short name field, type in XL where L=S, T, U, V, W, X. Depending on the letter in the 5th Position of the HIPPS CODE.  
In the HCPCS CODE, type in "BLANK01"  
In the REV CODES field, type in 027x (where x is any digit except 4) for non routine supplies and 0623 for wound care supplies.  
In the description field, type in supplies  
In the price field, type in the supply amount relating to the specific HIPPS CODE as shown below then click on save.

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### 2008 HIPPS Codes with PPS Payment Rates

Enter Your CBSA Code		26420		Houston	
HIPPS Code	M0826	Severity Level	Case-Mix Weight	Supply Amount	Case M Pay
1AFKS	0 - 13	C1F1S1	0.5827	\$14.12	\$1,
1AFKT	0 - 13	C1F1S1	0.5827	\$51.00	\$1,
1AFKU	0 - 13	C1F1S1	0.5827	\$139.84	\$1,
1AFKV	0 - 13	C1F1S1	0.5827	\$207.76	\$1,
1AFKW	0 - 13	C1F1S1	0.5827	\$320.37	\$1,
1AFKX	0 - 13	C1F1S1	0.5827	\$551.00	\$1,
1AFK1	0 - 13	C1F1S1	0.5827	\$14.12	\$1,
1AFK2	0 - 13	C1F1S1	0.5827	\$51.00	\$1,
1AFK3	0 - 13	C1F1S1	0.5827	\$139.84	\$1,
1AFK4	0 - 13	C1F1S1	0.5827	\$207.76	\$1,
1AFK5	0 - 13	C1F1S1	0.5827	\$320.37	\$1,

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9. Select the supply and click on select
10. Click on add items. Make sure the schedules are in place then continue with the billing process.

If HHA wants to intentionally not report the provision of supplies, the following is required

1. Select the assessment for final claim.
2. Click on rap/fc.
3. Select the assessment and click on load billing.
4. Click on edit and change the alphabet in the 5th position of the HIPPS and replace with corresponding number, say S,T,U,V,W,X corresponding to 1,2,3,4,5,6.

## **REVENUE CODES**

027X Medical/Surgical Supplies (Also see 062X, an extension of 027X)

Code indicates charges for supply items required for patient care.

Rationale: Additional breakdowns are provided for items that hospitals may wish to identify because of internal or third party payer requirements.

Subcategory Standard Abbreviations

0 – General Classification MED-SUR SUPPLIES

1 – Non--sterile Supply NONSTER SUPPLY

2 - Sterile Supply STERILE SUPPLY

3 - Take Home Supplies TAKEHOME SUPPLY

4 - Prosthetic/Orthotic Devices PROSTH/ORTH DEV

5 - Pace maker PACE MAKER

6 - Intraocular Lens INTR OC LENS

7 – Oxygen - Take Home O2/TAKEHOME

8 - Other Implants SUPPLY/IMPLANTS

9 - Other Supplies/Devices SUPPLY/OTHER

062X Medical/Surgical Supplies - Extension of 027X

Code indicates charges for supply items required for patient care. The category is an extension of 027X for reporting additional breakdown where needed.

Subcode 1 is for hospitals that do not bill supplies used for radiology revenue codes as part of the radiology procedure charges. Subcode 2 is for providers that cannot bill supplies used for other diagnostic procedures.

Subcategory Standard Abbreviations

1 - Supplies Incident to Radiology MED-SUR SUPP/INCIDNT RAD

2 - Supplies Incident to Other

Diagnostic Services

MED-SUR SUPP/INCIDNT ODX

3 - Surgical Dressings SURG DRESSING

4 - Investigational Device IDE