



NETWORK *Notification*

Notice Date: September 16, 2020
To: CareSource Providers
From: CareSource
Subject: Home Health Value Code Requirement

Summary

CareSource would like to remind providers that value codes and amounts are required when submitting claims for home health episode payments. These claims must be based upon the site at which the member is served.

Impact

For certain dates of service, when required by law, payments may be further adjusted if the site is a rural core based statistical area (CBSA) or county. To ensure these payment adjustments are applied accurately, the Home Health Agency (HHA) reports the following codes:

- Code Title Definition 61 Location Where Service is Rendered (HHA and Hospice)
- MSA number or CBSA number (or rural state code) of the location where the home health or hospice service is delivered – HHA reports the number in dollar portion of the form locator right justified to the left of the dollar/cents delimiter. Two zeroes to the cents field should be added if there are no cents
- 85 County Where Service is Rendered – where required by law or regulation, report the federal information processing standards (FIPS) state and county code of the place of residence where the home health service is delivered

Incorrect coding will lead to denial of claims.

Importance

Adherence to the HHA standards for reporting home health services will help ensure your claims are processed timely and accurately.

Questions?

For questions, please contact Provider Services at <plan-specific contact number and hours of operation>.

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