Anthem Blue Cross and Blue Shield

**HIPPS Codes Required for SNF and HHA Claims**

All claims from Skilled Nursing Facilities (SNFs) and Home Health Agencies (HHAs) received 07/01/14 and after must contain a valid HIPPS code. This pertains to Contracted and Non-Contracted Providers. CMS requires Anthem Blue Cross and Blue Shield to include this information on all processed claims data that we submit, regardless of the payment methodology. These billing instructions apply to all individual and group-sponsored Medicare Advantage plans including Medicare-Medicaid Plans. This does not apply to Dual Special Needs Plans (D-SNPs) or Medicare Supplement plans.

**SNFs**
- SNFs should bill the HIPPS code derived from the “Admission Assessment”
- Only the HIPPS code from the initial assessment is required, but any updates to the HIPPS codes are welcomed by CMS.
- Bill the first line with the applicable Revenue Code (0022), the HIPPS code, 1 or more units, billed charges of 0.00 or one cent.

**HHAs**
- HHAs should bill the HIPPS code derived from the date of assessment
- Bill the first line with the applicable Revenue Code (0023), the HIPPS code, date of the first covered visit, one or more units, billed charges of 0.00 or one cent.
- HHAs are not required to bill Treatment Authorization Codes.

If you currently have a contract with Anthem, the CMS mandated addition of the HIPPS code on your claim will not affect your contracted rate but is required to process your claim for payment.