Florida Blue | MEDICARE

September 2020

Home Health Agency and Vendor Provider Billing Guidelines

Traditional Medicare & Non-Participating Providers in Florida Blue Medicare Advantage

Under Home Health Prospective Payment System and Request for Anticipated Payment

Billing guidelines for home health agencies and vendors, available at the link below, have been created to maintain compliance with the Centers for Medicare and Medicaid Services (CMS) Medicare billing guidelines (where applicable) and to ensure accurate processing of Home Health claims.

The need for these billing guidelines was determined after 1) CMS updated the *Medicare Claims Processing Manual: Chapter 10 – Home Health Agency Billing* on Jan. 9, 2020 and 2) issues in home health claims processing emerged for home health vendors due to a lack of clear billing guidance.

In the *Florida Blue Medicare Provider Billing Guidelines for Home Health Agencies and Home Health Vendors,* you'll see we have categorized the five high-level billing process steps for participating, non-participating and traditional Medicare providers. Participating providers should follow the billing processes labeled *Fee-for Service.* Non-participating and traditional Medicare providers should follow the billing processes labeled *based on CMS Billing Guidelines, prior to Jan. 1, 2020 and after Jan. 1, 2020*. CMS billing guidelines prior to Jan. 1, 2020 followed the Home Health Prospective Payment System which has now been replaced with the Patient-Driven Grouping Model.

If you have any questions, please reach out to your Network Manager.

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