Effective Date………..………. **January 1, 2022**
Last Updated Date…………. **May 1, 2022**

Home Health Notice of Admission (NOA) Job Aid

Summary

HHAs must send the NOA to the A/B MAC (HHH) by mail, electronic data interchange (EDI), or direct data entry (DDE). EDI submissions require additional data not required by the NOA itself, to satisfy transaction standards. This data is described in a companion guide available on the CMS website. HHAs may voluntarily agree to adopt the companion guide and use it to submit EDI NOAs at any time.

Data elements required to submit an NOA under HH PPS

Required Data Elements	
Provider Name, Address, and Telephone Number	
Required - The minimum entry is the agency's name, city, State, and ZIP Code. The post office box number or street name and number may be included. The State may be abbreviated using standard post office abbreviations. Five or nine-digit ZIP Codes are acceptable. This information is used in connection with the CMS Certification Number to verify provider identity.	
Type of Bill	
Required – 032X Home Health Services under a Plan of Treatment	

4th Digit	Definition
A	Admission/Election Notice
D	Cancellation of Admission/Election Notice

Statement Covers Period (From – Through)	
Required – The HHA reports the date of the first visit provided in the admission as the From date. The Through date on the NOA must always match the From date	
Patient Name/Identifier	
Patient Address	
Required – Patient's full mailing address, including street number and name, post office box number or RFD, City, State, and ZIP code	
Patient Birth Date	
Required – Month, Day, and year of birth of patient. *Note:* Left blank if the full correct date is not known	
Patient Sex	

Required – "M" for male or "F" for female must be present. This item is used in conjunction with diagnosis and surgical procedures to identify inconsistencies
Admission/Start of Care Date
Required – The admission date on the NOA must always match the From date
Condition Codes
Conditional – If the NOA is for a patient transferred from another HHA, the HHA enters **Condition Code 47**
Note: No line-item service information is required by the Medicare program to complete a Notice of Admission via DDE. However, certain line information is required to meet the requirements of the 837I claim format. ***See the NOA Companion Guide for details on meeting these requirements.***
Release of Information Certification Indicator
Required - A "Y" code indicates the provider has on file a signed statement permitting the provider to release data to other organizations to adjudicate the claim. An "R" code indicates the release is limited or restricted. An "N" code indicates no release on file.
National Provider Identifier – Billing Provider
Required – The HHA enters their provider identifier
Insured's Name
Required - On the same lettered line (A, B, or C) that corresponds to the line on which Medicare payer information is shown, record the patient's name as shown on the patient's HI card or other Medicare notice.
Insured's Unique Identifier
<mark>Required – See Chapter 25</mark>
Principal Diagnosis Code
Required to meet the requirements of the 837I claim format. ***Refer to the NOA Companion Guide***
Attending Provider Name and Identifiers
Required – The HHA enters the name and provider identifier of the attending physician that has established the plan of cere with verbal orders.

Related Documents

Medicare Claims Processing Manual from CMS.pdf

Control History

Home Health Notice of Admission (NOA) Job Aid			
Departmental Owner:	Claims		Not Applicable
Effective Date:	January 1, 2022	Modify Date:	May 1, 2022	AHF