

### Introduction Health Insurance PPS (HIPPS) Codes

Each Medicare PPS assessment is used to support Medicare Part A payment for a maximum number of days. The HIPPS code must be entered on each claim, and must accurately reflect which assessment is being used to bill the RUG-III group for Medicare reimbursement.

The CMS HIPPS codes contain a three position code to represent the RUG-III of the SNF resident, plus a 2-position assessment indicator to indicate which assessment was HIPPS modifier codes have been established for each type of assessment used to support Medicare payment. For example, the Medicare reason for assessment on a Medicare 5-Day assessment is "1", and the HIPPS code is "01".

### Situations Requiring Dual Assessments

Under the SNF PPS, there are situations when two assessments may be needed to fulfill Medicare requirements. Rather than requiring such duplication of effort, providers have the ability to combine assessments.

For example, if an OMRA is required during the assessment window for a Medicare 30-Day assessment (i.e., days 21-34), the SNF is required to perform only one assessment. There is no way to code two Medicare Reasons for Assessment. The combined OMRA/30-Day Medicare assessment is coded on the MDS as an OMRA and identified on the Part A billing by using a HIPPS modifier code of "28". The combined assessment can then be used when billing the Medicare claim.

Similarly, if an assessment is a combined 30-Day and an SCSA, the SCSA is coded as the Primary Reason for assessment. The 30-Day is shown as the Medicare Reason for Assessment, and the HIPPS modifier code used for billing is "32".

### Modifiers & Descriptions

#### Modifier Assessments

11 Admission Assessment - Medicare 5 Day (or Readmission/Return) assessment (Comprehensive)

01 Medicare 5 Day Assessment (Full)

#### 05 Readmission/Return Medicare (Full)

07 Medicare 14 Day Assessment (Full)

#### 17 Admission Assessment - Medicare 24 Day Assessment (Comprehensive)

02 Medicare 30 Day Assessment (Full)

03 Medicare 60 Day Assessment (Full)

04 Medicare 90 Day Assessment (Full)

54 Quarterly Review-Medicare 90 day Assessment (Full)

30 Significant Change in Status Assessment (SCSA) - not replacing

08 Other Medicare Require Assessment (OMRA) - Not replacing

#### Modifier Significant Correction of Prior Full Assessments\*\*

40 Sig. Correction of a Prior Full Assessment- Previous Assess. Not replacing

41 Significant Correction of Prior Full Assessment - Medicare 5 days-Readmission/Return Medicare

45 Significant Correction of Prior Full Assessment - Medicare 5 days

47 Significant Correction of Prior Full Assessment - Medicare 14 day

42 Significant Correction of Prior Full Assessment - Medicare 30 day

43 Significant Correction of Prior Full Assessment - Medicare 60 day

44 Significant Correction of Prior Full Assessment - Medicare 90 day

#### Modifier Other Medicare Required Assessment (OMRA) - Replacing

18 OMRA replacing Medicare 5 Day Assessment- Medicare 14 days

78 OMRA replacing Medicare 14 Full Assessment - Medicare 14 days

28 OMRA replacing Medicare 14 Full Assessment - Medicare 30 days



### Modifiers & Descriptions (cont)

38 OMRA replacing Medicare 14 Full Assessment - Medicare 60 days

48 OMRA replacing Medicare 14 Full Assessment - Medicare 90 days

**Modifier** Significant Change in Status Assessment (SCSA) - replacing\*\*

31 SCSA replacing Medicare 5 Day Assessment

35 SCSA replacing Readmission/Return Medicare Assessment Assessment

37 SCSA replacing Medicare 14 Day Assessment

32 SCSA replacing Medicare 30 Day Assessment

33 SCSA replacing Medicare 60 Day Assessment

34 SCSA replacing Medicare 90 Day Assessment

00 **No Assessment Completed (Default)**



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