

# Obtaining HIPPS Codes for Non-Medicare Residents

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## Why you may need a HIPPS code for a non-Medicare resident:

In addition to Medicare, some insurance companies are requiring HIPPS codes for billing purposes. The most common use for this is when billing Medicare Replacement type insurance companies, which require the same codes as Medicare. These codes can be obtained through ECS, and even combined with your OBRA assessments in the same way as regular Medicare PPS assessments.

## Open an Assessment

- From the MDS Manager, or your menu, choose "Start" to start an MDS assessment.
- The *Type of Assessment/Tracking* screen will open. You will choose the option that fits your needs as if you were a PPS/Medicare assessment. Note: The last option, "*Medicare Replacement or Insurance Billing - RUG IV,*" is ONLY for obtaining RUG IV scores/codes and can not generate a HIPPS code. Do not choose this option for this application.
- Enter your Assessment Reference Date (ARD) /Target date and select "OK."

## Code the Assessment

- The second *Type of Assessment/Tracking* screen will open.
- Code the assessment as if it were a Medicare/PPS assessment.
- Place a check in the box in the lower right, "For Medicare Replacement or Insurance Billing." Note: Use this for any non-Medicare assessment where you need a HIPPS code.
- Click "OK" to open the assessment.
- Once the assessment opens, complete all active items. Note: Some items, especially in sections 'A' and 'B' effect other items later in the assessment. It is best to complete this in order as best you can.

## Apply the Proper Dates

1. Answer Item A2400
  - a. A2400A should be '0' or 'no'
  - b. A2400B and A2400C will inactivate once A2400A is answered.
2. To enter your dates on a **5 day** assessment for Medicare Replacement:
  - a. Choose "status" from the buttons on the bottom right of the screen.
  - b. Then choose "HIPPS Code" from the status screen.
  - c. The *HIPPS Code Calculations* screen will open. Choose "Calculate Selected" from the bottom left corner.
  - d. Unlike a PPS assessment for Medicare, at this point another box will open, which allows you to input dates for the assessment. Use the dates that you would have entered in A2400 if this were an assessment for Medicare.

3. To enter your dates on a **PPS Discharge** assessment for Replacement:
  - a. On this type of assessment, you will see a box labeled Medicare Replacement stay next to items A2400B and A2400C.
  - b. Fill in the additional boxes with the appropriate dates, as though this were a Medicare assessment.

## Rules

1. Assessments for Medicare Replacement, insurance, or other coverages requiring HIPPS codes will be denoted in ECS with parenthesis.
  - a. An 'Admission - Not PPS (5 day)' is an Admission 5 day for Medicare replacement.
  - b. A 'Not OBRA - DC RA (PPS Discharge)' is an OBRA discharge combined with a PPS discharge for Medicare Replacement or other coverage.
2. Every time a HIPPS code is started in ECS, it must end with an assessment. A 5 day assessment will generate a HIPPS code that ends based on the dates in the PPS Discharge assessment. Likewise, a (5 Day) assessment for Medicare Replacement generates a HIPPS code that ends based on the dates in the (PPS Discharge).