



myNEXUS Announcement

2020 HIPPS Code Required on Claim Effective April 15, 2020

Effective April 15, 2020, all claims from Home Health Agencies (HHAs) received by myNEXUS must contain a valid 2020 PDGM HIPPS code to be considered for payment.

This notice applies to both contracted and non-contracted myNEXUS Providers. As of January 1, 2020, CMS implemented PGDM guidelines which requests that all claims data submitted to CMS by a Health Plan will require this 2020 PDGM HIPPS code. As a result, all claims with a start of care date rendered on or after January 1, 2020 that are sent to myNEXUS without a valid 2020 PDGM HIPPS code will be denied back to the Provider.

HIPPS Code Billing Information:

- HHA should bill with the appropriate HIPPS code, HCPC code, revenue code, units, and billed charges.
- For further information on how to bill your HHA claims please refer to <https://www.cms.gov>.

Additional Information:

- This billing instruction applies to Health Plan Members for whom myNEXUS is delegated claims administration; the full list of plans can be found at www.myNEXUScare.com.
- For more information regarding the CMS requirement please reference, <https://www.cms.gov/Medicare/Medicare-Advantage/PlanPayment/Downloads/encounterdatahippsmemo.PDF>

For any questions regarding this upcoming requirement, please contact the myNEXUS Claims Customer Service Team at 1-833-241-0428 or the myNEXUS Provider Relations Team at 1-844-411-9622, option 6.