AmeriHealth Caritas VIP Care

FASTFACTS Important Information for Our Providers

# Home Health Billing Requirements

So that we can accurately pay home health claims, AmeriHealth Caritas VIP Care requires you to bill the final Patient-Driven Groupings Model (PDGM) code on your claims. There are several reasons why we require the final PDGM code to be billed:

1. **Admission Source and Timing** – Occurrence codes 61 and 62 are not required on home health claims, but unless either one of those is billed, we must rely on the Admission Source and Timing to be correct or base the admission source and timing solely off the admission date, which we find can be inconsistently billed.
2. **Clinical Grouping** – Can vary based on the primary diagnosis submitted on the claim.
3. **Functional Impairment Level** – Most importantly, our plan does not have access to OASIS data, so we must assume what was billed in this position is accurate.
4. **Comorbidity** – Can vary based on any secondary diagnoses submitted on the claim.

Billing the final PDGM code will minimize inaccurate payments and, overall, will be beneficial to home health agencies and our plan.

If you have any questions about this requirement, please reach out to your Provider Network Account Executive.

10132025