

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1082	Date: OCTOBER 27, 2006
	Change Request 5356

Subject: Annual Update of HCPCS Codes Used for Home Health Consolidated Billing Enforcement

I. SUMMARY OF CHANGES: Updates the list of HCPCS codes used by CWF home health consolidated billing edits to reflect the annual update to the HCPCS code set.

Effective Date: January 1, 2007

Implementation Date: January 2, 2007

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

Recurring Update Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1082	Date: October 27, 2006	Change Request 5356
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SUBJECT: Annual Update of HCPCS Codes Used for Home Health Consolidated Billing Enforcement

I. GENERAL INFORMATION

A. Background: The CMS periodically updates the lists of Healthcare Common Procedure Coding System (HCPCS) codes that are subject to the consolidated billing provision of the Home Health Prospective Payment System (HH PPS). With the exception of therapies performed by physicians, supplies incidental to physician services and supplies used in institutional settings, services appearing on this list that are submitted on claims to Medicare contractors will not be paid separately on dates when a beneficiary for whom such a service is being billed is in a home health episode (i.e., under a home health plan of care administered by a home health agency). Medicare will only directly reimburse the primary home health agencies that have opened such episodes during the episode periods. Therapies performed by physicians, supplies incidental to physician services and supplies used in institutional settings are not subject to HH consolidated billing.

The HH consolidated billing code lists are updated annually, to reflect the annual changes to the HCPCS code set itself. Additional updates may occur as frequently as quarterly in order to reflect the creation of temporary HCPCS codes (e.g., 'K' codes) throughout the calendar year. The new coding identified in each update describes the same services that were used to determine the applicable HH PPS payment rates. No additional services will be added by these updates; that is, new updates are required by changes to the coding system, not because the services subject to HH consolidated billing are being redefined.

This recurring update notification provides the annual HH consolidated billing update effective January 1, 2007. The specific changes are described in the attached code list.

B. Policy: Section 1842(b)(6) of the Social Security Act requires that payment for home health services provided under a home health plan of care is made to the home health agency. This requirement is found in Medicare regulations at 42 CFR 409.100 and in Medicare instructions at Pub. 100-04, Medicare Claims Processing Manual, chapter 10, section 20.1.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
F I S S	M C S					V M S	C W F			
5356.1	Medicare claims processing systems shall revise the list of codes used to enforce existing HH consolidated billing edits according to the attached code list for claims with dates of service on or after January 1, 2007.								X	

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
F I S S	M C S					V M S	C W F			
5356.2	A provider education article related to this instruction will be available at www.cms.hhs.gov/MLNMattersArticles shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X					

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
5356.1	The current CWF home health consolidated billing edits are alerts 7702 and 7703, edits 5389 and 5390, and the associated unsolicited response processes.

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: January 1, 2007</p> <p>Implementation Date: January 2, 2007</p> <p>Pre-Implementation Contact(s): Yvonne Young, (410) 786-1886, Yvonne.Young@cms.hhs.gov or Wil Gehne, (410) 786-6148, Wilfried.Gehne@cms.hhs.gov (Intermediaries) Claudette Sikora, (410) 786-5618, csikora@cms.hhs.gov (Carriers)</p> <p>Post-Implementation Contact(s): Regional Offices</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.</p>
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Attachment

**Attachment:
Code Changes for January 2007 Annual Update
of Medicare HH Consolidated Billing Code Lists**

New & Deleted Codes for HH CB			
Code	Description	Action	Replacement Code or Code Being Replaced
Non-Routine Supplies			
A4213	SYRINGE, STERILE, 20 CC OR GREATER	Add	
A4215	NEEDLE, STERILE, ANY SIZE, EACH	Add	
	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION	Delete	
A4348	COMPARTMENT, EXTENDED WEAR, EACH (E.G., 2 PER MONTH)	Delete	
A4359	URINARY SUSPENSORY WITHOUT LEG BAG	Delete	
A4244	ALCOHOL OR PEROXIDE, PER PINT	Add	
A4245	ALCOHOL WIPES, PER BOX	Add	
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	Add	
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	Add	
A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH	Add	Replaces code: A4462
A4462	ABDOMINAL DRESSING HOLDER, EACH	Delete	Replacement code: A4461 & A4463
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	Add	Replaces code: A4462
A4932	RECTAL THERMOMETER, REUSABLE, ANY TYPE, EACH	Add	
A6412	EYE PATCH, OCCLUSIVE, EACH	Add	
Therapies			
97020	APPLICATION MICROWAVE	Delete	Replacement code: 97024
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)	Redefine	Replaces code: 97020
97504	ORTHOTIC(S) FITTING AND TRAINING, UPPER EXTREMITY(IES), LOWER EXTREMITY(IES), AND/OR TRUNK, EACH 15 MINUTES	Delete	Replacement code: 97760
97520	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITIES, EACH 15 MINUTES	Delete	Replacement code: 97761
97703	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	Delete	Replacement code: 97762
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED), UPPER EXTREMITY(S), LOWER EXTREMITY(S) AND/OR TRUNK, EACH 15 MINUTES	Add	Replaces code: 97504
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	Add	Replaces code: 97520
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	Add	Replaces code: 97703