



Related MLN Matters Article #: MM5829 **Revised**

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Annual Update of Healthcare Common Procedure Codes System (HCPCS) Codes Used for Home Health (HH) Consolidated Billing Enforcement

Note: MLN Matters article MM5829 was revised to delete an Internet link to the historical listing of codes subject to HH consolidated billing that is no longer available on the CMS website. All other information remains the same.

Key Words

MM5829, CR5829, R1391CP, HCPCS, HH, CB, Consolidated

Provider Types Affected

Physicians, suppliers, and providers who bill Medicare Carriers, Fiscal Intermediaries, Regional Home Health Intermediaries, and Durable Medical Equipment Medicare Administrative Contractors (DME MACs) and Part A/B MACs for medical supply or therapy services

Key Points

- The effective date of the instruction is January 1, 2008.
- The implementation date is January 7, 2008.
- Section 1842(b)(6) of the Social Security Act requires that payment for HH services provided under a HH plan of care be made to the HH agency (HHA.).
- As a result, billing for all such items and services is to be done by a single HHA overseeing that plan. This HHA is known as the primary agency for HH Prospective Payment System for billing purposes.
- 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 HH episode (i.e., under a HH plan of care administered by an HHA). Exceptions include the following:
 - Therapies performed by physicians;
 - Supplies incidental to physician services; and
 - Supplies used in institutional settings.
- Medicare has issued a Recurring Update Notification, which provides the annual HH consolidated billing updates for non-routine supplies and therapies effective January 1, 2008.

- These lists are updated annually, effective each January 1, to reflect the annual changes to the HCPCS code set.
- The lists may also be updated as frequently as quarterly if required by the creation of temporary HCPCS codes during the year.
- Change Request (CR) 5829 provides the annual HH consolidated billing update effective January 1, 2008.
- The tables starting on page 2 of MLN Matters article MM5829 describe the HCPCS codes and the specific changes to each that this notification is implementing for claims with dates of service on or after January 1, 2008.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5829.pdf> on the CMS website.

The official instruction (CR5829) regarding this change may be viewed at

<http://www.cms.gov/Transmittals/downloads/R1391CP.pdf> on the CMS website.

To review the Medicare manual instructions discussed in this article, providers should view the *Medicare Claims Processing Manual*, Chapter 10, Section 20.1 at

<http://www.cms.hhs.gov/manuals/downloads/clm104c10.pdf> on the CMS website.