



## Provider Inquiry Assistance

### Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes Used for Home Health (HH) Consolidated Billing Enforcement - JA6262

Related CR Release Date: November 7, 2008

Date Job Aid Revised: December 8, 2008

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

<b>Key Words</b>	MM6262, CR6262, R1633CP, Home Health, Consolidated ,Billing, HCPCS
<b>Contractors Affected</b>	<ul style="list-style-type: none"> <li>• Carriers</li> <li>• Part A/B Medicare Administrative Contractors (A/B MACs)</li> <li>• Durable Medical Equipment MACs (DME MACs)</li> <li>• Fiscal Intermediaries (FIs)</li> <li>• Regional HH Intermediaries (RHHIs)</li> </ul>
<b>Provider Types Affected</b>	Physicians, providers, and suppliers submitting claims to Medicare Carriers, DME MACs, FIs, A/B MACs and/or RHHIs for services provided to Medicare beneficiaries during an episode of HH care



- The Centers for Medicare & Medicaid Services (CMS) periodically updates the lists of HCPCS codes subject to the consolidated billing provision of the HH Prospective Payment System.
- Change Request (CR) 6262 provides the annual HH consolidated billing update effective January 1, 2009.

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| <b>Provider Needs to Know...</b> | <ul style="list-style-type: none"> <li>• The HH consolidated billing code lists are updated annually, to reflect the annual changes to the HCPCS code set itself.</li> <li>• Additional updates may occur as frequently as quarterly in order to reflect the creation of temporary HCPCS codes (i.e., "K" codes) throughout the calendar year.</li> </ul> |
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Annual HH Consolidated Billing Updates Effective January 1, 2009

- HCPCS code **A6545** (Gradient compression wrap, non-elastic, below knee, 30-50 mmHg, each) is **added** to the billing code list.
- HCPCS code **A6413** (Adhesive Bandage, First-Aid Type, any size, each) is **deleted** from the billing code list and is being removed because it is non-covered by Medicare statute.

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Background

- The Social Security Act (Section 1842(b)(6); see [http://www.ssa.gov/OP\\_Home/ssact/title18/1842.htm](http://www.ssa.gov/OP_Home/ssact/title18/1842.htm) on the Internet) requires that payment for HH services provided under a HH plan of care is made to the HH agency.
- This requirement is found in Medicare regulations at 42 Code of Federal Regulations 409.100 (see [http://edocket.access.gpo.gov/cfr\\_2005/octqtr/42cfr409.100.htm](http://edocket.access.gpo.gov/cfr_2005/octqtr/42cfr409.100.htm) on the Internet) and in the *Medicare Claims Processing Manual* (Chapter 10, Section 20.1), available at <http://www.cms.hhs.gov/manuals/IOM/list.asp> on the CMS website.

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Operational Impact      N/A

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Reference Materials

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6262.pdf> on the CMS website.

The official instruction (CR6262) issued regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1633CP.pdf> on the CMS website.

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