



Provider Inquiry Assistance

Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes Used for Home Health (HH) Consolidated Billing Enforcement – JA6662

Related CR Release Date: October 9, 2009

Date Job Aid Revised: December 1, 2009

Effective Date: January 1, 2010

Implementation Date: January 4, 2010

Key Words MM6662, CR6662, R1827CP, HH, Consolidated, Billing, Enforcement

Contractors Affected

- Part A/B Medicare Administrative Contractors (A/B MACs)
- Medicare Carriers
- Fiscal Intermediaries (FIs)
- Regional Home Health Intermediaries (RHHIs)
- Durable Medical Equipment MACs (DME MACs)

Provider Types Affected

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



Change Request (CR) 6662 provides the annual HH consolidated billing update effective January 1, 2010.

New HCPCS Codes

Provider Needs to Know...

- The following HCPCS codes are added to the HH consolidated billing supply code list:
 - A4360 - Disposable external urethral clamp or compression device with pad and/or pouch; and
 - A4456 - Ostomy adhesive remover wipe. (**Note:** Code A4456 is a new code that

replaces code A4365, which is deleted below.)

Deleted Codes

- HCPCS code A4365 (Ostomy adhesive remover wipe) is deleted from the HH consolidated billing supply code list.
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Background

- The Centers for Medicare & Medicaid Services (CMS) periodically updates the lists of HCPCS codes that are subject to the consolidated billing provision of the HH PPS.
 - With the exception of therapies performed by physicians, supplies that are incidental to physician services, and supplies used in institutional settings, the 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 a HH agency).
 - Medicare will only directly reimburse the primary HH 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. The new updates are required by changes to the coding system and not because the services subject to HH consolidated billing are being redefined.
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Operational Impact

N/A

Reference Materials

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6662.pdf> on the CMS website.

The official instruction (CR6662) regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1827CP.pdf> on the CMS website.
