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Quarterly Update of HCPCS Codes Used for Home Health Consolidated Billing Enforcement

MLN Matters Number: MM11040
Related Change Request (CR) Number: 11040
Related CR Release Date: November 16, 2018
Effective Date: April 1, 2019
Related CR Transmittal Number: R4170CP
Implementation Date: April 1, 2019

PROVIDER TYPE AFFECTED

This MLN Matters Article is intended for Home Health Agencies (HHAs) and other providers submitting claims to Medicare Administrative Contractors (MACs) for home health services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article is based on CR 11040 which provides the quarterly update of Healthcare Common Procedure Coding System (HCPCS) codes used for Home Health (HH) consolidated billing effective April 1, 2019. Make sure that your billing staffs are aware of these changes.

BACKGROUND

The Social Security Act (Section 1842(b)(6); https://www.ssa.gov/OP_Home/ssact/title18/1842.htm) requires that payment for home health services provided under a home health plan of care is made to the home health agency (HHA). This requirement is in regulations at 42 CFR 409.100 (https://www.ecfr.gov/cgi-bin/text-idx?SID=dade79f01c67f93604262bb8e8a95e7e&mc=true&node=pt42.2.409&rgn=div5#se42.2.409_1100) and in Medicare instructions provided in Chapter 10, Section 20 of the Medicare Claims Processing Manual (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c10.pdf).

The Centers for Medicare & Medicaid Services (CMS) periodically updates the lists of 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 and supplies incidental to physician services and supplies used in institutional settings, services appearing on this list that are submitted on claims to your MAC will not be paid separately on dates when a beneficiary for whom such a service is being billed is in a home health episode (that is, under a home health plan of care administered by a HHA).

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

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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 (for example, '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.

There are no codes being added to the HH consolidated billing non-routine supply code list in this update. However, the following code is being added to the HH consolidated billing therapy code list:

- 92597 - Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech

Note: This is not a new therapy code. This code was removed from the HH consolidated billing therapy code list in error in January 2003. CR11040 corrects this error and restores the code to the list.

ADDITIONAL INFORMATION

The official instruction, CR11040, issued to your MAC regarding this change is available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4170CP.pdf.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

Date of Change	Description
November 16, 2018	Initial article released.

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