

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



MLN Matters® Number: MM9608

Related Change Request (CR) #: CR 9608

Related CR Release Date: April 1, 2016

Effective Date: January 1, 2016

Related CR Transmittal #: R3487CP

Implementation Date: April 25, 2016

Corrections to Recoding in the Home Health Pricer Program

Provider Types Affected

This MLN Matters® Article is intended for Home Health Agencies (HHAs) submitting claims to Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries.

What You Need to Know

Change Request (CR) 9608 announces the installation of a corrected Home Health (HH) Pricer program on April 25, 2016. CR9608 also requires Medicare Administrative Contractors (MACs) to adjust certain HHA claims to correct recoding errors that resulted in inaccurate payments.

Background

The Centers for Medicare & Medicaid Services (CMS) has identified an error in the Home Health (HH) Pricer program that causes incorrect Original Medicare payments to Home Health Agencies (HHAs).

The HH Pricer program routinely validates whether the Health Insurance Prospective Payment System (HIPPS) code on a claim is supported by the appropriate number of therapy services. If the number of therapy services is higher or lower than what is reflected in the HIPPS code, the Pricer recodes the claim and a HIPPS code corresponding to the actual therapy services is paid.

Since the January 2016 update to the HH Pricer, the program performed this action incorrectly when the provider-submitted HIPPS codes began with 5, or when 20 or more therapy visits were provided and the provider-submitted code was recoded to a HIPPS code

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2015 American Medical Association. All rights reserved.

beginning with 5. As a result of this error, claims that were recoded to a different payment group were assigned incorrect HIPPS codes.

To correct these errors, CMS has revised the HH Pricer; this revision will be implemented on April 25, 2016. After this implementation is completed, your MAC will correct your payments by adjusting HH claims that meet the following criteria:

- Type of Bill 032x other than 0322,
- APC-HIPPS codes in the 5xxxx range, and
- Claim receipt dates on or after January 1, 2016.

Further, the MACs will complete these claims adjustments within 30 days of the installation date of the revised HH Pricer.

Additional Information

The official instruction, CR9608 issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3487CP.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2015 American Medical Association. All rights reserved.