



MLN Matters®



Information for Medicare Fee-For-Service Health Care Professionals

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MMA - Section 706— Implementation of Coverage of Religious Nonmedical Health Care Institution (RNHCI) Items and Services Furnished in the Home

Note: This article was updated on May 12, 2013, to reflect current Web addresses. Providers are advised to refer to MLN Matters article MM5383, which discusses that Section 706 of the Medicare Modernization Act (MMA) of 2003, which authorized coverage for a **time limited home service benefit** for RNHCIs, ended on December 31, 2006. As of January 1, 2007, Medicare no longer provided coverage for the RNHCI home services benefit, including durable medical equipment (DME) items. MM5383 may be found at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM5383.pdf> on the CMS website.

Provider Types Affected

RNHCIs and Durable Medical Equipment (DME) Suppliers who may make arrangements with RNHCIs

Provider Action Needed

Effective January 1, 2005, RNHCIs may choose to provide certain Medicare items and RNHCI nursing services in a beneficiary's home. This RNHCI home service benefit is time-limited and will expire on December 31, 2006. Details of those services and how to bill Medicare for them are included in this article. RNHCIs should be familiar with these requirements in order to receive accurate and timely payment for these services.

Background

Section 706 of the MMA extends coverage to certain RNHCI items and services that are provided in a beneficiary's home.

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Previously, beneficiaries with a RNHCI election only received coverage for inpatient services in a RNHCI. Those beneficiaries whose religious beliefs prevent them from receiving most medical services and who have an effective election are now eligible for specified home health benefits from a RNHCI.

Beginning April 4, 2005, RNHCI may submit claims for specified DME and RNHCI nursing visits in the home, although coverage is available from January 1, 2005. Coverage is extended to specified DME items such as: canes, crutches, walkers, commodes, a standard wheelchair, hospital beds, bedpans, and urinals. The DME items are specified by Healthcare Common Procedure Coding System (HCPCS) code numbers and substitute codes may not be billed.

Total Medicare payments to all RNHCI providers nationwide for these items are limited to \$700,000 per calendar year.

When RNHCI offer home services to RNHCI beneficiaries they may order items and services without a physician order, but with the concurrence of the RNHCI utilization review committee. Receipt of these items and services from a RNHCI do not compromise the beneficiary's election for RNHCI care.

The RNHCI may establish a payment arrangement with one or more DME supplier to obtain any of the specified DME items. Items provided by a DME supplier dealing directly with the beneficiary are excluded. The RNHCI may provide RNHCI nursing services directly using their own staff or under an arrangement using independent RNHCI nurses. These services comprise the RNHCI home benefit. The RNHCI home benefit must exclude the same services that are excluded from home health benefit as defined in 42 CFR 409.49 and 42 CFR 403.768. Services provided by independent RNHCI nurses while working directly for the beneficiary are excluded.

Specific Billing Guidance

The specific billing guidance that RNHCI need to follow to bill for these items and services are:

- RNHCI should submit claims for specified DME items from the DME supplier only to the fiscal intermediary for the RNHCI, using type of bill (TOB) 43x.

It is crucial that the RNHCI stress to the DME supplier that the DME supplier must not bill these items to the DME regional carrier; such an action could terminate the beneficiary's election of RNHCI services.

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- RNHCIs must submit claims for DME items using revenue codes 291 (rental), 292 (purchase- new) or 293 (purchase- used) only, reporting a HCPCS code, service units, and a date of service for each line item.

RNHCIs may only provide DME items as specified by the following list of HCPCS:

Canes	<ul style="list-style-type: none"> • E0100 Cane, includes canes of all materials, adjustable or fixed, with tip • E0105 Cane, quad or three prong, includes canes of all materials, adjustable or fixed with tip
Crutches	<ul style="list-style-type: none"> • E0112 Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips • E0113 Crutch underarm, wood, adjustable or fixed, pair, with pad, tip and handgrip • E0114 Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips • E0116 Crutch underarm, other than wood, adjustable or fixed, with pad, tip and handgrip
Walkers	<ul style="list-style-type: none"> • E0130 Walker, rigid (pickup), adjustable or fixed height • E0135 Walker, folding (pickup), adjustable or fixed height • E0141 Walker, rigid, wheeled, adjustable or fixed height • E0143 Walker, folding, wheeled, adjustable or fixed height
Commodes	<ul style="list-style-type: none"> • E0163 Commode chair, stationary, with fixed arms • E0167 Pail or pan for use with commode chair
Wheelchairs	<ul style="list-style-type: none"> • K0001 Standard wheelchair
Hospital Beds & Accessories	<ul style="list-style-type: none"> • E0250 Hospital bed, fixed height, with any type side rails, with mattress • E0255 Hospital bed, variable height, hi-lo, with any type side rails, with mattress • E0260 Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress • E0275 Bed pan, standard, metal or plastic • E0276 Bed pan, fracture, metal or plastic • E0290 Hospital bed, fixed height, without side rails, with mattress • E0292 Hospital bed, variable height, hi-lo, without side rails, with mattress • E0325 Urinal; male, jug-type, any material • E0326 Urinal; female, jug-type, any material

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- Payment to RNHCIs for these specified DME items will be made based on the DME fee schedule.
- Coinsurance applies to these items. Deductible does not apply to these items.
- RNHCIs must submit claims for RNHCI nursing visits on type of bill 43x using revenue code 57x, reporting each visit as a separate line item using HCPCS code G0156, service units, and a date of service for each line item.
- RNHCIs must report the nursing services in increments of 15 minutes, as defined by HCPCS code G0156.
- Payment to RNHCIs for nursing visits will be made using the table of Metropolitan Statistical Area (MSA)-specific per-visit rates, which is shown in the *Additional Information* section below.

Additional Information

Payments made for nursing services are shown in the following table:

Facility Specific Per-Visit Rates for RNHCI Nursing Services for Services Provided in Calendar Year 2005

Facility MSA Area	2005 Wage Index Value	Facility Wage-Adjusted Labor Portion	Facility Non-Labor Portion	Total Facility Per-Visit Rate
1123	1.1290	31.04	8.32	39.36
1600	1.0851	29.83	8.32	38.16
1680	0.9626	26.46	8.32	34.78
1840	0.9753	26.81	8.32	35.13
1920	1.0054	27.63	8.32	35.95
2080	1.0904	29.98	8.32	38.30
3480	1.0039	27.60	8.32	35.92
4480	1.1732	32.25	8.32	40.57
5080	1.0076	27.70	8.32	36.02
5600	1.3586	37.36	8.32	45.68
5960	0.9742	26.78	8.32	35.10
7320	1.1267	30.98	8.32	39.30
7360	1.4712	40.45	8.32	48.77
8200	1.1078	30.46	8.32	38.78
8840	1.0971	30.16	8.32	38.48

Notes:

National base RNHCI nursing rate is \$35.81.

Labor portions are calculated as follows: $\$35.81 \times .76775 \times \text{facility's wage index value}$.

Non-labor portions are calculated as follows: $\$35.81 \times .23225 = \8.32 .

Facility per-visits rates are the sum of the labor and non-labor portions.

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The official instructions issued to your RNHCI fiscal intermediary are in two parts, one reflecting changes to the *Medicare Claims Processing Manual* and the other reflecting changes to the *Medicare Benefit Policy Manual*.

The actual manual changes are attached to these instructions. To view the changes to the *Medicare Claims Processing Manual*, you may see CR3529, transmittal 357 at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R357CP.pdf> on the CMS website.

View the changes to the *Medicare Benefits Policy Manual*, Transmittal 25 of CR 3529 at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R25BP.pdf> on the CMS website.

For additional information relating to this issue, please call your RNHCI intermediary at their toll-free number.

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