



News Flash – As a result of the Affordable Care Act, claims with dates of service on or after January 1, 2010, received later than one calendar year beyond the date of service will be denied by Medicare. For full details, see the MLN Matters® article, MM6960, at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6960.pdf> on the Centers for Medicare & Medicaid Services website.

MLN Matters® Number: MM7247

Related Change Request (CR) #: 7247

Related CR Release Date: December 17, 2010

Effective Date: March 21, 2011

Related CR Transmittal #: R2121CP

Implementation Date: March 21, 2011

Reporting of Service Units with HCPCS

Note: This article was updated on September 4, 2012, to reflect current Web addresses. All other content remains the same.

Provider Types Affected

Providers submitting claims to Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and A/B Medicare Administrative Contractors (A/B MACs) are affected by this article.

What You Need to Know

Change Request (CR) 7247 informs Medicare contractors that a table of Current Procedure Terminology (CPT) codes indicating maximum unit limitations was inadvertently deleted from Chapter 5, Section 20, of the Medicare Claims Processing Manual. CR 7247 reinserts that table. There are no changes to existing policy.

Additional Information

The reinserted table is at the end of the revised manual chapter attached to CR 7247. That CR is available at <http://www.cms.gov/Regulations-and->

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[Guidance/Guidance/Transmittals/downloads/R2121CP.pdf](#) on the CMS website.

If you have any questions, please contact your FI, RHHI, or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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