

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



News Flash – Hurry, time is running out! HIPAA Version 5010 and D.0 will be required to submit Medicare claims beginning Sunday, January 1, 2012! As of Sunday, January 1, 2012, Version 5010 and NCPDP D.0 will be required for all HIPAA standard transactions. Beginning Sunday, January 1, 2012, HIPAA Version 4010A1 will no longer be accepted by Medicare. All trading partners must operate in HIPAA Version 5010 and D.0. CMS strongly encourages providers to take advantage of the many resources available at <http://www.cms.gov/ICD10>, http://www.cms.gov/Versions5010andD0/01_overview.asp, and <http://www.cms.gov/MFFS5010D0/> on our website. It is essential to begin the transition now to prevent a disruption to your claims processing and cash flow.

MLN Matters® Number: MM7599

Related Change Request (CR) #: 7599

Related CR Release Date: October 7, 2011

Effective Date: January 1, 2012

Related CR Transmittal #: R2317CP

Implementation Date: January 3, 2012

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

Provider Types Affected

Providers and suppliers submitting claims to Medicare contractors (carriers, DME Medicare administrative contractors (DME MACs), Fiscal Intermediaries (FIs), Part A/B Medicare Administrative Contractors (A/B MACs), and/or Regional Home Health Intermediaries (RHHIs)) for services provided to Medicare beneficiaries during an episode of home health care are affected.

Provider Action Needed

This article announces that Change Request (CR) 7599 is a recurring update notification that provides the annual HH consolidated billing update, effective January 1, 2012. Make sure your billing staff is aware of these changes.

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 2010 American Medical Association.

Background

The Centers for Medicare & Medicaid Services (CMS) periodically updates the lists of Healthcare Common Procedure Codes System (HCPCS) codes subject to the consolidated billing provision of the HH Prospective Payment System (HH PPS). With the exception of therapies performed by physicians, supplies incidental to physician services, and supplies used in institutional settings, 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 home health 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. New updates are required by changes to the coding system, not because the services subject to HH consolidated billing are being redefined.

Key Points

The HCPCS codes in the table below are being added to the HH consolidated billing supply code list.

Added HCPCS Code	Descriptor
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each.
A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each.

Additional Information

If you have questions, please contact your Medicare carrier, FI, RHHI, A/B MAC or DME MAC at their toll-free number which may be found at

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<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

The official instruction (CR7599) issued to your Medicare Carrier/FI/RHHI/MAC is available at <http://www.cms.gov/Transmittals/downloads/R2317CP.pdf> on the CMS website on the CMS website.

News Flash –Vaccinate Early to Protect Against the Flu /2011-2012 Influenza Vaccine Prices Are Now Available

CDC recommends a yearly flu vaccination as the most important step in protecting against flu viruses. Remind your patients that annual vaccination is recommended for optimal protection. Under Medicare Part B, Medicare pays for the flu vaccine and its administration for seniors and other Medicare beneficiaries with no co-pay or deductible. Take advantage of each office visit and start protecting your patients as soon as your 2011-2012 seasonal flu vaccine arrives. And don't forget to immunize yourself and your staff. Get the Flu Vaccination – Not the Flu.

CMS has posted the 2011-2012 seasonal influenza vaccine payment limits at: http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10_VaccinesPricing.asp on the CMS website.

Influenza vaccine is NOT a Part D-covered drug. For information about Medicare's coverage of the influenza vaccine, its administration, and educational resources for healthcare professionals and their staff, visit

http://www.CMS.gov/MLNProducts/35_PreventiveServices.asp on the CMS website

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