

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



REVISED products from the MLN

- [“ICD-10-CM/PCS The Next Generation of Coding,”](#) Fact Sheet, ICN 901044, Downloadable only.

MLN Matters® Number: MM8893

Related Change Request (CR) #: CR 8893

Related CR Release Date: August 22, 2014

Effective Date: January 1, 2015

Related CR Transmittal #: R3035CP

Implementation Date: January 5, 2015

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

### Provider Types Affected

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

### Provider Action Needed

CR8893, from which this article is taken, provides annual home health (HH) consolidated billing updates, effective January 1, 2015. It announces that Healthcare Common Procedure Coding System (HCPCS) code A4459 (Manual Pump Enema System, Includes Balloon, Catheter And All Accessories, Reusable, Any Type) is added to the HH consolidated billing non-routine supply code list. You should make sure that your billing personnel are aware of this update.

### Background

The HH consolidated billing code list is updated annually, to reflect the annual changes to the HCPCS code set itself, and additional updates may occur as often as quarterly in order to

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reflect the creation of temporary HCPCS codes (e.g., 'K' codes) throughout the calendar year. These updates are required by changes to the coding system itself, not because the services subject to HH consolidated billing are being redefined. Therefore you should note that the new codes identified in each update describe the same services that were used to determine the applicable HH PPS payment rates; and that the updates do not add any additional services.

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 home health episode (i.e., under a home health plan of care administered by a home health agency). 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 physician services, and supplies used in institutional settings are not subject to HH consolidated billing.

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There are no changes to the HH consolidated billing therapy code list in this update.

## Additional Information

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The official instruction, CR 8893 issued to your MAC regarding this change is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3035CP.pdf> on the Centers for Medicare & Medicaid Services (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-Net/work-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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