

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



New product from the Medicare Learning Network® (MLN)

- [“Medicare Home Health Benefit”](#) Fact Sheet (ICN 908143)



MLN Matters® Number: MM9198

Related Change Request (CR) #: CR 9198

Related CR Release Date: May 29, 2015

Effective Date: January 1, 2015

Related CR Transmittal #: R3268CP

Implementation Date: October 5, 2015

Corrections to the 2015 Home Health (HH) Pricer Program

Provider Types Affected

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

Provider Action Needed

Change Request (CR) 9198 instructs MACs to install a new Home Health (HH) Pricer program which contains updates to allow processing of type of bill 032Q or 033Q, as required by CR8581. CR9198 also corrects errors affecting the payments on 2015 claims and instructs the MACs to adjust claims in order to correct payment amounts. Make sure that your billing staffs are aware of these changes.

Background

Change Request (CR) 9198 provides the following three updates to the Home Health (HH) Pricer program:

1. The National Uniform Billing Committee (NUBC) recently created a new Type of Bill (TOB) frequency code to facilitate the automation of certain requests for re-openings.

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The Centers for Medicare & Medicaid Services (CMS) implemented the new TOB frequency code Q in CR8581. However, this frequency code is not currently recognized in the HH Pricer program. CR9198 makes the necessary changes to process TOB frequency code 'Q'. While all HH claims are currently submitted using TOB 032x, the HH Pricer must accommodate TOBs 032Q and 033Q since reopening requests may affect claims which were submitted when TOB 033x was still valid.

The MLN Matters® article, MM8581, corresponding to CR8581 is available at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm8581.pdf> on the CMS website.

2. The Calendar Year (CY) 2015 HH Pricer currently uses a table that contains incorrect case-mix weights for all Health Insurance Prospective Payment System (HIPPS) codes beginning with '4.' The weights for all codes beginning with '4' are using the weight for the corresponding code that begins with '2' (for example, a claim submitted with HIPPS code 4AFKS is being paid using the weight for 2AFKS). CR9198 corrects the weight table and instructs MACs to adjust claims to correct payments within 60 calendar days of the implementation of CR9198.
3. CR8950 contained re-coding instructions for the HH Pricer, to reflect the updated case-mix scoring tables for 2015. These instructions contained an error in a table used when HIPPS codes beginning with '1' or '2' are submitted with 20 or more therapy visits and must be re-coded to a HIPPS code beginning with '5.' If the clinical severity value encoded in the treatment authorization code was a 'D', the claim was re-coded into a higher case-mix group in error. CR9198 corrects the instructions and the re-coding logic in the Pricer. It also instructs MACs to adjust claims to correct payments.

The MLN Matters article, MM8950, corresponding to CR8950 is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8950.pdf> on the CMS website.

Note: CR 9198 contains no new policy, but it corrects the implementation of existing policies.

Additional Information

The official instruction, CR9198, issued to your MAC regarding this change is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3268CP.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" on the CMS website.

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