CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12608	<b>Date: May 2, 2024</b>
	<b>Change Request 13550</b>

#### **SUBJECT: Enhancements to Home Health Consolidated Billing Edits**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to ensure Original Medicare systems edits enforcing home health consolidated billing are accurate and consistent with existing payment policies.

EFFECTIVE DATE: October 1, 2024 - Claims processed on or after this date.

\*Unless otherwise specified, the effective date is the date of service.

**IMPLEMENTATION DATE: October 7, 2024** 

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated) R=REVISED, N=NEW, D=DELETED-*Only One Per Row*.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	10/20/20.2.2/Therapy Editing

#### III. FUNDING:

#### For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

#### **IV. ATTACHMENTS:**

**Business Requirements Manual Instruction** 

# **Attachment - Business Requirements**

Pub. 100-04 | Transmittal: 12608 | Date: May 2, 2024 | Change Request: 13550

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EFFECTIVE DATE: October 1, 2024 - Claims processed on or after this date.

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**IMPLEMENTATION DATE: October 7, 2024** 

#### I. GENERAL INFORMATION

**A. Background:** The purpose of this Change Request (CR) is to ensure Original Medicare systems edits which enforce home health consolidated billing are accurate and consistent with existing payment policies.

#### Excluding Physician Services from Therapy Editing

CR 13425 created a new physician specialty code for epileptologists. The new specialty code is F6 and it is effective July 1, 2024. Physician specialty codes are used to exclude services furnished by physicians from the home health consolidated billing edit and the informational unsolicited response (IUR) for therapy services. This CR adds code F6 to the list of physician specialty codes that cause the Common Working File (CWF) to bypass this edit and IUR.

#### Allowing Supply Claims on the Home Health Discharge Date

In Pub. 100-04, chapter 10, section 20.2, entitled "Home health Consolidated Billing Edits in Medicare Systems" longstanding instructions state "If the patient was discharged or transferred, the edits apply to dates of service between the period start date and the last billable service date for the period. The start date and last service date are excluded." It has come to CMS' attention that supplier claims that overlap a home health period end date that is later than the last service date are currently rejected in error. This CR corrects the home health consolidated billing edit and IUR for supply services to be based on the last billable service date for the period.

**B.** Policy: This CR contains no new policy. It ensures Original Medicare system edits accurately reflect existing policies.

### II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility											
		A/B		D	Shared-				Other				
		MAC		MAC M		MAC M Syste			tem				
					E			Е	E Maintainers			ers	
		A	В	Н		F	M	V	C				
				Н	M	I	C	M	W				
				Н	A		S	S	F				
					С	S							
13550.1	The contractor shall exclude therapy services on								X				
	professional claims from home health consolidated												
	billing edits when physician specialty code F6 is												
	present on the claim.												
										l			

Number	Requirement	Re	Responsibility																																								
		A/B MAC																																				D M E	;	Sys	red- tem aine		Other
		A	В	H H H	M A C	F I S S	M C S	V M S																																			
13550.2	The contractor shall allow supply services subject to home health consolidated billing when the supply service date is on or after the date of latest billing activity (DOLBA) on the home health episode and the patient status code on the home health episode is other than 30.								X																																		
13550.2.1	The contractor shall only adjust claims subject to home health consolidated billing which were processed before October 1, 2024 if brought to their attention.				X																																						

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spoi	nsib	ility	
		N	A/B MA(		D M E	C E D
		A	Б	H H	M A C	1
13550.3	Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.		X	X	X	

## IV. SUPPORTING INFORMATION

# Section A: Recommendations and supporting information associated with listed requirements:

<sup>&</sup>quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:				
Requirement					
Number					
.2	This requirement revises the date criteria for CWF edit and IUR 5389 on HUDC claims				
.1	This requirement adds F6 to the list of specialty codes that bypass CWF edit and IUR 5390 on HUBC claims.				

Section B: All other recommendations and supporting information: N/A

#### V. CONTACTS

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

#### VI. FUNDING

### **Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0** 

### 20.2.2 - Therapy Editing

(Rev. 12608; Issued: 05-02-24; Effective: 10-01-24; Implementation: 10-07-24)

On claims submitted by providers using the institutional claim format, CWF enforces consolidated billing for outpatient therapies by recognizing as therapies all services billed under revenue codes 042x, 043x, 044x. These revenue codes are subject to consolidated billing when submitted on types of bill 013x, 023x, 034x, 074x, 075x or 085x. Consolidated billing edits do not apply on TOB 034x when the HHA is billing for disposable negative pressure wound therapy services during an HH period of care.

On claims submitted by practitioners using the professional claim format, CWF enforces consolidated billing for outpatient therapies using a list of HCPCS codes which represent therapy services.

Therapy services on professional claims are not subject to the home health consolidated billing methodology when performed by a physician. Therefore, CWF bypasses the therapy edit if the HCPCS code is a therapy code subject to home health consolidated billing but the specialty code on the claim indicates a physician.

The following specialty codes indicate a physician for purposes of this edit:

Code	Physician Specialty
01	General Practice
02	General Surgery
03	Allergy/Immunology
04	Otolaryngology
05	Anesthesiology
06	Cardiology
07	Dermatology
08	Family Practice
09	Interventional Pain Management
10	Gastroenterology
11	Internal Medicine
12	Osteopathic Manipulative Therapy
13	Neurology
14	Neurosurgery
16	Obstetrics/Gynecology
18	Ophthalmology
19	Oral Surgery (dentists only)
20	Orthopedic Surgery
22	Pathology
24	Plastic and Reconstructive Surgery
25	Physical Medicine and Rehabilitation
26	Psychiatry
28	Colorectal Surgery (formerly proctology)
29	Pulmonary Disease
30	Diagnostic Radiology

Code	Physician Specialty
33	Thoracic Surgery
34	Urology
35	Chiropractic
36	Nuclear Medicine
37	Pediatric Medicine
38	Geriatric Medicine
39	Nephrology
40	Hand Surgery
41	Optometry
44	Infectious Disease
46	Endocrinology
48	Podiatry
66	Rheumatology
70	Single or Multispecialty Clinic or Group Practice
72	Pain Management
76	Peripheral Vascular Disease
77	Vascular Surgery
78	Cardiac Surgery
79	Addiction Medicine
81	Critical Care (Intensivists)
82	Hematology
83	Hematology/Oncology
84	Preventive Medicine
85	Maxillofacial Surgery
86	Neuropsychiatry
90	Medical Oncology
91	Surgical Oncology
92	Radiation Oncology
93	Emergency Medicine
94	Interventional Radiology
98	Gynecological/Oncology
99	Unknown Physician Specialty
F6	Epileptologists