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| <b>CMS Manual System</b>                     | <b>Department of Health &amp; Human Services (DHHS)</b>   |
| <b>Pub 100-04 Medicare Claims Processing</b> | <b>Centers for Medicare &amp; Medicaid Services (CMS)</b> |
| <b>Transmittal 12608</b>                     | <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.

| <b>R/N/D</b> | <b>CHAPTER / SECTION / SUBSECTION / TITLE</b> |
|--------------|---|
| 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**



| Number    | Requirement  | Responsibility |   |       |       |                           |         |         |  |       |  |
|-----------|--|----------------|---|-------|-------|---------------------------|---------|---------|--|-------|--|
|           |  | A/B MAC        |   |       | D M E | Shared-System Maintainers |         |         |  | Other |  |
|           |  | A              | B | H H H |       | F M V C                   | I C M W | S S S F |  |       |  |
| 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  | Responsibility |   |       |       |   |   |   |
|---------|--|----------------|---|-------|-------|---|---|---|
|         |  | A/B MAC        |   |       | D M E | C | I | D |
|         |  | A              | B | H H H |       |   |   |   |
| 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:**

"Should" denotes a recommendation.

| X-Ref Requirement Number | Recommendations or other supporting information:  |
|--------------------------|---|
| .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):**

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.

**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                       |
| <i>F6</i> | <i>Epileptologists</i>                            |