

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12851	Date: September 25, 2024
	Change Request 13732

Transmittal 12794 issued August 15, 2024, is being rescinded and replaced by Transmittal 12851, dated September 25, 2024, to revise the background section and the HH CB Code list attachment by removing the lymphedema codes that were added in error. All other information remains the same.

SUBJECT: Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes Used for Home Health Consolidated Billing Enforcement

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide the January 2025 annual update to the list of HCPCS codes used by Medicare systems to enforce consolidated billing of home health services. The attached recurring update notification applies to chapter 10, section 20.

EFFECTIVE DATE: January 1, 2025

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

IMPLEMENTATION DATE: January 6, 2025

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/revise 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
N/A	N/A

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:

Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 12851	Date: September 25, 2024	Change Request: 13732
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II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to provide the January 2025 annual update to the list of HCPCS codes used by Medicare systems to enforce consolidated billing of home health services. The attached recurring update notification applies to chapter 10, section 20.

The CMS periodically updates the lists of HCPCS codes that are subject to the consolidated billing provision of the Home Health 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 Home Health (HH) 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.

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; that is, new updates are required by changes to the coding system, not because the services subject to HH consolidated billing are being redefined.

This recurring update notification provides the annual HH consolidated billing update effective January 1, 2025. The following codes are added to the HH consolidated billing non-routine supply code list in this update:

See the attached spreadsheet. Five new codes are added. Three codes on the previous list have code description changes.

The following codes are added to the HH consolidated billing therapy code list:

No update.

B. Policy: Section 1842(b)(6) of the Social Security Act requires that payment for home health services provided under a home health plan of care is made to the home health agency. This requirement is found in Medicare regulations at 42 CFR 409.100 and in Medicare instructions at publication 100-04, Medicare Claims Processing Manual, chapter 10, section 20.

III. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
13732.1	The contractor shall revise the list of codes used to enforce existing HH non-routine supply consolidated billing edits to add the HCPCS code shown in the attachment, effective for claims with line item dates of service on or after January 1, 2025.								X	

IV. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
13732.2	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		

V. 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:
.1	The current CWF HH consolidated billing edits are alerts 7702 and 7703, edits 5389 and 5390, and the associated informational unsolicited response processes.

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

VI. CONTACTS

Pre-Implementation Contact(s): Carla Douglas, carla.douglas@cms.hhs.gov , Wil Gehne, wilfried.gehne@cms.hhs.gov

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

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 1

HCPCS Code	Action	Short Description	Long Description
A4287	ADD	Disp col sto bag breast milk	Disposable collection and storage bag for breast milk, any size, any type, each
A4457	ADD	Enema tube any type repl	Enema tube, with or without adapter, any type, replacement only, each
A4468	ADD	Exsuff belt incl all sup acc	Exsufflation belt, includes all supplies and accessories
A4438	ADD	Adhesive clip ext ens contr	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each
A4564	ADD	Pessary, disposable any type	Pessary, disposable, any type
A6531	Long Description Change	Compress stking bk30-40 surg	Gradient compression stocking, below knee, 30-40 mmhg, used as a surgical dressing, each
A6532	Long Description Change	Compress stking bk40-50 surg	Gradient compression stocking, below knee, 40-50 mmhg, used as a surgical dressing, each
A6545	Long Description Change	Grad com non-elastic bk surg	Gradient compression wrap, non-elastic, below knee, 30-50 mmhg, used as a surgical dressing, each