

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1246	Date: MAY 22, 2007
	Change Request 5551

This Transmittal rescinds and replaces Transmittal 1224. The Effective and Implementation dates have been changed from October 1, 2007 to April 1, 2008. Additionally, HCPCS codes A4255 and E0194 have been removed from Attachment II. All other information remains the same.

Subject: Home Health Agencies (HHAs) Providing Durable Medical Equipment (DME) in Competitive Bidding Areas

I. SUMMARY OF CHANGES: This change request requires that all suppliers of competitively bid DME must bill the DME MAC for these items and will no longer be allowed to bill the RHHIs for competitive bid items.

New / Revised Material

Effective Date: April 1, 2008

Implementation Date: April 1, 2008

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

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	10/10/General Guidelines for Processing Home Health Agency (HHA) Claims
R	10/20/Home Health Prospective Payment System (HH PPS) Consolidated Billing

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 1246	Date: May 22, 2007	Change Request: 5551
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SUBJECT: Home Health Agencies (HHAs) Providing Durable Medical Equipment (DME) in Competitive Bidding Areas

Effective Date: April 1, 2008

Implementation Date: April 1, 2008

I. GENERAL INFORMATION

A. Background: Pursuant to section 1847 of the Social Security Act, competitive bidding will be conducted for certain DME.

Beginning in 2007, in a competitive bidding area, a supplier must be awarded a contract by Medicare in order to bill Medicare for competitively bid DME. Therefore, HHAs that furnish DME and are located in an area where DME items are subject to a competitive bidding program, must either be awarded a contract to furnish the items in this area or use a contract supplier in the community to furnish these items. The competitive bidding items will be identified by HCPCS codes and the competitive bidding areas will be identified based on Zip Codes where beneficiaries receiving these items maintain their permanent residence. The DME MACs will have edits in place indicating which entities are eligible to bill for competitive bid items and the appropriate competitive bid payment amount.

B. Policy: All suppliers of competitively bid DME must bill the DME MAC for these items and will no longer be allowed to bill the RHHIs for competitive bid items. Claims submitted to the RHHI for HCPCS codes subject to a competitive bidding program will be returned to the provider to remove the affected DME line items and the providers will be advised to submit those charges to the DME MACs, who will have jurisdiction over all claims for competitively bid items. Claims for DME furnished by HHAs that are not subject to competitive bidding would still be submitted to the RHHIs. Attached are the applicable HCPCS codes, Zip Codes, and Core Based Statistical Areas (CBSAs) for the competitive bidding areas.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A / B M A C	D M M A C	F I	C A R R I E R	D M E R C	R H H I	Shared-System Maintainers				OTHER	
							F I S S	M C S	V M S	C W F			
5551.1	Medicare systems shall return HH claims to the provider when HCPCS codes that are identified as being in a competitive bidding area are present.							X					

Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A / B M A C	D M E M A C	F I	C A R R I E R	D M E R C	R H H I	Shared-System Maintainers				OTHER	
								F I S S	M C S	V M S	C W F		
	NOTE: The CMS download file shall be used to identify the applicable HCPCS codes, Zip Codes, and CBSAs.												
5551.2	RHHIs shall download the HCPCS and Zip Code files upon receipt of the data set name. NOTE: CMS will supply the data set name via email to the RHHIs. The attached lists should be used to inform providers of the applicable codes.						X						
5551.3	RHHIs shall instruct providers to remove the affected DME lines and submit those charges to the DME MAC for processing when a claim has been returned for the presence of HCPCS codes that fall within a competitive bidding area.						X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A / B M A C	D M E M A C	F I	C A R R I E R	D M E R C	R H H I	Shared-System Maintainers				OTHER	
								F I S S	M C S	V M S	C W F		
5551.4	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.			X			X						

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
5551.1	Implementation of the service areas is being done by CBSA, therefore, editing value code 61 for the beneficiary's location.

B. For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Yvonne Young, (410) 786-1886, Yvonne.Young@cms.hhs.gov, Wilfried Gehne, (410) 786-6148, Wilfried.Gehne@cms.hhs.gov (Claims Processing) or Ralph Goldberg, (410) 786-4870, Ralph.Goldberg@cms.hhs.gov, Karen Jacobs, (410) 786-2173, Karen.Jacobs@cms.hhs.gov (Policy)

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

A. No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. For Medicare Administrative Contractors (MAC), use the following statement: The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). 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.

2 Attachments

Attachment I

ZIP	CBSA ID	NAME
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28007	16740	Charlotte-Gastonia-Concord, NC-SC
28012	16740	Charlotte-Gastonia-Concord, NC-SC
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15685	38300	Pittsburgh, PA
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15779	38300	Pittsburgh, PA
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15944	38300	Pittsburgh, PA
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16262	38300	Pittsburgh, PA
16263	38300	Pittsburgh, PA
91701	40140	Riverside-San Bernardino-Ontario, CA
91708	40140	Riverside-San Bernardino-Ontario, CA
91709	40140	Riverside-San Bernardino-Ontario, CA
91710	40140	Riverside-San Bernardino-Ontario, CA
91729	40140	Riverside-San Bernardino-Ontario, CA
91730	40140	Riverside-San Bernardino-Ontario, CA
91737	40140	Riverside-San Bernardino-Ontario, CA
91739	40140	Riverside-San Bernardino-Ontario, CA
91743	40140	Riverside-San Bernardino-Ontario, CA
91752	40140	Riverside-San Bernardino-Ontario, CA
91758	40140	Riverside-San Bernardino-Ontario, CA
91759	40140	Riverside-San Bernardino-Ontario, CA
91761	40140	Riverside-San Bernardino-Ontario, CA
91762	40140	Riverside-San Bernardino-Ontario, CA
91763	40140	Riverside-San Bernardino-Ontario, CA
91764	40140	Riverside-San Bernardino-Ontario, CA
91784	40140	Riverside-San Bernardino-Ontario, CA
91785	40140	Riverside-San Bernardino-Ontario, CA
91786	40140	Riverside-San Bernardino-Ontario, CA
91798	40140	Riverside-San Bernardino-Ontario, CA

92587	40140	Riverside-San Bernardino-Ontario, CA
92589	40140	Riverside-San Bernardino-Ontario, CA
92590	40140	Riverside-San Bernardino-Ontario, CA
92591	40140	Riverside-San Bernardino-Ontario, CA
92592	40140	Riverside-San Bernardino-Ontario, CA
92593	40140	Riverside-San Bernardino-Ontario, CA
92595	40140	Riverside-San Bernardino-Ontario, CA
92596	40140	Riverside-San Bernardino-Ontario, CA
92599	40140	Riverside-San Bernardino-Ontario, CA
92860	40140	Riverside-San Bernardino-Ontario, CA
92877	40140	Riverside-San Bernardino-Ontario, CA
92878	40140	Riverside-San Bernardino-Ontario, CA
92879	40140	Riverside-San Bernardino-Ontario, CA
92880	40140	Riverside-San Bernardino-Ontario, CA
92881	40140	Riverside-San Bernardino-Ontario, CA
92882	40140	Riverside-San Bernardino-Ontario, CA
92883	40140	Riverside-San Bernardino-Ontario, CA
00612	41980	San Juan-Caguas-Guaynabo, PR
00613	41980	San Juan-Caguas-Guaynabo, PR
00614	41980	San Juan-Caguas-Guaynabo, PR
00616	41980	San Juan-Caguas-Guaynabo, PR
00617	41980	San Juan-Caguas-Guaynabo, PR
00627	41980	San Juan-Caguas-Guaynabo, PR
00638	41980	San Juan-Caguas-Guaynabo, PR
00646	41980	San Juan-Caguas-Guaynabo, PR
00650	41980	San Juan-Caguas-Guaynabo, PR
00652	41980	San Juan-Caguas-Guaynabo, PR
00659	41980	San Juan-Caguas-Guaynabo, PR
00674	41980	San Juan-Caguas-Guaynabo, PR
00678	41980	San Juan-Caguas-Guaynabo, PR
00687	41980	San Juan-Caguas-Guaynabo, PR
00688	41980	San Juan-Caguas-Guaynabo, PR
00692	41980	San Juan-Caguas-Guaynabo, PR
00693	41980	San Juan-Caguas-Guaynabo, PR
00703	41980	San Juan-Caguas-Guaynabo, PR
00705	41980	San Juan-Caguas-Guaynabo, PR
00707	41980	San Juan-Caguas-Guaynabo, PR
00718	41980	San Juan-Caguas-Guaynabo, PR
00719	41980	San Juan-Caguas-Guaynabo, PR
00720	41980	San Juan-Caguas-Guaynabo, PR
00721	41980	San Juan-Caguas-Guaynabo, PR
00725	41980	San Juan-Caguas-Guaynabo, PR
00726	41980	San Juan-Caguas-Guaynabo, PR
00727	41980	San Juan-Caguas-Guaynabo, PR
00729	41980	San Juan-Caguas-Guaynabo, PR
00736	41980	San Juan-Caguas-Guaynabo, PR
00737	41980	San Juan-Caguas-Guaynabo, PR
00739	41980	San Juan-Caguas-Guaynabo, PR
00741	41980	San Juan-Caguas-Guaynabo, PR
00744	41980	San Juan-Caguas-Guaynabo, PR
00745	41980	San Juan-Caguas-Guaynabo, PR
00754	41980	San Juan-Caguas-Guaynabo, PR

00965	41980	San Juan-Caguas-Guaynabo, PR
00966	41980	San Juan-Caguas-Guaynabo, PR
00968	41980	San Juan-Caguas-Guaynabo, PR
00969	41980	San Juan-Caguas-Guaynabo, PR
00970	41980	San Juan-Caguas-Guaynabo, PR
00971	41980	San Juan-Caguas-Guaynabo, PR
00975	41980	San Juan-Caguas-Guaynabo, PR
00976	41980	San Juan-Caguas-Guaynabo, PR
00977	41980	San Juan-Caguas-Guaynabo, PR
00978	41980	San Juan-Caguas-Guaynabo, PR
00979	41980	San Juan-Caguas-Guaynabo, PR
00982	41980	San Juan-Caguas-Guaynabo, PR
00983	41980	San Juan-Caguas-Guaynabo, PR
00984	41980	San Juan-Caguas-Guaynabo, PR
00985	41980	San Juan-Caguas-Guaynabo, PR
00986	41980	San Juan-Caguas-Guaynabo, PR
00987	41980	San Juan-Caguas-Guaynabo, PR
00988	41980	San Juan-Caguas-Guaynabo, PR

ATTACHMENT II

Product Categories - Round One

PRODUCT CATEGORY 1		Bid Type (P= Purchase R=Rental)	Weight
Oxygen Supplies/Equipment			
Payment Class A- Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)		R	
Includes the following HCPCS codes:			
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate		
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each		
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing		
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing		
Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)		R	
Includes the following HCPCS codes:			
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing		
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing		
Payment Class C - Oxygen Generating Portable Equipment Only		R	
Includes the following HCPCS codes:			
E1392	Portable Oxygen concentrator, rental		
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing		
Payment Class D - Stationary Oxygen Contents Only		R	
Includes the following HCPCS codes:			
E0441	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), 1 month's supply = 1 unit		
E0442	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), 1 month's supply = 1 unit		
Payment Class E - Portable Oxygen Contents Only		R	
Includes the following HCPCS codes:			
E0443	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary ga or liquid system is used), 1 month's supply = 1 unit		
E0444	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), 1 month's supply = 1 unit		

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Oxygen Accessories			
A4620	Mask	P	
A4608	Transtracheal oxygen cath	P	
A4615	Cannula	P	
A4616	Tubing, per foot	P	
A4617	Mouthpiece	P	
E0560	Humidifier supplemental w/ i	P	
E0580	Nebulizer for use w/ regulat	P	
E1353	Regulator	P	
E1355	Stand/rack	P	

PRODUCT CATEGORY 2		Bid Type (P= Purchase R=Rental)	Weight
Power Mobility Devices (Standard)			
E0950	Tray	P	
E0951	Loop heel	P	
E0952	Toe loop/holder, each	P	
E0955	Cushioned headrest	P	
E0956	W/c lateral trunk/hip suppor	P	
E0957	W/c medial thigh support	P	
E0960	W/c shoulder harness/straps	P	
E0973	W/Ch access det adj armrest	P	
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	P	
E0981	Seat upholstery replacement	P	
E0982	Back upholstery replacement	P	
E0990	Wheelchair elevating leg res	P	
E0995	Wheelchair calf rest	P	
E1016	Shock absorber for power w/c	P	
E1020	Residual limb support system	P	
E1028	swingaway hardware for joystick	P	
E2208	Cylinder tank carrier, each	P	
E2209	Arm trough each	P	
E2210	Bearings any type, replacement	P	
E2361	22nf sealed leadacid battery	P	

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E2363	Gr24 sealed leadacid battery	P	
E2365	U1 sealed leadacid battery	P	
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE,	P	
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED	P	
E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	P	
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	P	
E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	P	
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	P	
E2381	Pneum drive wheel tire	P	
E2382	Tube, pneum wheel drive tire	P	
E2383	Insert, pneum wheel drive	P	
E2384	Pneumatic caster tire	P	
E2385	Tube, pneumatic caster tire	P	
E2386	Foam filled drive wheel tire	P	
E2387	Foam filled caster tire	P	
E2388	Foam drive wheel tire	P	
E2389	Foam caster tire	P	
E2390	Solid drive wheel tire	P	
E2391	Solid caster tire	P	
E2392	Solid caster tire, integrate	P	
E2394	Drive wheel excludes tire	P	
E2395	Caster wheel excludes tire	P	
E2396	Caster fork	P	
E2601	Gen w/c cushion wdth < 22 in	P	
E2602	Gen w/c cushion wdth >=22 in	P	
E2603	Skin protect wc cus wd <22in	P	
E2604	Skin protect wc cus wd>=22in	P	
E2605	Position wc cush wdth <22 in	P	
E2606	Position wc cush wdth>=22 in	P	
E2607	Skin pro/pos wc cus wd <22in	P	
E2608	Skin pro/pos wc cus wd>=22in	P	
E2611	Gen use back cush wdth <22in	P	
E2612	Gen use back cush wdth>=22in	P	

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E2613	Position back cush wd <22in	P	
E2614	Position back cush wd>=22in	P	
E2615	Pos back post/lat wdth <22in	P	
E2616	Pos back post/lat wdth>=22in	P	
E2618	Wc acc solid seat supp base	P	
E2619	Replacement cover for WC cushion	P	
E2620	WC planar back cush wd <22in	P	
E2621	WC planar back cush wd>=22in	P	
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	P	
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH	P	
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	P	
K0019	ARM PAD, EACH	P	
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	P	
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	P	
K0038	LEG STRAP, EACH	P	
K0039	LEG STRAP, H STYLE, EACH	P	
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	P	
K0041	LARGE SIZE FOOTPLATE, EACH	P	
K0042	STANDARD SIZE FOOTPLATE, EACH	P	
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH	P	
K0044	FOOTREST, UPPER HANGER BRACKET, EACH	P	
K0045	FOOTREST, COMPLETE ASSEMBLY	P	
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH	P	
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH	P	
K0050	RATCHET ASSEMBLY	P	
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	P	
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	P	
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	P	
K0098	DRIVE BELT FOR POWER WHEELCHAIR	P	
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	P	
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL,	P	
K0734	Adj skin pro w/c cus wd<22in	P	
K0735	Adj skin pro wc cus wd>=22in	P	

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K0736	Adj skin pro/pos wc cus<22in	P	
K0737	Adj skin pro/pos wc cus>=22¾	P	
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD	P	
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY	P	
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY	P	
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD	P	
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY	P	
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY	P	
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK	P	
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR	P	
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK	P	
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR	P	
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK	P	
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR	P	
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK	P	
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR	P	
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK	P	
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR	P	
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK	P	
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR	P	
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK	P	
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR	P	

PRODUCT CATEGORY 3		Bid Type (P= Purchase R=Rental)	Weight
Power Mobility Devices (Complex Rehabilitative)			
E0950	Tray	P	
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	P	
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	P	
E0955	Cushioned headrest	P	
E0956	W/c lateral trunk/hip suppor	P	
E0957	W/c medial thigh support	P	
E0960	W/c shoulder harness/straps	P	
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	P	

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E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	P	
E0981	Seat upholstery replacement	P	
E0982	Back upholstery replacement	P	
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	P	
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	P	
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	P	
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	P	
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	P	
E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	P	
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR	P	
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR	P	
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR	P	
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG	P	
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	P	
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	P	
E1028	swingaway hardware for joystick	P	
E1029	Ventilator tray, fixed	P	
E1030	Ventilator Tray, gimbaled	P	
E2208	Cylinder tank carrier, each	P	
E2209	WHEELCHAIR ACCESSORY, ARM TROUGH, EACH	P	
E2210	Bearings any type, replacement	P	
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND	P	
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND	P	
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL,	P	
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES,	P	
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	P	
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	P	
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED	P	
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	P	
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL	P	
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC,	P	
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM,	P	
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM,	P	

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E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER	P	
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	P	
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	P	
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	P	
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE,	P	
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED	P	
E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	P	
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	P	
E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	P	
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	P	
E2373	Hand/chin ctrl spec joystick	P	
E2374	Hand/chin ctrl std joystick	P	
E2375	Non-expandable controller	P	
E2376	Expandable controller, repl	P	
E2377	Expandable controller, initl	P	
E2381	Pneum drive wheel tire	P	
E2382	Tube, pneum wheel drive tire	P	
E2383	Insert, pneum wheel drive	P	
E2384	Pneumatic caster tire	P	
E2385	Tube, pneumatic caster tire	P	
E2386	Foam filled drive wheel tire	P	
E2387	Foam filled caster tire	P	
E2388	Foam drive wheel tire	P	
E2389	Foam caster tire	P	
E2390	Solid drive wheel tire	P	
E2391	Solid caster tire	P	
E2392	Solid caster tire, integrate	P	
E2394	Drive wheel excludes tire	P	
E2395	Caster wheel excludes tire	P	
E2396	Caster fork	P	
E2601	Gen w/c cushion wdth < 22 in	P	
E2602	Gen w/c cushion wdth >=22 in	P	
E2603	Skin protect wc cus wd <22in	P	

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E2604	Skin protect wc cus wd>=22in	P	
E2605	Position wc cush wdth <22 in	P	
E2606	Position wc cush wdth>=22 in	P	
E2607	Skin pro/pos wc cus wd <22in	P	
E2608	Skin pro/pos wc cus wd>=22in	P	
E2611	Gen use back cush wdth <22in	P	
E2612	Gen use back cush wdth>=22in	P	
E2613	Position back cush wd <22in	P	
E2614	Position back cush wd>=22in	P	
E2615	Pos back post/lat wdth <22in	P	
E2616	Pos back post/lat wdth>=22in	P	
E2618	Wc acc solid seat supp base	P	
E2619	Replacement cover for WC cushion	P	
E2620	WC planar back cush wd <22in	P	
E2621	WC planar back cush wd>=22in	P	
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	P	
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH	P	
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	P	
K0019	ARM PAD, EACH	P	
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	P	
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	P	
K0038	LEG STRAP, EACH	P	
K0039	LEG STRAP, H STYLE, EACH	P	
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	P	
K0041	LARGE SIZE FOOTPLATE, EACH	P	
K0042	STANDARD SIZE FOOTPLATE, EACH	P	
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH	P	
K0044	FOOTREST, UPPER HANGER BRACKET, EACH	P	
K0045	FOOTREST, COMPLETE ASSEMBLY	P	
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH	P	
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH	P	
K0050	RATCHET ASSEMBLY	P	
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	P	

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K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	P	
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	P	
K0098	DRIVE BELT FOR POWER WHEELCHAIR	P	
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	P	
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL,	P	
K0734	Adj skin pro w/c cus wd<22in	P	
K0735	Adj skin pro wc cus wd>=22in	P	
K0736	Adj skin pro/pos wc cus<22in	P	
K0737	Adj skin pro/pos wc cus>=22 in	P	
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,	P	
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR	P	
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK	P	
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR,	P	
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK	P	
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK	P	
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK	P	
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR,	P	
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK	P	
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK	P	
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR	P	
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK,	P	
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR	P	
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK	P	
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR	P	
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK	P	
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR	P	
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,	P	
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR	P	
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK	P	
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR,	P	
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK	P	
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK	P	
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK	P	

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K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK	P	
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK	P	

PRODUCT CATEGORY 4		<i>Bid Type (P= Purchase R=Rental)</i>	<i>Weight</i>
<i>DIABETIC SUPPLIES (mail order only)</i>			
A4233	Alkaline battery	P	
A4234	J-cell battery	P	
A4235	Lithium battery	P	
A4236	Silver oxide battery	P	
A4253	Blood glucose/reagent strips	P	
A4256	Calibrator solution/chips	P	
A4258	Lancet device each	P	
A4259	Lancets per box	P	

PRODUCT CATEGORY 5		<i>Bid Type (P= Purchase R=Rental)</i>	<i>Weight</i>
<i>ENTERAL NUTRITION</i>			
B4034	Enter feed supkit syr by day	P	
B4035	Enteral feed supp pump per d	P	
B4036	Enteral feed sup kit grav by	P	
B4081	Enteral ng tubing w/ stylet	P	
B4082	Enteral ng tubing w/o stylet	P	
B4083	Enteral stomach tube levine	P	
B4086	Gastrostomy/jejunostomy tube	P	
B4149	EF blenderized foods	P	
B4150	EF complet w/intact nutrient	P	
B4152	EF calorie dense>=1.5Kcal	P	
B4153	EF hydrolyzed/amino acids	P	
B4154	EF spec metabolic noninherit	P	
B4155	EF incomplete/modular	P	
B9000	Enter infusion pump w/o alm	P	
B9002	Enteral infusion pump w/ ala	P	
E0776	iv pole	P	

PRODUCT CATEGORY 6		<i>Bid Type (P= Purchase R=Rental)</i>	<i>Weight</i>
CPAP/RAD			
A4604	Tubing with heating element	P	
A7030	CPAP full face mask	P	
A7031	Replacement facemask interfa	P	
A7032	Replacement nasal cushion	P	
A7033	Replacement nasal pillows	P	
A7034	Nasal application device	P	
A7035	Pos airway press headgear	P	
A7036	Pos airway press chinstrap	P	
A7037	Pos airway pressure tubing	P	
A7038	Pos airway pressure filter	P	
A7039	Filter, non disposable w pap	P	
A7044	PAP oral interface	P	
A7045	Repl exhalation port for PAP	P	
A7046	Repl water chamber, PAP dev	P	
E0470	RAD w/o backup non-inv intfc	P	
E0471	RAD w/backup non inv intrfc	P	
E0472	RAD w backup invasive intrfc	P	
E0561	Humidifier nonheated w PAP	P	
E0562	Humidifier heated used w PAP	P	
E0601	Cont airway pressure device	P	

PRODUCT CATEGORY 7		<i>Bid Type (P= Purchase R=Rental)</i>	<i>Weight</i>
HOSPITAL BEDS/ACCESSORIES			
E0250	Hosp bed fixed ht w/ mattrcs	P	
E0251	Hosp bed fixd ht w/o mattrcs	P	
E0255	Hospital bed var ht w/ mattr	P	
E0256	Hospital bed var ht w/o matt	P	
E0260	Hosp bed semi-electr w/ matt	P	
E0261	Hosp bed semi-electr w/o mat	P	
E0265	Hosp bed total electr w/ mat	P	
E0266	Hosp bed total elec w/o matt	P	
E0271	Mattress innerspring	P	

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E0272	Mattress foam rubber	P	
E0280	Bed cradle	P	
E0290	Hosp bed fx ht w/o rails w/m	P	
E0291	Hosp bed fx ht w/o rail w/o	P	
E0292	Hosp bed var ht w/o rail w/o	P	
E0293	Hosp bed var ht w/o rail w/	P	
E0294	Hosp bed semi-elect w/ mattr	P	
E0295	Hosp bed semi-elect w/o matt	P	
E0296	Hosp bed total elect w/ matt	P	
E0297	Hosp bed total elect w/o mat	P	
E0300	Enclosed ped crib hosp grade	P	
E0301	HD hosp bed, 350-600 lbs	P	
E0302	Ex hd hosp bed > 600 lbs	P	
E0303	Hosp bed hvy dty xtra wide	P	
E0304	Hosp bed xtra hvy dty x wide	P	
E0305	Rails bed side half length	P	
E0310	Rails bed side full length	P	
E0316	Bed safety enclosure	P	
E0910	Trapeze bar attached to bed	P	
E0911	Trapeze bar heavy duty attached to bed	P	
E0912	Trapeze bar heavy duty free standing	P	
E0940	Trapeze bar free standing	P	

PRODUCT CATEGORY 8		<i>Bid Type (P= Purchase R=Rental)</i>	<i>Weight</i>
NPWT			
A6550	Neg pres wound ther drsg set	P	
A7000	Disposable Canister	P	
A7002	Tubing	P	
E2402	Neg press wound therapy pump	P	

PRODUCT CATEGORY 9		<i>Bid Type (P= Purchase R=Rental)</i>	<i>Weight</i>
SUPPORT SURFACES			
E0193	Powered air flotation bed	P	
E0277	Powered pres-redu air mattrs	P	

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E0371	Nonpower mattress overlay	P	
E0372	Powered air mattress overlay	P	
E0373	Nonpowered pressure mattress	P	

PRODUCT CATEGORY 10		Bid Type (P= Purchase R=Rental)	Weight
WALKERS			
A4636	Handgrip for cane etc	P	
A4637	Repl tip cane/crutch/walker	P	
E0130	Walker rigid adjust/fixed ht	P	
E0135	Walker folding adjust/fixed	P	
E0140	Walker w trunk support	P	
E0141	Rigid wheeled walker adj/fix	P	
E0143	Walker folding wheeled w/o s	P	
E0144	Enclosed walker w rear seat	P	
E0147	Walker variable wheel resist	P	
E0148	Heavyduty walker no wheels	P	
E0149	Heavy duty wheeled walker	P	
E0154	Walker platform attachment	P	
E0155	Walker wheel attachment,pair	P	
E0156	Walker seat attachment	P	
E0157	Walker crutch attachment	P	
E0158	Walker leg extenders set of 4	P	
E0159	Brake for wheeled walker	P	

10 - General Guidelines for Processing Home Health Agency (HHA) Claims

(Rev. 1246, Issued: 05-18-07; Effective: 04-01-08; Implementation: 04-01-08)

This chapter, in general, describes bill processing requirements that are applicable only to home health agencies. For general bill processing requirements refer to the appropriate other chapters in the Medicare Claims Processing Manual. For a description of coverage policies see Chapter 10 in the Medicare Benefit Policy Manual and/or the Medicare National Coverage Determinations Manual.

A - Where and How to Bill

Form CMS-1450, the UB-04, is used by institutional providers, including home health agencies, to bill Medicare. Such claim forms are submitted to the regional home health intermediaries (RHHIs). Home health agencies (HHAs) bill all their home health services on this form. Some home health agencies may also become approved as DMEPOS suppliers, in which case they would submit bills for DMEPOS services to the carrier on Form CMS-1500 or the electronic equivalent.

Reference to the claim form in this chapter reference the paper or hard-copy version of the Form CMS-1450 (UB-04) unless otherwise noted. However, the instructions regarding specific data requirements apply also to electronic equivalents of the form.

B - Services to Include on the Claim for Home Health Benefits

Effective for all services provided on or after October 1, 2000, all services under the home health plan of care, except the following are included in the home health PPS payment amount. Services that may be included in the plan of care but excluded from the HH prospective payment system (HH PPS) are:

- Osteoporosis drugs (although the cost of administration is within the PPS rate); and
- Durable medical equipment, including prosthetics, orthotics, and oxygen

DMEPOS services may be included on the bill type 32X for the home health benefits, and are paid in addition to the PPS payment. *See §20 for additional instructions regarding competitively bid DME.* Osteoporosis drugs must be billed on bill type 34X.

Other services not under an HH plan of care provided by an HHA are billed using type of bill 34X. Such services not under a plan of care, and services not part of the home health benefit, are often referred to as “Part B and other health services.” See §90 for guidance as to the payment methodologies used by Medicare to reimburse these services, and see §40.4 in this chapter for information on deductible and coinsurance. Physical therapy, occupational therapy and speech language pathology services not delivered under an HH plan of care (optional Form CMS-485), are paid under the Medicare Physician Fee

Schedule (See Chapter 5.) Such services must be delivered under other plans of care (Forms 700 and 701).

20 - Home Health Prospective Payment System (HH PPS) Consolidated Billing

(Rev. 1246, Issued: 05-18-07; Effective: 04-01-08; Implementation: 04-01-08)

Section 1842 (b)(6)(F) of the Social Security Act requires consolidated billing of all home health services while a beneficiary is under a home health plan of care authorized by a physician. Consequently, Medicare payment for all such items and services is to be made to a single home health agency (HHA) overseeing that plan. This HHA is known as the primary HHA for HH PPS billing purposes.

The law states payment will be made to the primary HHA without regard as to whether or not the item or service was furnished by the agency, by others under arrangement to the primary agency, or when any other contracting or consulting arrangements exist with the primary agency, or “otherwise.” Payment for all items is included in the HH PPS episode payment the primary HHA receives.

Types of services that are subject to the home health consolidated billing provision:

- Skilled nursing care;
- Home health aide services;
- Physical therapy;
- Speech-language pathology;
- Occupational therapy;
- Medical social services;
- Routine and nonroutine medical supplies;
- Medical services provided by an intern or resident-in-training of a hospital, under an approved teaching program of the hospital, in the case of an HHA that is affiliated or under common control with that hospital; and
- Care for homebound patients involving equipment too cumbersome to take to the home.

Exception: Therapy services are not subject to the home health consolidated billing methodology when performed by a physician.

Medicare periodically publishes Routine Update Notifications that contain updated lists of nonroutine supply codes and therapy codes that must be included in home health consolidated billing. The lists are always updated annually, effective January 1, as a result of changes in HCPCS codes, which Medicare also publishes annually. The lists may also be updated as frequently as quarterly if this is required by the creation of new HCPCS codes mid-year.

The HHA that submits a Request for Anticipated Payment (RAP) or No-RAP LUPA claim successfully processed by Medicare claims processing systems will be recorded as the primary HHA for a given episode in the Common Working File (CWF). If a beneficiary transfers during a 60-day episode, then the transfer HHA that establishes the new plan of care assumes responsibility for consolidating billing for the beneficiary. Contractors will reject any claims from providers or suppliers other than the primary HHA that contain billing for the services and items subject to consolidated billing when billed for dates of service within an episode, from the first day of that episode until day 60 or last billable service date, if discharged. This applies to claims from provider types including and beyond HHAs (e.g., outpatient hospital facilities, suppliers). Contractors will also reject claims subject to consolidated billing when submitted by the primary HHA as services not under an HH plan of care (using type of bill 34x) when the primary HHA has already billed other services under an HH plan of care (type of bill 32x) for the beneficiary. Institutional providers may access information on existing episodes through the home health CWF inquiry process. See §30.1.

Durable Medical Equipment (DME) is exempt from home health consolidated billing by law. Therefore, DME may be billed by a supplier to a Durable Medical Equipment Regional Carrier (DMERC)/*DME Medicare Administrative Contractors (MACs)* or billed by an HHA (including HHAs other than the primary HHA) to an RHHI. Medicare claims processing systems will allow either party to submit DME claims, but will ensure that the same DME items are not submitted to both the FI and the carrier for the same dates of service for the same beneficiary. In the event of duplicate billing to both the RHHI and the DMERC, the first claim received will be processed and paid. Subsequent duplicate claims will be denied. Medicare claims processing systems will also prevent payment for the purchase and the rental of the same item for the same dates of service. In this event, the first claim received, regardless of whether for purchase or rental, will be processed and paid.

The exception to the above, however, is competitive bidding for certain DME. HHAs that furnish DME and are located in an area where DME items are subject to a competitive bidding program, must either be awarded a contract to furnish the items in this area or use a contract supplier in the community to furnish these items. The competitive bidding items are identified by HCPCS codes and the competitive bidding areas are identified based on Zip Codes where beneficiaries receiving these items maintain their permanent residence. Claims submitted to the RHHIs for HCPCS codes subject to a competitive bidding program will be returned to the provider to remove the affected DME line items and the providers will be advised to submit those charges to the DME MACs, who will have jurisdiction over all claims for competitively bid items.

Osteoporosis drugs are subject to home health consolidated billing, even though these drugs continue to be paid on a cost basis, in addition to episodes payments, and are billed on a claim with a bill-type that is not specific to HH PPS (TOB 34X). When an HH episode is open for a specific beneficiary, only the primary HHA serving the beneficiary will be permitted to bill osteoporosis drugs for them. For more detailed information, refer to §90.1.