



Provider Inquiry Assistance

Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes Used for Home Health (HH) Consolidated Billing Enforcement - JA6262

Related CR Release Date: November 7, 2008

Date Job Aid Revised: December 8, 2008

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

Key Words

MM6262, CR6262, R1633CP, Home Health, Consolidated ,Billing, HCPCS

Contractors Affected

- Carriers
- Part A/B Medicare Administrative Contractors (A/B MACs)
- Durable Medical Equipment MACs (DME MACs)
- Fiscal Intermediaries (FIs)
- Regional HH Intermediaries (RHHIs)

Provider Types Affected

Physicians, providers, and suppliers submitting claims to Medicare Carriers, DME MACs, FIs, A/B MACs and/or RHHIs for services provided to Medicare beneficiaries during an episode of HH care



- The Centers for Medicare & Medicaid Services (CMS) periodically updates the lists of HCPCS codes subject to the consolidated billing provision of the HH Prospective Payment System.
 - Change Request (CR) 6262 provides the annual HH consolidated billing update effective January 1, 2009.
-
-

Provider Needs to Know...

- 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 (i.e., "K" codes) throughout the calendar year.
-
-

Annual HH Consolidated Billing Updates Effective January 1, 2009

- HCPCS code **A6545** (Gradient compression wrap, non-elastic, below knee, 30-50 mmHg, each) **is added** to the billing code list.
 - HCPCS code **A6413** (Adhesive Bandage, First-Aid Type, any size, each) **is deleted** from the billing code list and is being removed because it is non-covered by Medicare statute.
-
-

Background

- The Social Security Act (Section 1842(b)(6); see http://www.ssa.gov/OP_Home/ssact/title18/1842.htm on the Internet) requires that payment for HH services provided under a HH plan of care is made to the HH agency.
 - This requirement is found in Medicare regulations at 42 Code of Federal Regulations 409.100 (see http://edocket.access.gpo.gov/cfr_2005/octqtr/42cfr409.100.htm on the Internet) and in the *Medicare Claims Processing Manual* (Chapter 10, Section 20.1), available at <http://www.cms.hhs.gov/manuals/IOM/list.asp> on the CMS website.
-
-

**Operational
Impact**

N/A

**Reference
Materials**

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6262.pdf> on the CMS website.

The official instruction (CR6262) issued regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1633CP.pdf> on the CMS website.
