
Program Memorandum Intermediaries/Carriers

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal AB-01-128

Date: SEPTEMBER 14, 2001

CHANGE REQUEST 1854

SUBJECT: Annual Update of Non-Routine Medical Supply and Therapy Codes for Home Health Consolidated Billing (CB)

CMS provides annual updates to the list of non-routine medical supply and therapy codes included in home health CB to reflect the annual Healthcare Common Procedure Coding System (HCPCS) code revisions. The codes in these lists are codes that are bundled into the prospective payment system (PPS) rate. Therefore, providers and suppliers may not bill for these codes separately while a Medicare beneficiary is in an open home health episode.

The following are the changes to the non-routine medical supply list for dates of service beginning January 1, 2002:

New code subject to CB:

A6010: Collagen based wound filler, dry foam

Discontinued code, no longer subject to CB:

A4329: External catheter start set

There are no changes to the list of 69 therapy codes subject to CB.

Contractors must include this information on their web sites and in their next regularly scheduled provider/supplier bulletins.

The *effective date* for this Program Memorandum (PM) is January 1, 2002.

The *implementation date* for this PM is January 1, 2002.

These instructions should be implemented within your current operating budget.

This PM may be discarded after January 1, 2003.

If you have any questions, contact your appropriate regional office.