
Medicare Home Health Agency Manual

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

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Refer to CHANGE REQUEST 2589

HEADER SECTION NUMBERS

446

PAGES TO INSERT

46.1 (1 p.)

PAGES TO DELETE

46.1 (1 p.)

NEW/REVISED MATERIAL--*EFFECTIVE DATE*: October 1, 2003

IMPLEMENTATION DATE: October 1, 2003

Section 446, Frequency of Billing, has been amended to include more information specific to the frequency of bill acceptance and will assist providers in billing other insurers more timely. Common Working File (CWF) edits regarding outpatient services are being modified.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

These instructions should be implemented within your current operating budget.

446. FREQUENCY OF BILLING

Your intermediary will inform you about the frequency with which it can accept billing records and the frequency with which you may bill on individual cases.

In its requirements, your intermediary considers your systems operation, intermediary systems requirements, and Medicare program and administrative requirements.

Outpatient Billing.--Bill repetitive Part B services to a single individual **not under a plan of care (TOB 34X)** monthly (or at the conclusion of treatment). These instructions also apply to Home Health Agency (HHA) and hospice services under Part A. **For HH services under a plan of care, see frequency of billing instructions in the Medicare Intermediary Manual §3639.8.** This avoids Medicare processing costs in holding such bills for monthly review and reduces bill processing costs for relatively small claims. **Examples of repetitive Part B services and HHA services billed under Part A with applicable revenue codes include:**

<u>Service</u>	<u>Revenue Code</u>
- DME Rental	290-299
- Therapeutic Radiology	330-339
- Therapeutic Nuclear Medicine	342
- Respiratory Therapy	410-419
- Physical Therapy	420-429
- Occupational Therapy	430-439
- Speech Pathology	440-449
- Home Health Visits	550-599
- Hospice Services	650-659
- Kidney Dialysis Treatments	820-859
- Cardiac Rehabilitation Services	482, 943
- Psychological Services	(910-919 in a psychiatric facility)

Where there is an inpatient stay or outpatient surgery during a period of repetitive outpatient services, you may submit one bill for the entire month if you use an occurrence span code 74 to encompass the inpatient stay or day of outpatient surgery. **The Common Working File (CWF) must read occurrence span code 74 and recognize that the beneficiary who is an inpatient is on leave of absence from the repetitive outpatient services.** This permits you to submit a single bill for the month, and simplifies the review of these bills. This is in addition to the bill for the inpatient stay or outpatient surgery.

Bill other one-time Part B services upon completion of the service.