

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10670	Date: March 12, 2021
	Change Request 12016

Transmittal 10552, dated January 5, 2021, is being rescinded and replaced by Transmittal 10670, dated, March 12, 2021 to update the effective date from date of service to receipt date. All other information remains the same.

SUBJECT: Modification to Existing Common Working File (CWF) Edits for Osteoporosis Drug Codes Billable on Home Health Claims

I. SUMMARY OF CHANGES: This change request adds instructions to modify the existing CWF edits '5384' and '7283' for billing and paying additional codes for osteoporosis drugs under the home health benefit.

EFFECTIVE DATE: January 1, 2021 - For claims received on or after this date

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

IMPLEMENTATION DATE: July 6, 2021

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-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
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:

One Time Notification

Number	Requirement	Responsibility							
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers			Other
		A	B			F I S S	M C S	V M S	
	Number is the same as on the Home Health Prospective Payment System (PPS) episode if the claim contains: <ol style="list-style-type: none"> Type of Bill (TOB) '34x' with Revenue Code '0636' and Osteoporosis drug HCPCS codes. 								
12016.2	The contractor shall add HCPCS codes J0897, J3111 and J3590 to the edit preventing duplicate payment of osteoporosis services if the claim contains: <ol style="list-style-type: none"> TOB '034x' with osteoporosis drug HCPCS codes and In history is an outpatient claim with TOB '034x' and any osteoporosis drug HCPCS codes for the same date of service. 							X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C W F	I D E N T I F I C A T I O N
		A	B	H H H			
	None						

IV. 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 and .2	These BRs change the existing CWF edits.'5384' and ' 7283'

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

V. CONTACTS

Pre-Implementation Contact(s): Wil Gehne, wilfried.gehne@cms.hhs.gov , Kajol Balani, kajol.balani@cms.hhs.gov

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0