

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12889	Date: October 10, 2024
	Change Request 13813

SUBJECT: Correction to Pulmonary Rehabilitation Services for Indian Health Services (IHS)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to remove the Healthcare Common Procedure Coding System (HCPCS) and Revenue Code (RC) combination as described in Transmittal 3897, CR 10276 dated October 27, 2017.

EFFECTIVE DATE: April 1, 2025 - This CR applies to claims received on or after April 1, 2025.

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

IMPLEMENTATION DATE: April 7, 2025

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	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

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 12889	Date: October 10, 2024	Change Request: 13813
-------------	--------------------	------------------------	-----------------------

SUBJECT: Correction to Pulmonary Rehabilitation Services for Indian Health Services (IHS)

EFFECTIVE DATE: April 1, 2025 - This CR applies to claims received on or after April 1, 2025.

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

IMPLEMENTATION DATE: April 7, 2025

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to remove the Healthcare Common Procedure Coding System (HCPCS) and Revenue Code (RC) combination as described in Transmittal 3897, CR 10276 dated October 27, 2017.

II. GENERAL INFORMATION

A. Background:

This CR makes an update to Transmittal 3897, CR 10276 dated October 27, 2017, allowing contractors to make payment when a pulmonary rehabilitation HCPCS code is billed with revenue code 0948.

B. Policy: No policy updates.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13813.1	Contractors shall pay IHS claims received on or after April 1, 2025, without editing the pulmonary rehabilitation HCPCS code when submitted with revenue code 0948 on Type of Bills (TOBs) 013X and 085X. NOTE: There are no payment changes from the policy as described in prior CR 10276.					X				

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
---------------------------------	---------------------------------------------------------

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

VI. CONTACTS

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

VII. FUNDING

Section A: 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.

ATTACHMENTS: 0