DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Medicare Learning Network

MLN Matters®

CMS

Official Information Health Care Professionals Can Trust

NEWS FLASH

ICD-10: Implementation for Physicians, Partial Code Freeze, and MS-DRG Conversion Project MLN Connects™ Video - Are you ready to transition to ICD-10 on October 1, 2014? In this MLN Connects™ video on the CMS YouTube Channel, Pat Brooks and Dr. Daniel Duvall from the Hospital and Ambulatory Policy Group of the Center for Medicare discuss the transition to ICD-10 for medical diagnosis and inpatient procedure coding:

- Hints for a smooth transition to ICD-10 in physician offices
- ICD-10 Implementation and preparation strategies
- Partial freeze prior to ICD-10 implementation
- Medicare Severity Diagnosis Related Grouper (MS-DRG) Conversion Project at CMS

MLN Matters® Number: MM8403

Related Change Request (CR) #: CR 8403

Related CR Release Date: September 6, 2013

Effective Date: December 9, 2013

Related CR Transmittal #: R2781CP

Implementation Date: December 9, 2013

Home Health Change of Care Notice (HHCCN), Form CMS-10280, Manual Instructions

Provider Types Affected

This MLN Matters® Article is intended for Home Health Agencies (HHAs) submitting claims to Medicare contractors (Regional Home Health Intermediaries (RHHIs)) for services to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 8403 which introduces and implements the Home Health Change of Care Notice (HHCCN) and instructions. Make sure that your staff is aware of these

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

changes. See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

Home Health Advance Beneficiary Notices (HHABNs) have been required since 2002 to inform beneficiaries in Original Medicare about possible noncovered charges when limitation of liability applies. In 2006, the Centers for Medicare & Medicaid Services (CMS) revised the notice and its instructions in response to a Federal court decision so that the notice could encompass broader notification requirements codified under the Conditions of Participation (COPs) for HHAs. In an effort to streamline, reduce, and simplify notices issued to Medicare beneficiaries, the HHABN, Form CMS-R-296, will be discontinued. The newly-approved HHCCN will replace the HHABN Option Box 2 and the HHABN Option Box 3 for change of care notifications. The HHABN Option Box 1, issued for beneficiary liability notification, will be replaced with the Advance Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131, an existing CMS notice that has been used by other provider types. Triggering events for HHCCN issuance will remain the same as those previously used for HHABN Option Boxes 2 and 3. The revised manual chapter is attached to CR8403.

The date for mandatory use of the HHCCN and ABN in place of the HHABN will be posted on the CMS web link for home health notices at http://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html.

Chapter 30, Section 60 and its subsections are being replaced in accordance with these notice changes. CR8403 replaces previous information from CR7323, transmittal 2362, dated December 1, 2011.

Note: The HHCCN fulfills the requirement that HHAs provide beneficiaries with written notification of changes in care as contained in the COPs for HHAs in Section1891 of the Social Security Act. .

Key revisions in Chapter 30, Section 60:

- Discontinuation of HHABN
- HHCCN replaces the HHABN Option Box 2

  (for reduction or termination of items and/or services for HHA administrative reasons)
- HHCCN replaces the HHABN Option Box 3

  (for reduction or termination of items and/or services based on physician's orders)
- ABN replaces HHABN Option Box 1 (see CR8404)
- The HHCCN and the general instructions for preparing the HHCCN are available for download on the home health notice link at http://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html on the CMS website.
- The Notice of Medicare Provider Non-Coverage (NOMNC), CMS-10123, must be issued to the beneficiary when all Medicare covered services are ending based on the physician's

Disclaimer
This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

orders. Since the NOMNC provides written notification of the forthcoming termination of all home health care, it satisfies the regulatory requirement for change of care advisement (HHCCN issuance). Thus, when the NOMNC is issued as required, a separate HHCCN does not need to be issued.

- When home health services end because of physician's orders, HHAs have the option of issuing the NOMNC alone or both the NOMNC and the HHCCN.
- HHCCN requirements apply only when home health services are expected to be partially or fully covered by Medicare. When a beneficiary is not receiving services that are expected to be covered under the Medicare home health benefit, the HHCCN is not required. For example, if a dual eligible beneficiary (having both Medicare and Medicaid) is not receiving any Medicare covered home health services, HHCCN issuance wouldn't be required when changes of care occur. (Note: HHAs are required to issue the ABN to dual eligible beneficiaries when applicable. See Chapter 30, Section 50.15.4 C).
- If needed, HHAs must provide verbal assistance in other languages to assist beneficiaries in understanding the document. HHAs should document any types of translation assistance used in the "Additional Information" section of the notice.

Additional Information

The official instruction, CR8403, issued to your RHHI regarding this change may be viewed at http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2781CP.pdf on the CMS website.

If you have any questions, please contact your RHHI at their toll-free number, which may be found at http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html on the CMS website.

Questions regarding the HHCCN can be emailed to: RevisedABN_ODF@cms.hhs.gov .

Disclaimer
This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.