



**Test Your Medicare Claims Now!** After you have submitted claims containing both National Provider Identifiers (NPIs) and legacy identifiers and those claims have been paid, Medicare urges you to send a small batch of claims now with only the NPI in the primary provider fields. If the results are positive, begin increasing the number of claims in the batch. (Reminder: For institutional claims, the primary provider fields are the Billing and Pay-to Provider fields. For professional claims, the primary provider fields are the Billing, Pay-to, and Rendering Provider fields. If the Pay-to Provider is the same as the Billing Provider, the Pay-to Provider does not need to be identified.)

MLN Matters Number: MM5898

Related Change Request (CR) #: 5898

Related CR Release Date: February 22, 2008

Effective Date: July 1, 2008

Related CR Transmittal #: R1459CP

Implementation Date: July 7, 2008

## Comprehensive Outpatient Rehabilitation Facility (CORF) Billing Requirement Updates for FY 2008

**Note:** This article was updated on July 6, 2013, to reflect current Web addresses. All other information remains unchanged.

### Provider Types Affected

CORFs billing Medicare contractors (Medicare Administrative Contractors (A/B MACs), and Fiscal Intermediaries (FIs)) for services provided to Medicare beneficiaries

### Provider Action Needed



#### STOP – Impact to You

The Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 5898 to bring attention to the implementation of the new claims processing

#### Disclaimer

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requirements for CORF provider claims (bill type 75X) as a result of the FY 2008 Medicare physician fee schedule (MPFS) final rule.



#### CAUTION – What You Need to Know

The MPFS specifies changes applicable to CORF billing. Read the *Key Points* section of this article so that you are aware of the billing requirements for CORF 75X bill types.



#### GO – What You Need to Do

Make certain your billing staffs are aware of these changes as claims that do not follow the instructions will be returned to you.

### Key Points of CR5898

- **Allowable Revenue Codes on CORF 75X Bill Types** - Effective July 1, 2008, the following revenue codes are allowable for reporting CORF services on 75X bill types:

0270	0274	0279	029X
0410	0412	0419	042X
043X	044X	0550	0559
0560	0569	0636	0771
0900	0911	0914	0919

**Note:** Billed revenue codes not listed in the above list will be returned by Medicare systems. See Chapter 25, *Completing and Processing the CMS-1450 Data Set*, for revenue code descriptions. Chapter 25 may be reviewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf> on the CMS website.

- **Billing for Social Work and Psychological Services in a CORF** - CORF providers should bill social work and psychological services using only CPT code 96152; Health and Behavior Intervention, Each 15 Minutes, Face-to-Face; Individual. CPT 96152 may only be billed with revenue code 0560, 0569, 0900, 0911, 0914 and 0919.

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- **Billing for Respiratory Therapy Services in a CORF** - CORF providers should bill respiratory therapy services with revenue codes 0410, 0412 and 0419 only.
- **Billing for CORF Nursing Services** – CORF nursing services should be billed with HCPCS code G0128 with revenue codes 0550 and 0559 only. (The requirement to use HCPCS G0128 is not a new requirement for 2008.)
- **Payment of Drugs, Biologicals, and Supplies in a CORF** –
  - Influenza, Pneumococcal, and Hepatitis B vaccine administrations should be billed with revenue code 0771 for which Medicare will pay based on the Medicare Physician Fee Schedule amount for CPT 90471.
  - HCPCS G0128 should no longer be used for billing the vaccine administration in the CORF setting.
  - CORFs should not bill for supplies they furnish when those supplies are part of the practice expense for that service. Under the MPFS, nearly all these expenses are taken into account in the practice expense relative values. However, CORFs may bill separately for certain splint and cast supplies, represented by HCPCS codes Q4001 through Q4051, when furnishing a cast/strapping application service in the CPT code series 29000 through 29750.

Claims for services rendered on or after July 1, 2008 submitted by CORFs via the 75X bill type that do not comply with these revised requirements will be returned to the CORF.

## Additional Information

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To see the official instruction (CR5898) issued to your Medicare FI, or A/B MAC refer to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1459CP.pdf> on the CMS website. If you have questions, please contact your Medicare FI, or A/B MAC 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.

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