

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash –

NEW products from the Medicare Learning Network® (MLN)

- [“Medicare Quarterly Provider Compliance Newsletter \[Volume 3, Issue 3\]”](#), Educational Tool, ICN 908625, Downloadable

MLN Matters® Number: MM8257 **Revised**

Related Change Request (CR) #: CR 8257

Related CR Release Date: June 28, 2013

Effective Date: October 1, 2012

Related CR Transmittal #: R2736CP

Implementation Date: October 7, 2013

Billing Social Work and Psychological Services in Comprehensive Outpatient Rehabilitation Facilities (CORFs)

Note: This article was revised on July 1, 2013, to reflect the revised CR8257 issued on June 28. In this article, the CR release date, transmittal number, and the Web address for accessing the CR were revised. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for Comprehensive Outpatient Rehabilitation Facilities (CORFs) submitting claims to Medicare contractors (Fiscal Intermediaries (FIs) and A/B Medicare Administrative Contractors (MACs)) for services to Medicare beneficiaries.

What You Need to Know

This article is based on Change Request (CR) 8257, which updates the list of Healthcare Procedure Coding System (HCPCS) codes billable in a CORF. It also manualizes billing instructions for a National Coverage Determination (NCD) related to CORFs that was previously omitted from the

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"Medicare Claims Processing Manual." CR8257 contains no new policy. It updates Medicare system edits and billing instructions to more accurately reflect current policy.

Background

In 2008, the Centers for Medicare & Medicaid Services (CMS) issued CR5898, entitled "Comprehensive Outpatient Rehabilitation Facility (CORF) Billing Requirement Updates for Fiscal Year (FY) 2008." That CR established a number of edits in Medicare claims processing systems that ensure the correct Current Procedural Terminology (CPT)/HCPCS code and revenue code combinations are billed on CORF claims (type of bill (TOB) 75X). One of these edits required that CPT code 96152 was the only code that could be billed with medical social services or behavioral health revenue codes on CORF claims.

In September 2009, Medicare issued CR6005, entitled Comprehensive Outpatient Rehabilitation Facility (CORF) Services. CR6005 created a new HCPCS code, G0409, for billing of social work and psychological services in the CORF setting. At that time, Medicare did not update the claims processing system to replace CPT code 96152 with HCPCS code G0409 in the edit created by CR5898. CR8257 corrects this oversight. On TOB 75X, G0409 can only be billed with revenue codes 0569 or 0911. Also, note that Medicare only allows revenue codes 0270, 0274, 0279, 029x, 0410, 0412, 0419, 042x, 043x, 044x, 0550, 0559, 0569, 0636, 0771, 0911, and 0942 to be billed on TOB 75X.

With CR8257, Medicare is also correcting another oversight in the therapy chapter of the "Medicare Claims Processing Manual." In 2001, Medicare issued CR1535, which implemented an NCD regarding biofeedback training for the treatment of urinary incontinence. CR1535 established CORF claims (type of bill 75X) as a valid type of bill for payment of biofeedback training as defined by the NCD.

Additional Information

The official instruction, CR8257 issued to your FI or A/B MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2736CP.pdf> on the CMS website.

If you have any questions, please contact your 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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