



News Flash – The revised Rehabilitation Therapy Information Resource for Medicare Fact Sheet (April 2010) is now available in downloadable format from the Centers for Medicare & Medicaid Services' Medicare Learning Network at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Rehab_Therapy_Fact_Sheet.pdf on the CMS website. This fact sheet provides guidance and resources related to rehabilitation therapy services, coverage requirements, and payment systems.

MLN Matters® Number: MM6923

Related Change Request (CR) #: 6923

Related CR Release Date: June 11, 2010

Effective Date: August 12, 2010

Related CR Transmittal #: R1987CP

Implementation Date: August 12, 2010

Note: This article was updated on December 6, 2012, to reflect current Web addresses. All other information remains unchanged.

Correction to the Claims Processing Internet Only Manual (IOM) to Reinstate Previous Instructions Regarding Payment Jurisdiction for Reassigned Services

Provider Types Affected

Physicians and suppliers submitting claims for reassigned services to Medicare contractors (carriers and A/B Medicare Administrative Contractors (A/B MAC)) are affected.

What You Need to Know

This article is based on Change Request (CR) 6923, which corrects instructions for reassigned services in the Medicare Claims Processing Manual. CR 6923 reinstates Chapter 1, Section 10.1.1.3, regarding payment jurisdiction for reassigned services. This section was deleted in error by CR 6627. This CR also removes an outdated reference in Chapter 35, Section 40, to deleted Chapter 1, Section 30.2.9.1, which was removed by CR 6733.

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Background

In CR 6627, the Centers for Medicare & Medicaid Services (CMS) inadvertently changed the billing instructions for reassigned services in a way that is not supported by CMS's systems or Medicare policy. This CR corrects this error and reinstates the instructions in place prior to the implementation of CR 6627. Basically, language was added back to the Medicare Claims Processing Manual to show that although a supplier or provider may reassign payment for his services to another entity, suppliers are still required to bill the correct Medicare contractor for reassigned services when they are paid under the Medicare Physician Fee Schedule. The billing entity must submit claims to the Medicare contractor that has jurisdiction over the geographic area where the services were rendered. Suppliers and providers must also meet current enrollment criteria stated in chapter 10 of the Program Integrity Manual in order to be able to bill for reassigned services.

Additional Information

If you have questions, please contact your Medicare carrier and/or 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.

The official instruction issued to your Medicare carrier and/or MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1987CP.pdf> on the CMS website.

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