



News Flash – New! A new publication titled “Caregiving Education” (September 2010) is now available in downloadable format from the Medicare Learning Network® at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html> on the CMS website. Medicare will pay for certain types of caregiver education when it is provided as part of a patient’s medically-necessary face-to-face visit. This publication provides information on how to bill for Caregiver Education under Medicare Parts A and B.

MLN Matters® Number: MM7170 **Revised**

Related Change Request (CR) #: 7170

Related CR Release Date: November 12, 2010

Effective Date: April 1, 2011

Related CR Transmittal #: R2091CP

Implementation Date: April 4, 2011

Note: This article was revised on January 25, 2013 to add a link to MM8005 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8005.pdf>) to alert providers to the new reporting and collection requirements of beneficiary functional data that apply to all claims for Medicare Part B outpatient therapy and the severity/complexity modifiers for the functional measures. All other information remains unchanged.

Reporting of Modifiers and Revenue Codes on Claims for Therapy Services

Provider Types Affected

Institutions that provide outpatient rehabilitation services to Medicare beneficiaries and bill Medicare Administrative Contractors (A/B MACs), Fiscal Intermediaries (FIs), and/or Regional Home Health Intermediaries (RHHIs).

Provider Action Needed



STOP – Impact to You

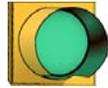
This Change Request (CR) 7170 creates new edits in Medicare claims processing systems to ensure correct billing of therapy-related codes on institutional claims.

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 2009 American Medical Association.

**CAUTION – What You Need to Know**

Claims that report conflicting combinations of these codes will be returned to the provider for correction.

**GO – What You Need to Do**

See the *Background* and *Key Points* sections below for specifics.

Background

On Medicare institutional claims, outpatient rehabilitation services are identified by the provider reporting revenue code 042x (physical therapy), 043x (occupational therapy) or 044x (speech-language pathology). Individual procedures are also identified as being provided under an outpatient rehabilitation plan of care by the provider reporting modifier GN (speech-language pathology), GO (occupational therapy) or GP (physical therapy).

During analysis of Medicare claims data for outpatient rehabilitation services, CMS has found that these codes are not always used in a correct and consistent manner. For example, CMS has found outpatient rehabilitation claims that report both a GO and GP modifier for the same service.

These claims represent non-compliant billing by outpatient rehabilitation providers. They also complicate CMS ability to analyze claims data for purposes of Medicare program improvements.

New Edit in CR 7170

Medicare contractors will edit to make certain that only one occurrence of modifiers **GN**, **GO** or **GP** are reported on the same service line on all institutional claims.

Any claim that reports more than one of these modifiers on the same line will be returned to the provider for correction.

Additional Information

The official instruction, CR7170 issued to your A/B MAC, FI, or RHHI regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2091CP.pdf> on the CMS website.

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 2009 American Medical Association.

If you have any questions, please contact your A/B MAC, FI, or 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.

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 2009 American Medical Association.