

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



News Flash – The Centers for Medicare & Medicaid Services (CMS) has launched the 2011 Medicare Contractor Provider Satisfaction Survey (MCPSS) and is waiting to hear from you. This survey offers Medicare Fee-For-Service (FFS) providers and suppliers an opportunity to provide feedback on interactions with their Medicare contractors. The survey will be sent to a random sample of approximately 30,000 Medicare FFS providers and suppliers. Those who are selected to participate will be notified starting in January. If selected to participate, please complete this important survey. To learn more about the MCPSS, please visit <http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCPSS/index.html> on the CMS website.

MLN Matters® Number: MM7315

Related Change Request (CR) #:7315

Related CR Release Date: February 18, 2011

Effective Date: May 19, 2011

Related CR Transmittal #: R2160CP

Implementation Date: May 19, 2011

Correction to Chapter 5, Section 20.2 of the Internet-Only Claims Processing Manual

Note: This article was updated on August 17, 2012, to reflect current Web addresses. All other content remains the same.

Provider Types Affected

Providers submitting claims to Medicare Contractors (Medicare Administrative Contractors (A/B MACs) Fiscal Intermediaries (FIs) or Regional Home Health Intermediaries (RHHIs)) for Outpatient Rehabilitation and Comprehensive Outpatient Rehabilitation Facility/ Outpatient Therapy (CORF/OPT) Services provided to Medicare beneficiaries are affected.

Disclaimer

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Provider Action Needed



STOP – Impact to You

This article is informational and is based on Change Request (CR) 7315 that corrects a cross reference mentioned twice in Pub. 100-04, Chapter 5, Section 20.2 of the Internet-Only Medicare Claims Processing Manual

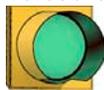


CAUTION – What You Need to Know

The first reference states: "Pub. 100-02, Chapter 15, Section 230.3B, *Treatment Notes, indicates that the amount of time for each specific intervention/modality provided to the patient is not required to be documented in the Treatment Note.*"

The second reference states: "*For documentation in the medical record of the services provided see Pub. 100-02, Chapter 15, Section 230.3, Documentation, Treatment Notes.*"

Both cross references are incorrect as stated and should refer to Pub. 100-02, Chapter 15, **Section 220.3**, Treatment Notes of the Medicare Benefit Policy Manual versus Chapter 15, Section 230.3.



GO – What You Need to Do

See the official instruction attached to CR7315. The attachment includes the corrected version of the Medicare Claims Processing Manual Chapter 5 - Part B Outpatient Rehabilitation and CORF/OPT Services; Section 20.2 Reporting of Service Units with Healthcare Common Procedure Coding System (HCPCS).

Additional Information

The official instruction, CR7315, issued to your Medicare A/B MAC, FI and RHHI regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2160CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare contractor 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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