

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1459</b>	<b>Date: FEBRUARY 22, 2008</b>
	<b>Change Request 5898</b>

**SUBJECT: Comprehensive Outpatient Rehabilitation Facility (CORF) Billing Requirement Updates for Fiscal Year (FY) 2008**

**I. SUMMARY OF CHANGES:** This instruction implements new claims processing for CORF provider requirements as a result of the FY 2008 physician fee schedule final rule.

**New / Revised Material**

**Effective Date: July 1, 2008**

**Implementation Date: July 7, 2008**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

<b>R/N/D</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
<b>R</b>	5/Table of Contents
<b>N</b>	5/100.1.1/Allowable Revenue Codes on CORF 75x Bill Types
<b>R</b>	5/100.3/Proper Reporting of Nursing Services by CORFS - FIs
<b>R</b>	5/100.7/Payment of Drugs, Biologicals, and Supplies in a CORF
<b>N</b>	5/100.11/Billing for Social Work and Psychological Services in a CORF
<b>N</b>	5/100.12/Billing for Respiratory Therapy Services in a CORF
<b>R</b>	18/10.2.2.1/FI Payment for Pneumococcal Pneumonia Virus, Influenza Virus, and Hepatitis B Virus Vaccines and Their Administration

**III. FUNDING:**

**SECTION A:** For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**SECTION B:** For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

#### **IV. ATTACHMENTS:**

**Business Requirements**

**Manual Instruction**

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 1459	Date: February 22, 2008	Change Request: 5898
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**SUBJECT: Comprehensive Outpatient Rehabilitation Facility (CORF) Billing Requirement Updates for Fiscal Year (FY) 2008**

**Effective Date: July 1, 2008**

**Implementation Date: July 7, 2008**

## I. GENERAL INFORMATION

**A. Background:** The final rule for the physician fee schedule specifies various changes in CORF policy. As a result, the following billing requirements will be effective for CORF 75x bill types effective July 1, 2008:

- CORF providers shall only bill the following revenue codes on 75x claims: 0270, 0274, 0279, 029x, 0410, 0412, 0419, 042x, 043x, 044x, 0550, 0559, 0560, 0569, 0636, 0771, 0900, 0911, 0914 and 0919.
- CORF providers shall bill for social work and psychological services using only CPT 96152, Health and Behavior Intervention, Each 15 minutes, Face-to-Face; Individual. CPT 96152 may only be billed with revenue codes 0560, 0569, 0900, 0911, 0914 and 0919.
- CORF respiratory therapy services shall be billed with revenue codes 0410, 0412 and 0419 only.
- CORF nursing services shall be billed using HCPCS code G0128 with revenue codes 0550 and 0559 only. **NOTE:** The requirement to use HCPCS code G0128 is not a new requirement for 2008.
- Influenza, Pneumococcal, and Hepatitis B vaccine administrations shall be billed with revenue code 0771 and CPT 90471. HCPCS G0128 shall no longer be used for billing the vaccine administration in the CORF setting.

**NOTE:** CORF claims that do not follow the above instructions will be returned to the provider for correction.

**B. Policy:** The changes made with this instruction are a result of the physician fee schedule final rule for FY 2008. A transmittal incorporating benefit policy manual changes will be issued separately. See the final rule, CMS 1385-FC for changes in policy.

<http://www.cms.hhs.gov/PhysicianFeeSched/PFSFRN/>

## II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
5898.1	Medicare contractors shall only allow the following revenue codes to be billed on 75x bill types: 0270, 0274, 0279, 029x, 0410, 0412, 0419, 042x, 043x, 044x, 0550, 0559, 0560, 0569, 0636, 0771, 0900, 0911, 0914 and 0919.	X		X			X				
5898.1.1	Medicare contractors shall return to provider 75x bill types that contain revenue codes not allowable.	X		X							
5898.2	Medicare contractors shall limit the allowable revenue codes for CPT code 96152 to revenue codes 0560, 0569, 0900, 0911, 0914 and 0919 on 75x bill types.						X				
5898.2.1	Medicare contractors shall return to provider 75x bill types that contain CPT code 96152 reported with any revenue codes other than 0560, 0569, 0900, 0911, 0914 and 0919.	X		X							
5898.3	Medicare contractors shall only allow CPT code 96152 to be billed with revenue codes 0560, 0569, 0900, 0911, 0914, and 0919 on 75x bill types						X				
5898.3.1	Medicare contractors shall return to provider 75x bill types that contain revenue codes 0560, 0569, 0900, 0911, 0914, and 0919 with any other CPT/HCPCS code other than CPT 96152.	X		X							
5898.4	Medicare contractors shall limit the allowable revenue codes for HCPCS codes G0237, G0238, and G0239 to revenue codes 0410, 0412 and 0419.						X				
5898.4.1	Medicare contractors shall return to provider 75x bill types that contain HCPCS codes G0237, G0238, and G0239 reported with any revenue codes other than 0410, 0412 and 0419.	X		X							
5898.5	Medicare contractors shall allow CPT G0008, G0009, and G0010 for vaccine administration to be reported with revenue code 0771 on 75x bill types.	X		X			X				
5898.5.1	Medicare contractors shall ensure the pricing for the administration codes are based off the Medicare Physician Fee Schedule amount for CPT 90471.	X		X			X				
5898.6	Medicare contractors shall only allow HCPCS code G0128 to be billed with revenue 0550 and 0559 on 75x bill types.						X				
5898.6.1	Medicare contractors shall return to provider 75x bill types that contain revenue codes 0550 and 0559 with any other CPT/HCPCS code other than HCPCS G0128.	X		X							

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
5898.7	Medicare contractors shall no longer allow HCPCS G0128, previously used for vaccine administration, to be billed with revenue code 0771 on 75x bill types.						X				
5898.7.1	Medicare contractors shall return to provider 75x bill types when HCPCS G0128 is billed with revenue code 0771.	X		X							

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
5898.8	<p>A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>	X		X							

### IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below:**

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: For all other recommendations and supporting information, use this space:**

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Jason Kerr, [Jason.Kerr@cms.hhs.gov](mailto:Jason.Kerr@cms.hhs.gov) (CORF Billing) or Pam West, [Pamela.West@cms.hhs.gov](mailto:Pamela.West@cms.hhs.gov) (CORF Policy)

**Post-Implementation Contact(s):** Appropriate Regional Office  
[http://www.cms.hhs.gov/RegionalOffices/01\\_Overview.asp](http://www.cms.hhs.gov/RegionalOffices/01_Overview.asp)

## **VI. FUNDING**

**Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Carriers (RHHIs)*:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**Section B: For *Medicare Administrative Contractors (MACs)*:**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

# Medicare Claims Processing Manual

## Chapter 5 - Part B Outpatient Rehabilitation and CORF/OPT Services

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### Table of Contents *(Rev. 1459, 02-22-08)*

*100.1.1 - Allowable Revenue Codes on CORF 75X Bill Types*

*100.11 - Billing for Social Work and Psychological Services in a CORF*

*100.12 - Billing for Respiratory Therapy Services in a CORF*

**100.1.1 - Allowable Revenue Codes on CORF 75X Bill Types**  
(Rev. 1459; Issued: 02-22-08; Effective: 07-01-08; Implementation: 07-07-08)

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 to the provider by Medicare systems. See Chapter 25, Completing and Processing the CMS-1450 Data Set, for revenue code descriptions.

**100.3 - Proper Reporting of *Nursing Services* by CORFs - FIs**

(Rev. 1459; Issued: 02-22-08; Effective: 07-01-08; Implementation: 07-07-08)

Nursing services performed in the CORF shall be billed utilizing the following HCPCS code:

*G0128 – Direct (Face to Face w/ patient) skilled nursing services of a registered nurse provided in a CORF, each 10 minutes beyond the first 5 minutes.*

*In addition, HCPCS G0128 is billable with revenue codes 0550 and 0559 only.*

**100.7 - Payment of Drugs, Biologicals, and Supplies in a CORF**

(Rev. 1459; Issued: 02-22-08; Effective: 07-01-08; Implementation: 07-07-08)

**Drugs**

Drugs and biologicals generally do not apply in a *CORF* setting. Therefore, *contractors* are to advise their *CORFs* not to bill for them.

**Supplies**

*CORFs* should not bill for the supplies they furnish *when such* supplies are part of the practice expense *for that service*. Under the MPFS, *nearly all of* these expenses are already 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.*

## Vaccines

*CORFs* should refer to *Chapter 18, Preventive and Screening Services, for billing guidance* on influenza, pneumococcal pneumonia, and Hepatitis B vaccines and their administration.

### ***100.11 - Billing for Social Work and Psychological Services in a CORF*** ***(Rev. 1459; Issued: 02-22-08; Effective: 07-01-08; Implementation: 07-07-08)***

*CORF providers shall only bill social work and psychological services with the following CPT code:*

*96152 – Health and Behavior Intervention, Each 15 Minutes, Face-to-Face; Individual*

*In addition, CPT 96152 shall only be billed with revenue code 0560, 0569, 0900, 0911, 0914 and 0919.*

### ***100.12 - Billing for Respiratory Therapy Services in a CORF***

***(Rev. 1459; Issued: 02-22-08; Effective: 07-01-08; Implementation: 07-07-08)***

*CORF providers shall only bill respiratory therapy services with revenue codes 0410, 0412 and 0419. See Chapter 25, Completing and Processing the CMS-1450 Data Set, for revenue code descriptions.*

## **10.2.2.1 - FI Payment for Pneumococcal Pneumonia Virus, Influenza Virus, and Hepatitis B Virus Vaccines and Their Administration**

***(Rev. 1459; Issued: 02-22-08; Effective: 07-01-08; Implementation: 07-07-08)***

### **Payment for Vaccines**

Payment for all of these vaccines is on a reasonable cost basis for hospitals, home health agencies (HHAs), skilled nursing facilities (SNFs), critical access hospitals (CAHs), and hospital-based renal dialysis facilities (RDFs). Payment for comprehensive outpatient rehabilitation facilities (CORFs), Indian Health Service hospitals (IHS), IHS CAHs and independent RDFs is based on 95 percent of the average wholesale price (AWP). Section 10.2.4 of this chapter contains information on payment of these vaccines when provided by RDFs or hospices. See §10.2.2.2 for payment to independent and provider-based Rural Health Centers and Federally Qualified Health Clinics.

Payment for these vaccines is as follows:

<b>Facility</b>	<b>Type of Bill</b>	<b>Payment</b>
Hospitals, other than Indian Health Service (IHS) Hospitals and Critical Access Hospitals	12x, 13x	Reasonable cost

(CAHs)

IHS Hospitals	12x, 13x, 83x	95% of AWP
IHS CAHs	85x	95% of AWP
CAHs	85x	Reasonable cost
Method I and Method II		
Skilled Nursing Facilities	22x, 23x	Reasonable cost
Home Health Agencies	34x	Reasonable cost
Comprehensive Outpatient Rehabilitation Facilities	75x	95% of the AWP
Independent Renal Dialysis Facilities	72x	95% of the AWP
Hospital-based Renal Dialysis Facilities	72x	Reasonable cost

#### **Payment for Vaccine Administration**

Payment for the administration of Influenza Virus and PPV vaccines is as follows:

<b>Facility</b>	<b>Type of Bill</b>	<b>Payment</b>
Hospitals, other than IHS Hospitals and CAHs	12x, 13x	Outpatient Prospective Payment System (OPPS) for hospitals subject to OPPS  Reasonable cost for hospitals not subject to OPPS
IHS Hospitals	12x, 13x, 83x	MPFS as indicated in guidelines below.
IHS CAHs	85x	MPFS as indicated in guidelines below.
CAHs	85x	Reasonable cost
Method I and II		
Skilled Nursing Facilities	22x, 23x	MPFS as indicated in the

		guidelines below
Home Health Agencies	34x	OPPS
Comprehensive Outpatient Rehabilitation Facilities	75x	<i>MPFS as indicated in the guidelines below</i>
Independent RDFs	72x	MPFS as indicated in the guidelines below
Hospital-based RDFs	72x	Reasonable cost

**Guidelines for pricing PPV and Influenza vaccine administration under the MPFS.**

Make reimbursement based on the rate in the MPFS associated with the CPT code 90782 or 90471 as follows:

<b>HCPCS code</b>	<b>Effective prior to March 1, 2003</b>	<b>Effective on and after March 1, 2003</b>
G0008	90782	90471
G0009	90782	90471

See §10.2.2.2 for payment to independent and provider based Rural Health Centers and Federally Qualified Health Clinics.

Payment for the administration of Hepatitis B vaccine is as follows:

<b>Facility</b>	<b>Type of Bill</b>	<b>Payment</b>
Hospitals other than IHS hospitals and CAHs	12x, 13x	Outpatient Prospective Payment System (OPPS) for hospitals subject to OPPS  Reasonable cost for hospitals not subject to OPPS
IHS Hospitals	12x, 13x, 83x	MPFS as indicated in the guidelines below
CAHs Method I and II	85x	Reasonable cost

IHS CAHs	85x	MPFS as indicated in guidelines below.
Skilled Nursing Facilities	22x, 23x	MPFS as indicated in the chart below
Home Health Agencies	34x	OPPS
Comprehensive Outpatient Rehabilitation Facilities	75x	<i>MPFS as indicated in the guidelines below</i>
Independent RDFs	72x	MPFS as indicated in the chart below
Hospital-based RDFs	72x	Reasonable cost

**Guidelines for pricing Hepatitis B vaccine administration under the MPFS.**

Make reimbursement based on the rate in the MPFS associated with the CPT code 90782 or 90471 as follows:

<b>HCPCS code</b>	<b>Effective prior to March 1, 2003</b>	<b>Effective on and after March 1, 2003</b>
G0010	90782	90471

See §10.2.2.2 for payment to independent and provider based Rural Health Centers and Federally Qualified Health Clinics.