

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 941	Date: August 5, 2011
	Change Request 7470

SUBJECT: Common Working File (CWF) Editing Update for Pulmonary Rehabilitation Services (PR) and Cardiac and Intensive Cardiac Rehabilitation Services

I. SUMMARY OF CHANGES: This change request (CR) updates CWF editing to allow institutional and professional providers to bill 36 sessions of cardiac rehabilitation services, without the KX modifier, over a period of 36 weeks. In addition, this CR allows institutional and professional providers to bill 72 sessions of intensive cardiac rehabilitation, without the KX modifier over a period of 18 weeks. This CR updates CWF editing to allow institutional and professional providers to bill 36 sessions of pulmonary rehabilitation services, without the KX modifier, over a period of 36 weeks.

EFFECTIVE DATE: January 1, 2010 for claims with dates of service on or after January 1, 2010 processed on or after January 3, 2012

IMPLEMENTATION DATE: January 3, 2012

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

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

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

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:

One-Time Notification

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

Attachment – One Time Notification

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SUBJECT: Common Working File (CWF) Editing Update for Pulmonary Rehabilitation Services (PR) and Cardiac and Intensive Cardiac Rehabilitation Services

Effective Date: January 1, 2010 for claims with dates of service on or after January 1, 2010 processed on or after January 3, 2012

Implementation Date: January 3, 2012

I. GENERAL INFORMATION

A. Background: Change Request (CR) 6850, Transmittal 1974, provided billing instructions for cardiac rehabilitation and intensive cardiac rehabilitation services. Per CR 6850 providers may provide a maximum of 2 1-hour cardiac rehabilitation sessions (Healthcare Common Procedure Coding System (HCPCS) codes 93797 and 93798) per day up to 36 sessions over a period of 36 weeks, with the option for an additional 36 sessions, with modifier KX, at Medicare contractor discretion over an extended period of time. In addition, providers may provide a maximum of 72 1-hour intensive cardiac rehabilitation sessions (HCPCS codes G0422 and G0423), up to 6 sessions per day, over a period of up to 18 weeks.

CR 6823, Transmittal 1966, provided billing instructions for PR services. Per CR 6823 providers may provide a maximum of 2 1-hour PR sessions (HCPCS code G0424) per day up to 36 sessions, with the option for an additional 36 sessions, with modifier KX, at Medicare contractor discretion over an extended period of time.

Currently, for claims with dates of service on and after January 1, 2010, processed on and after October 4, 2010, CWF is allowing a total of 36 sessions of cardiac rehabilitation services for institutional and professional claims combined and 72 sessions of intensive cardiac rehabilitation services for institutional and professional combined. Similarly, for claims with dates of service on and after January 1, 2010, processed on and after October 4, 2010, CWF is allowing a total of 36 sessions of PR services for institutional and professional combined and 72 sessions of PR services for institutional and professional combined. This results in double counting of the same service, since institutional claims for the facility fee and professional claims for the professional service may be submitted for one service.

In order to correctly count pulmonary, cardiac rehabilitation, and intensive cardiac rehabilitation sessions, this CR provides instructions for CWF edits to be updated so that CWF will report these services as the professional component (PC) on the CWF rehabilitation auxiliary file for professional claims and to post HCPCS codes reported on institutional claims for the facility fee as the technical component (TC) on the CWF rehabilitation auxiliary file.

B. Policy: This CR represents no change in existing policy.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B M A C	D E M A C	F I M A C	C A R R I E R	R H I S S	Shared-System Maintainers			
					F I S S	M C S	V M S	C W F		
7470.1	Effective for claims with dates of service on and after January 1, 2010, CWF shall post cardiac rehabilitation services, HCPCS codes 93797 and 93798, reported on institutional claims, types of bill (TOBs) 13X and 85X (and revenue code not equal to 096X, 097X, 098X), as the technical component on the cardiac rehabilitation screening auxiliary file.					X			X	
7470.2	Effective for claims with dates of service on and after January 1, 2010, CWF shall post cardiac rehabilitation services, HCPCS codes 93797 and 93798, reported on professional claims, place of service (POS) 11 and 22, as the professional component on the cardiac rehabilitation screening auxiliary file.					X			X	
7470.3	Effective for claims with dates of service on and after January 1, 2010, CWF shall post cardiac rehabilitation services, HCPCS codes 93797 and 93798, reported on TOB 85X claims containing revenue codes 096X, 097X, or 098X, as the professional component on the cardiac rehabilitation screening auxiliary file.					X			X	
7470.4	CWF shall revise editing for HCPCS 93797 and 93798 to reject to contractors when a beneficiary has reached 37 professional cardiac rehabilitation sessions (including both professional practitioner claims and professional institutional claims) and the KX modifier is not included on the claim line.								X	
7470.4.1	CWF shall revise editing for HCPCS 93797 and 93798 to reject to contractors when a beneficiary has reached 37 institutional sessions for technical (institutional) cardiac rehabilitation sessions and the KX modifier is not included on the claim line.								X	
7470.5	Effective for claims with dates of service on and after January 1, 2010, CWF shall post intensive cardiac rehabilitation services, HCPCS codes G0422 and G0423, reported on institutional claims, TOBs 13X and 85X (and revenue code not equal to 096X, 097X, 098X), as the technical component on the cardiac rehabilitation screening auxiliary file.					X			X	
7470.6	Effective for claims with dates of service on and after January 1, 2010, CWF shall post intensive cardiac					X			X	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	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	
	rehabilitation services, HCPCS codes G0422 and G0423, reported on professional claims, POS 11 and 22, as the professional component on the cardiac rehabilitation screening auxiliary file.										
7470.7	Effective for claims with dates of service on and after January 1, 2010, CWF shall post intensive cardiac rehabilitation services, HCPCS codes G0422 and G0423, reported on TOB 85X claims containing revenue codes 096X, 097X, or 098X, as the professional component on the cardiac rehabilitation screening auxiliary file						X				X
7470.8	CWF shall revise editing for HCPCS codes G0422 and G0423 to reject to contractors when a beneficiary has reached 73 professional intensive cardiac rehabilitation sessions (including both professional practitioner claims and professional institutional claims) within 126 days after the date of the first intensive cardiac rehabilitation session and the KX modifier is not included on the claim line or to reject any intensive cardiac rehabilitation session provided after 126 days from the date of the first session and the KX modifier is not included on the claim.										X
7470.8.1	CWF shall revise editing for HCPCS G0422 and G0423 to reject to contractors when a beneficiary has reached 73 technical (institutional) intensive cardiac rehabilitation sessions within 126 days after the date of the first intensive cardiac rehabilitation session and the KX modifier is not included on the claim line or to reject any intensive cardiac rehabilitation session provided after 126 days from the date of the first session and the KX modifier is not included on the claim.										X
7470.9	Effective for claims with dates of service on and after January 1, 2010, CWF shall post PR services; HCPCS code G0424, reported on institutional claims, TOBs 13X and 85X (and revenue code not equal to 096X, 097X, 098X), as the technical component on the rehabilitation screening auxiliary file.						X				X
7470.10	Effective for claims with dates of service on and after January 1, 2010, CWF shall post PR services, HCPCS code G0424, reported on professional claims, POS 11 and 22, as the professional component on the						X				X

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
		M A C	M A C				I S S	M S	V S	C W F	
	identifying by contractor any claims that have been paid beyond the applicable session limit.										
7470.15.1.1	CWF shall deliver a copy of the report to Thomas L. Dorsey (thomas.dorsey@cms.hhs.gov) and William Ruiz (william.ruiz@cms.hhs.gov) within 30 day(s) after the January 3, 2012 implementation date of this CR.										X

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
		M A C	M A C				I S S	M S	V S	C W F	
	None										

IV. SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Bill Ruiz, Institutional Claims Processing, 410-786-9283, william.ruiz@cms.hhs.gov, Tom Dorsey, Practitioner Claims Processing, 410-786-7434, thomas.dorsey@cms.hhs.gov, and Cynthia Thomas, Practitioner Claims Processing, 410-786-8169, cynthia.thomas2@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers, use only one of the following statements:

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.