



News Flash – New! The Medicare Learning Network® has released a new educational tool titled “5010: Taking Electronic Billing and Electronic Data Interchange (EDI) to the Next Level.” This educational tool is designed to provide education on the upcoming implementation of Versions 5010 and D.0, which will replace the current version that covered entities must use when conducting electronic HIPPA transactions. It includes a timeline and list of resources related to the implementation. This product is suggested for all Medicare Fee-For-Service Providers and is available in downloadable format at http://www.cms.hhs.gov/MLNProducts/downloads/5010EDI_RefCard_ICN904284.pdf on the CMS website.

MLN Matters® Number: MM7163

Related Change Request (CR) #: 7163

Related CR Release Date: November 12, 2010

Effective Date: April 1, 2011

Related CR Transmittal #: R2092CP

Implementation Date: April 4, 2011

Update to Repetitive Billing Requirements for Institutional Claims

Provider Types Affected

Providers and suppliers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs) and/or A/B Medicare Administrative Contractors (A/B MACs)) for repetitive pulmonary rehabilitation Part B services provided to Medicare beneficiaries are affected.

What You Need to Know

This article is based on Change Request (CR) 7163 which updates the Frequency Billing Requirements to include Pulmonary Rehabilitation Services, revenue code 0948 to the list of repetitive Part B services billable as outpatient services by institutional providers.

Background

The Centers for Medicare & Medicaid Services (CMS) sets limits on the frequency of which particular services may be billed to Medicare. In an effort to lower the volume of submitted bills and to facilitate medical review, frequency limitations have been created to require monthly bill submission of repetitive Part B services.

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.

Repetitive Part B services furnished to a single individual by providers that bill institutional claims will be billed monthly (or at the conclusion of treatment). Services repeated over a span of time and billed with the following revenue codes are defined as repetitive services:

Type of Service	Revenue Code(s)
DME Rental	0290 – 0299
Respiratory Therapy	0410, 0412, 0419
Physical Therapy	0420 – 0429
Occupational Therapy	0430 – 0439
Speech-Language Pathology	0440 – 0449
Skilled Nursing	0550 – 0559
Kidney Dialysis Treatments	0820 – 0859
Cardiac Rehabilitation Services	0482, 0943
<i>Pulmonary Rehabilitation Services</i>	<i>0948 (added by CR 7163)</i>

Additional Information

The official instruction, CR 7163, issued to your FIs and A/B MACs regarding this change may be viewed at

<http://www.cms.gov/Transmittals/downloads/R2092CP.pdf> on the CMS website.

If you have any questions, please contact your FIs or A/B MACs at their toll-free number, which may be found at

<http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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