



**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/MLNProducts/downloads/MLN\\_CaregivingEducation.pdf](http://www.cms.gov/MLNProducts/downloads/MLN_CaregivingEducation.pdf) 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

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

## 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



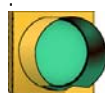
#### STOP – Impact to You

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



#### 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.

#### Disclaimer

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## Background

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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

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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

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

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/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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