

JULY 21, 2011

MEDICARE ISSUES THERAPY BILLING GUIDANCE

Effective August 1, 2011, the Centers for Medicare & Medicaid Services (CMS) is implementing two (2) significant changes affecting skilled nursing facilities (SNFs) and hospital swing-bed providers billing for Part A claims. The changes include the following:

1. Any Part A claim reporting an End of Therapy Other Medicare Required Assessment must include Occurrence Code 16 and the date of the last therapy.
2. Part A claims with therapy units reported with revenue codes 0420, 0430 or 0440 will be changed to represent the number of days of therapy provided by discipline regardless of the number of minutes or types of therapy services. If a resident is covered under Medicare Part A from August 1 to August 4, 2011, and receives both physical and occupational therapies for each of the four (4) days, then the claim for this period should include four (4) units for physical therapy and four (4) units for occupational therapy regardless of the number of minutes or types of therapy services provided. This change does not affect therapy evaluations which will continue to be reported separately under revenue codes 0424, 0434, and 0444.

Should you have questions, please contact Todd Selby at 317.977.1440 or tselby@hallrender.com, Brian Jent at 317.977.1402 or bjent@hallrender.com, David Bufford at 502.568.9368 or dbufford@hallrender.com, or your regular Hall Render attorney.