

Medicare Claims Processing Manual

Chapter 5 - Part B Outpatient Rehabilitation and CORF Services

Crosswalk

New Chap.	New Sect.	Int. Pub 13-3	Carrier Pub 14-3	OPT/CORF Pub 09	Hospital Pub 10	SNF Pub 12	PMs	Description
5	10	A3-3653	B3-2200	OPT-270	HO-241.1	SNF-532.F	AB-98-63	Part B Outpatient Rehabilitation and CORF Services - General
5	10	A3-3147	B3-2215	OPT-271			AB-02-38	Part B Outpatient Rehabilitation and CORF Services - General
5	10			OPT-272				Part B Outpatient Rehabilitation and CORF Services - General
5	10.1						A-03-011	New Payment Requirements for Intermediaries
5	10.2	A3-3653					AB-03-018, AB-03-057, AB-03-097	The Financial Limitation
5	20	A3-3653				SNF-532	AB-00-39	HCPCS Coding Requirement
5	20.1	A3-3653				SNF-532G	AB-00-01	Discipline Specific Outpatient Rehabilitation Modifiers - All Claims
5	20.2	A3-3653				SNF-532C	AB-00-39	Reporting of Service Units With HCPCS – CMS 1500 and CMS-1450
5	20.3	A3-3653				SNF-532C	AB-00-39	Determining What Time Counts Towards 15 Minute Timed Codes - All Claims

New Chap.	New Sect.	Int. Pub 13-3	Carrier Pub 14-3	OPT/CORF Pub 09	Hospital Pub 10	SNF Pub 12	PMs	Description
5	20.4	A3-3653S					AB-00-39	Coding Guidance for Certain Physical Medicine CPT Codes - All Claims
5	30							Special Claims Processing Rules for Outpatient Rehabilitation Claims - CMS-1500
5	30.1							Determining Payment Amounts
5	30.2							Applicable Carrier CWF Type of Service Codes
5	40							Special Claims Processing Rules for Outpatient Rehabilitation Claims-CMS-1450
5	40.1					SNF-532F	AB-00-01	Determining Payment Amounts - Intermediaries
5	40.2	A3-3653B						Applicable Bill Types - Intermediaries
5	40.3	A3-3653C				SNF-532A	A-98-63	Applicable Revenue Codes - Intermediaries
5	40.4	A3-3653H				SNF-532E		Intermediary Edit Requirements for Revenue Codes
5	40.5	A3-3653K				SNF-532D		Line Item Date of Service Reporting on CMS-1450
5	50	A3-3653P						CWF and PS&R Requirements - Intermediaries
5	100							Special Rules for Comprehensive Outpatient Rehabilitation Facilities (CORFs)
5	100.1	A3-3370.1	B3-9300.1					General
5	100.2					SNF-532F	AB-00-01	Obtaining Fee Schedule Amounts

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5	100.3	A3-3653S						Proper Reporting of Code G0128 by CORFs - Intermediaries
5	100.4	A3-3653O						Application of the Outpatient Mental Health Treatment Limitation to CORF Claims
5	100.5			OPT-403D				Off-Site CORF Services
5	100.6			OPT-410			A-01-77	Notifying Patient of Service Denial
5	100.7	A3-3653N						Payment of Drugs, Biologicals, and Supplies in a CORF
5	100.8			OPT-412				Billing for DME, Prosthetic and Orthotic Devices, and Surgical Dressings
5	100.9			OPT-412				Surgical Dressings
5	100.10	A3-3653T	B3-15302					Group Therapy Services (Code 97150)
5	100.10.1	A3-3653U	B3-15304					Therapy Students