
Medicare

Outpatient Physical Therapy

Comprehensive Outpatient Rehabilitation Facility and Community Mental Health Center

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

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<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
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NEW/REVISED MATERIAL--*EFFECTIVE DATE: Not Applicable*

Chapter II, Coverage of Services; Chapter III, Entitlement Procedures; Chapter IV, Billing Procedures; Chapter V, Medical Review; and Chapter VI, Appeals of Claims Determinations; are being deleted and the related instructions are issued in the CMS Manual System. The tables of contents are replaced with a crosswalk from the old OPT Manual to the related instruction in the Internet-only Manual (IOM). If the material from the old OPT Manual is no longer applicable, we indicate that it was not moved to the IOM by entering “deleted” in the crosswalk. For each included cross-reference, we provide the old manual number and the IOM number (e.g., CMS Pub. 100-2 for Benefit Policy Manual), and the IOM chapter and section (§) numbers.

The CMS Manual System can be found at <http://www.cms.hhs.gov/manuals>

These instructions should be implemented within your current operating budget.

CHAPTER II - COVERAGE OF SERVICES

NOTE: Chapter II has been moved to the new CMS Manual System. The new manuals can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

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	Old §	Pub, Chapter, & §
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No-Fault Insurance Does Not Pay All Charges Because of Deductible or Coinsurance Provision in Policy	OPT-220.4	100-5, 5-§30.5.2, 30.5.3
State Law or Contract Provides That No-Fault Insurance Is Secondary to Other Insurance	OPT-220.5	100-5, 5-§30.5.3
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	Old §	Pub, Chapter, & §
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	Old §	Pub, Chapter, & §
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	Old §	Pub, Chapter, & §
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Outpatient Mental Health Treatment Limitation	OPT-260.3	CMHC service not included at CMS request in comments
Partial Hospitalization Defined	OPT-260.4	CMHC service not included at CMS request in comments
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	Old §	Pub, Chapter, & §
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Dental Services

Old §	Pub, Chapter, & §
OPT-291	100-2, 16-§120
OPT-292	100-2, 16-§140

CHAPTER III - ENTITLEMENT PROCEDURES

NOTE: Chapter III has been moved to the new CMS Manual System., mainly in the Medicare General Information, Eligibility and Entitlement Manual (CMS Pub. 100-1), and the Medicare Claims Processing Manual (CMS Pub. 100-4). The new manuals can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old §	Pub, Chapter, & §
The Medicare Insurance Card	OPT-300	100-1, 2-§50, 100-4, 2-§30.2
Social Security Award Certificate, Temporary Notice of Eligibility, Utilization Notice, Explanation of Benefits, and Medicare Summary Notice	OPT-302	100-1, 2-§50.1, 100-4, 2-§§30.3, 30.4
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Identifying Other Primary Payers Prior to Billing	OPT-310	100-4, 2-§2 and 100-5, §2.20
Deductible and Coinsurance Under Supplementary Medical Insurance	OPT-311	100-1, 3-§20
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Exhibits	OPT-312	Title only - not included
Exhibit-1 – Medicare Health Insurance Card	-	100-1, 2-§50 (contains link)
Exhibit-2 – Temporary Notice of Eligibility	-	100-1, 2-§50.1

CHAPTER IV, BILLING PROCEDURES

NOTE: Chapter IV has been moved to the new CMS Manual System, mainly in the Medicare Claims Processing Manual (CMS Pub. 100-4), but also in other manuals as indicated in this crosswalk. The new manuals can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old §	Pub, Chapter, & §
General Requirements	OPT-400	100-2, 12-§30A
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Reduction in Payment Due to P.L. 99-177	OPT-404	Deleted-obsolete
Billing for Services by Rehabilitation and Public Health Agencies and CORFs	OPT-406	100-4, 5-§§30 & 40
Scope of Limitation on Liability Provision	OPT-408	100-4, 10-§10
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Billing Instructions for Partial Hospitalization Services Provided in Community Mental Health Centers (CMHCs)	OPT-414	CMHC service not included at CMS request in comments
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Uniform Billing		
Completion of Form HCFA-1450 for Billing CORF, OPT, OT, SP, or CMHC Services	OPT-416	100-4, 25-§60
Submitting Corrected Bills	OPT-418	100-4, 25-§80.1
Electronic Media Claims (EMC) Data		
Provider Submission of Electronic Media Claims Data (EMC)	OPT-420	100-4, 24-§40
Requirements For Submission of EMC Data	OPT-420.1	100-4, 24-§40A
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Return of Beneficiary Data to Provider Billing Services	OPT-420.3	100-4, 24-§20.3

Old § Pub, Chapter, & §

Part B Billing For Physicians and Therapy Services

Health Insurance Claim Form (HCFA-1500) Used by Certified Clinics Billing For OPT Services, OT or SP Clinics	OPT-422	100-4, 26-§§50 & 60
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Request for Payment

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Billing Forms as Request for Payment	OPT-424.1	100-4, 1-§50.1.1
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Time Limit for Filing Part B Claims	OPT-424.4	100-4, 1-§70.1
Request For Additional Medical Information	OPT-424.5	100-4, 1-§70
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Return or Other Disposition of Moneys Incorrectly Collected	OPT-428.1	100-6, 3-§§20
Appropriate Time Limits Within Which Provider Must Dispose of Sums Incorrectly Collected	OPT-428.2	100-6, 3-§§20
Former Participating OPT, Speech Pathology, Occupational Therapy or CORF Providers	OPT-428.3	100-6, 3-§60.2

Credit Balance Reporting

Credit Balance Reporting Requirements - General	OPT-429	To be added after adjustments in 100-4, c1 §140
Submitting the HCFA-838	OPT-429.1	To be added after adjustments in 100-4, c1 §140
Completing the HCFA-838	OPT-429.2	To be added after adjustments in 100-4, c1 §140
Payment of Amounts Owed Medicare	OPT-429.3	To be added after adjustments in 100-4, c1 §140
Records Supporting HCFA-838 Data	OPT-429.4	To be added after adjustments in 100-4, c1 §140

	Old §	Pub, Chapter, & §
Provider-Based Home Health Agencies (HHA's)	OPT-429.5	To be added after adjustments in 100-4, c1 §140
Exception for Low Utilization Providers	OPT-429.6	To be added after adjustments in 100-4, c1 §140
Compliance with MSP Regulations	OPT-429.7	To be added after adjustments in 100-4, c1 §140
Billing In Medicare Secondary Payer Situations		
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How to Determine the Current Medicare Interim Payment Amount	OPT-442	100-5, 3-§10.3, 5-§30.7, 40.8.2, 40.8.3
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Addendum A - Provider Electronic Billing File and Record Formats Recommended Physical File Specifications - Magnetic Tape	OPT-4-1	100-4, 25-§90
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Record Layouts	OPT-4-5	100-4, 25-§90
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CHAPTER V - MEDICAL REVIEW

NOTE: Chapter V has been moved to the new CMS Manual System, in the Medicare Program Integrity Manual (CMS Pub. 100-8). The manual can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old §	Pub, Chapter, & §
MR of CORF Claims	OPT-500	100-8, 6-§4
MR of Part B Intermediary Outpatient Physical Therapy (OPT) Claims	OPT-501	100-8, 6-§5
Intermediary Medical Review (MR) of Part B Outpatient Speech-Language Pathology (SLP) Claims	OPT-502	100-8, 6-§6
Other MR Considerations	OPT-502.1	100-8
Intermediary Medical Review for Part B Outpatient Occupational Therapy (OT) Services	OPT-503	100-8, 6-§7
Other MR Considerations	OPT-503.1	100-8, 6-§7.4
Occupational Therapy Availability	OPT-503.2	100-8, 6-§7.4.1
Special Instructions for Billing Dysphagia	OPT-504	100-8, 6-§10

CHAPTER VI - APPEALS OF CLAIMS DETERMINATIONS

NOTE: Chapter VI has been moved to the new CMS Manual System, in the Medicare Claims Processing Manual (CMS Pub. 100-4). The manual can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old §	Pub, Chapter, & §
Beneficiary (Appellant) Appeals	OPT-600	100-4, 29-§20, 30.2.1
Community Mental Health Center/Comprehensive Outpatient Rehabilitation Facilities (CMHC/CORF) Appeal Rights	OPT-610	100-4, 29-§20, 30.2.2
Beneficiary Representation by CORF, OPT, or CMHC	OPT-615	100-4, 29-§20, 50.5.2
Reopening and Revision of Medicare Claims Decisions	OPT-620	100-4, 29-§50.27
Provider Appeals of Intermediary Cost Report Determinations	OPT-630	Provider Reimbursement Manual Part I, Chapter 29
General	OPT-630.1	Provider Reimbursement Manual Part I, Chapter 29
Reopening and Revision of Cost Report Determinations	OPT-632	Provider Reimbursement Manual Part I, Chapter 29