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The Healthcare Bulletin

Georgia Department of Community Health Credit Balance Process

Effective January 1, 2008, the Georgia Department of Community Health (DCH) will reinstate the credit balance process to review provider reports and member financial records to determine if overpayments for Medicaid members have occurred. DCH has contracted with Health Management Systems (HMS) to perform the review process.

Previously, DCH requested that providers suspend sending the quarterly credit balance report until further notice. Please do not send the credit balance report at this time. Providers will be contacted directly by HMS with detailed instructions on how to comply with the new credit balance process. (Source: *Georgia Health Partnership Portal (GHP)*)

2008 Annual Update to Therapy Code List

On November 23, 2007, the Centers for Medicare & Medicaid Services (CMS) issued Transmittal 1377 updating the therapy code list. The instructions in the transmittal updates the list of codes that sometimes or always describe therapy services. The effective date for the update is January 1, 2008.

Extension of Therapy Cap Exception Process

The therapy cap exception process for outpatient therapy services will be extended until June 30, 2008. (Source: *House Bill S.2499*)

The cap for calendar year 2008 will be \$1,810 per beneficiary for physical therapy and speech language pathology services combined and \$1,810 for occupational therapy services. The therapy caps apply to expenses incurred for therapy services in all outpatient settings except the hospital department. (Source: *Federal Register, November 27, 2007*).

Revisions to State Operations Manual (SOM) Exhibits

On December 7, 2007 the Centers for Medicare & Medicaid Services issued a letter to State Survey Agency Directors about revisions to State Operations Manual (SOM)

Exhibits. CMS has conducted a comprehensive review of the Exhibits and as a result, a number of Exhibits have been added, deleted, or revised. See S&C-08-06 for the 173 page letter.

No Pay Bills and Medicare Advantage Residents

Submission of no pay bills updates a beneficiary's benefit period in the Common Working File (CWF). CMS clarifies in Transmittal 1290 Change Request 5840 that SNF providers are not required to submit no pay bills for residents enrolled in Medicare Advantage (MA) plans, once the resident no longer requires a skilled level of care.

Change in Part B Therapy Certification Requirements

Effective July 1, 2008, CMS is changing the current requirement for physicians to recertify the therapy plan of care every thirty days "to an appropriate length based on the patient's needs, limited to 90 days." This new requirement and other changes for rehabilitation services can be viewed in the final rule at www.cms.hhs.gov/center/physician.asp

Medicare Coinsurance for 2008

Effective January 1, 2008, the Medicare Part A coinsurance will be \$128 per day for days 21 through 100. The Part B annual deductible will be \$135. Providers should be sure to include these changes in their admission packets and Medicare information postings.

MDS 3.0

CMS has announced that a revised draft of the MDS 3.0 and/or a timeline will be posted on the CMS website by December 31, 2007.

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