

MDS Alert

Reader Questions: Choose Correct Modifier for Medicare Billing

Question: I don't understand the difference between the CR modifier versus the DR condition code. Can you please explain?

Massachusetts Subscriber

Answer: One of the waivers issued by the Centers for Medicare & Medicaid Services (CMS) at the beginning of the public health emergency was a blanket waiver for Medicare Part A residents, in hopes of freeing up more hospital beds for emergent needs or if a beneficiary exhausted their Part A benefits. With the waiver in place, CMS waived some qualifying conditions for resident admittance into a skilled nursing facility, including a three-night hospital stay, a wellness period, or a new benefit period.



To comply with the waiver, facilities need to bill Medicare with the appropriate condition codes and modifiers, notes **Kris Mastrangelo, OTR/L, LNHA, MBA**, president and CEO of Harmony Healthcare International in Topsfield, Massachusetts.

The DR condition code corresponds with "Disaster Related" and should be used for institutional billing for Part A beneficiaries for services related to the emergency.

The CR modifier stands for Catastrophe/Disaster Related and is used for both institutional and noninstitutional Medicare Part B billing.