CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2350	Date: November 18, 2011
	Change Request 7648

### SUBJECT: 2012 Annual Update to the Therapy Code List

**I. SUMMARY OF CHANGES:** This instruction updates the list of codes that sometimes or always describe therapy services.

### **EFFECTIVE DATE: January 1, 2012\* IMPLEMENTATION DATE: January 3, 2012**

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated) R=REVISED, N=NEW, D=DELETED-*Only One Per Row.* 

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE	
N/A		

### **III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:** No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

### For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

### **IV. ATTACHMENTS:**

### **Recurring Update Notification**

\*Unless otherwise specified, the effective date is the date of service.

### **Attachment – Recurring Update Notification**

Pub. 100-04Transmittal: 2350Date: November 18, 2011Change Request: 7648

SUBJECT: 2012 Annual Update to the Therapy Code List

**EFFECTIVE DATE: January 1, 2012** 

### **IMPLEMENTATION DATE: January 3, 2012**

### I. GENERAL INFORMATION

A. Background: Section <u>1834(k)(5)</u> of the Act requires that all claims for outpatient rehabilitation therapy services and all comprehensive outpatient rehabilitation facility services be reported using a uniform coding system. The Healthcare Common Procedure Coding System/Current Procedural Terminology, 2012 Edition (HCPCS/CPT-4) is the coding system used for the reporting of these services.

This instruction updates the list of codes that sometimes or always describe therapy services. The additions, changes, and deletions to the therapy code list reflect those made in the CY 2011 and 2012 Healthcare Common Procedure Coding System and Current Procedural Terminology, Fourth Edition (HCPCS/CPT-4). The list of codes can be found on the Therapy Page on the CMS Web site at <a href="http://www.cms.hhs.gov/TherapyServices/05\_Annual\_Therapy\_Update.asp#TopOfPage">http://www.cms.hhs.gov/TherapyServices/05\_Annual\_Therapy\_Update.asp#TopOfPage</a>.

## **B.** Policy: This change request (CR) updates the therapy code list with one "always therapy" code for CY 2012 as follows:

Add: 92618 - Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)

### II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each									
		applicable column)									
		Α	D	F	C	R	S.	Shar	ed-		OTHER
		/	Μ	Ι	Α	Η		Syst	em		
		В	Е		R	Н		ainta		rs	
					R	I	1,1,			10	
		Μ	Μ		I	-					
		A	A		E						
		C	C		R						
							Б	М	37	C	
							F	M	V	C	
							1	С	Μ		
							S	S	S	F	
							S				
7648.1	Medicare contractors shall change any policies or local	Х		Х	Χ	Χ					
	edits that are not consistent with the policies or list of										

Number	Requirement	Responsibility (place an "X" in each									
		applicable column)									
		Α	D	F	С	R		Sha	red-		OTHER
		/	М	Ι	А	Η		Syst	tem		
		В	Е		R	Η	M	aint	aine	rs	
					R	Ι					
		Μ	Μ		Ι						
		Α	А		Е						
		С	С		R						
							г	Л	<b>X</b> 7	C	
							F	M	V	C	
							l C	C S	M		
							S S	3	S	F	
	codes provided in this change request.						S				
7648.2	Medicare contractors shall be aware that CPT code 92618	X		X	Х	X	X				OCE
7040.2	has been added as "always therapy" to the new 2012	Λ		Λ	Λ	Λ	Λ				COBC
	therapy code list located on the CMS Web site at:										CODC
	http://www.cms.hhs.gov/TherapyServices/05_Annual_Th										
	erapy_Update.asp#TopOfPage.										

### II. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A	D	F	C	R		Sha	red-		OTHER
		/	Μ	Ι	Α	Η		Syst	tem		
		В	Ε		R	Η	Μ	aint	aine	rs	
					R	Ι	F	Μ	V	С	
		Μ	M		Ι		Ι	C	Μ	W	
		A	A		E		S	S	S	F	
		C	C		R		S				
7648.3	A provider education article related to this instruction will	Х		Х	Х	Х					
	be available at										
	http://www.cms.hhs.gov/MLNMattersArticles/ shortly										
	after the CR is released. You will receive notification of										
	the article release via the established "MLN Matters"										
	listserv.										
	Contractors shall post this article, or a direct link to this										
	article, on their Web site and include information about it										
	in a listserv message within one week of the availability										
	of the provider education article. In addition, the provider										
	education article shall be included in your next regularly										
	scheduled bulletin. Contractors are free to supplement										
	MLN Matters articles with localized information that										
	would benefit their provider community in billing and										
	administering the Medicare program correctly.										

### IV. SUPPORTING INFORMATION

# Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

### V. CONTACTS

Pre-Implementation Contact(s): Yvonne Young, <u>Yvonne.Young@cms.hhs.gov</u> (for FI/A/B MAC Billing), Claudette Sikora, Claudette <u>Sikora@cms.hhs.gov</u> (for Carrier/A/B MAC Billing), and Pam West, <u>Pamela.West@cms.hhs.gov</u> (for therapy policy)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

### VI. FUNDING

# Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

### Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.