



2009 Annual Update to the Therapy Code List – JA6254

Related CR Release Date: October 31, 2008

Date Job Aid Revised: December 11, 2008

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

Key Words MM6254, CR6254, R1625CP, Therapy

Contractors Affected

- Part A/B Medicare Administrative Contractors (A/B MACs)
- Fiscal Intermediaries (FIs)
- Carriers
- Rural Home Health Intermediaries (RHHIs)

Provider Types Affected

Physicians, therapists, and providers of therapy services billing Medicare Carriers, FIs, including RHHIs or A/B MACs for outpatient rehabilitation therapy services



- Change Request (CR) 6254 updates the Medicare's therapy code list with two "sometimes" therapy codes for calendar year (CY) 2009.
- The additions, changes, and deletions to the therapy code list reflect those made in the CY 2008 and 2009 Healthcare Common Procedure Coding System and Current Procedural Terminology, Fourth Edition.

Provider Needs to Know...

- The two "sometimes" therapy codes added for CY 2009 are:
 - **95992** – Standard Canalith repositioning procedure(s) (eg., Epley maneuver, Semont maneuver), per day; and
 - **0183T** – Low frequency, non-contact, non-thermal ultrasound, including topical applications(s), when performed, wound assessment, and instruction(s) for ongoing care, per day.

Note: These codes always represent therapy services and require the use of a therapy modifier when performed by therapists.

- If billed by a hospital subject to Outpatient Prospective Payment System (OPPS) for an outpatient service, Current Procedural Terminology code 0183T will be paid under the OPPS when the service is not performed by a qualified therapist and it is inappropriate to bill the service under a therapy plan of care.
- No Medicare Physician Fee Schedule amount exists for code 0183T.
- Since the local carrier (or A/B MAC) determines the coverage and pricing for 0183T code, the FI or A/B MAC contacts the local contractor to obtain the appropriate fee schedule amount.

Background

Therapy services, including “always therapy” services, must follow all the policies for therapy services detailed in the *Medicare Claims Processing Manual*, Chapter 5 and the *Medicare Benefit Policy Manual*, Chapter 12.

**Operational
Impact**

N/A

**Reference
Materials**

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6254.pdf> on the CMS website.

The official instruction (CR6254) issued regarding this change may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R1625CP.pdf> on the CMS website.

Therapy services are detailed in the *Medicare Claims Processing Manual*, Chapter 5, which is available at <http://www.cms.hhs.gov/manuals/downloads/clm104c05.pdf> on the CMS website.

Therapy services are also detailed in the *Medicare Benefit Policy Manual*, Chapter 12, which is available at <http://www.cms.hhs.gov/manuals/Downloads/bp102c12.pdf> on the CMS website.