



Related MLN Matters Article #: MM4014

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Changes Conforming to Change Request 3648 (CR3648) for Therapy Services

Key Words

MM4014, CR4014, CR3648, Speech, Therapy, CMS-1500, UB-92, Requirements, Speech-language

Provider Types Affected

Physicians, suppliers, and providers billing Medicare Carriers including Durable Medical Equipment Regional Carriers (DMERCs) and/or Fiscal Intermediaries (FIs), including Regional Home Health Intermediaries (RHHIs), for therapy services

Key Points

- The effective date of the instruction is October 1, 2006.
- The implementation date is October 7, 2006.
- The Centers for Medicare & Medicaid Services (CMS) is updating language in the *Medicare National Coverage Determinations (NCD) Manual* (Publication 100-03) and the *Medicare Claims Processing Manual* (Publication 100-04) as follows: the term "speech therapy" is being changed to "speech-language pathology."
- In addition, CMS is changing requirements in Chapter 1 of the *Medicare Claims Processing Manual* where therapists are to provide information on CMS-1500 (Health Insurance Claim Form) and the UB-92 claim form concerning the date last seen by the physician to conform with instructions in CR3648, Transmittal 36, dated June 24, 2005, subject: Publication 100-02, Chapter 15, Sections 220 and 230 Therapy Services.
- CR3648 can be found at <http://www.cms.hhs.gov/Transmittals/downloads/R36BP.pdf> on the CMS website.
- Health Insurance Portability and Accountability Act (HIPAA) guidelines require the following information only when it impacts the payer's adjudication process:
 - Date last seen; and
 - The Unique Provider Identification Number (UPIN) of the physician.

- Medicare payment is not impacted by this information except when the service is provided “incident to” the services of physicians or nonphysician practitioners (NPP), in which case it is required.
- CR4014 updates instructions in CR3648 (related to claims for services “incident to” a physician’s/NPP’s service) by acknowledging that:
 - The “incident to” service can be identified only on pre-pay or post-pay review;
 - Manual review of all therapy claims is not required; and
 - Incident-to policies have not changed and still apply to therapy services.
- CR4014 also clarifies selected business requirements in CR3648 to indicate that some contractor actions:
 - Will occur on prepay or post-pay review. For example, compare the following:
 - **Business Rule (BR) 3648.8** – Contractors shall pay for therapy services only when the service qualifies as a therapy service and the service is furnished by qualified professionals, or qualified personnel as defined in the manuals; with
 - **BR 4014.8** – On pre-pay or post-pay review of outpatient therapy claims for services provided on or after July 25, 2005, contractors shall pay for physical therapy and occupational therapy services only when the service is furnished by qualified professionals, or qualified personnel as defined in the appropriate Medicare manuals.
 - Should not be applied to services “incident to” (e.g., BR 3648.3 – Medicare contractors shall not deny therapy claims based on missing documentation of a visit to the physician on prepay or post-pay review).
- CR3648 omitted the requirement for a physician visit when therapy services are billed. This change omits the requirement that the physician visit be documented on the claim.

Note: This change does not affect the requirements for services billed “incident to” a physician.

- Therefore, when a therapy service is billed “incident to,” the following requirements remain in effect because they are required by “incident to” policies:
 - An initial physician visit (date last seen) and
 - Identification of the ordering (and supervising) physicians/NPPs.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4014.pdf>

There are two transmittals for CR4014:

- The NCD, transmittal 55 is available at <http://www.cms.hhs.gov/Transmittals/downloads/R55NCD.pdf>; and
- Transmittal 980 is the *Medicare Claims Processing Manual* update, which is available at <http://www.cms.hhs.gov/Transmittals/downloads/R980CP.pdf> on the CMS website.

CR3648 (Transmittal 36 dated June 24, 2005, subject: Pub. 100-02, Chapter 15, Sections 220 and 230 Therapy Services) can be reviewed at <http://www.cms.hhs.gov/Transmittals/downloads/R36BP.pdf> on the CMS website.

The MLN Matters article MM3648 can be viewed at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3648.pdf> on the CMS website.

Providers with any questions may contact their carrier/intermediary at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.