



Therapy Cap Values for Calendar Year (CY) 2010 – JA6660

Note: Change Request (CR) 6660 was revised to include Regional Home Health Intermediaries as additional contractors involved with this issue. Medicare Carriers were added to the Contractor Affected section below as they were omitted from the article. The CR release date, transmittal number, and Web address for accessing CR6660 has also been changed.

Related CR Release Date: November 23, 2009 Revised

Date Job Aid Revised: December 1, 2009

Effective Date: January 1, 2010

Implementation Date: January 4, 2010

Key Words MM6660, CR6660, R1860CP, Therapy, Cap

Contractors Affected

- Durable Medical Equipment Medicare Administrative Contractors (DME MACs)
- Part A/B MACs (A/B MACs)
- Fiscal Intermediaries (FIs)
- Regional Home Health Intermediaries (RHHIs)
- Medicare Carriers

Provider Types Affected

Providers and suppliers submitting claims to Medicare Carriers, RHHIs, FIs, A/B MACs, and/or DME MACs for physical therapy, speech-language pathology, and/or occupational therapy services provided to Medicare beneficiaries are affected.



CR6660 describes the policy for outpatient therapy caps for CY 2010 and announces that therapy caps for CY 2010 will be \$1860.

Provider Needs to Know...	<ul style="list-style-type: none"> • For physical therapy and speech language pathology services combined, the limit on incurred expenses is \$1860 for CY 2010. • For occupational therapy services, the limit is \$1860 for CY 2010. • The limit is based on incurred expenses and includes applicable deductible and coinsurance. • The <i>Medicare Claims Processing Manual</i> (Pub. 100-04, Chapter 5 (Part B Outpatient Rehabilitation and CORF/OPT Services), Section 10 (Part B Outpatient Rehabilitation and Comprehensive Outpatient Rehabilitation Facility (CORF) Services - General) and Section 20 (HCPCS Coding Requirement)) has been revised to include the CY 2010 therapy caps. • This revision is included as an attachment to CR6660.
Background	<ul style="list-style-type: none"> • The Balanced Budget Act 1997, P.L. 105-33, Section 4541(c) set annual caps for Part B Medicare patients. • These limits change annually. • The Deficit Reduction Act of 2005 (signed Feb. 8, 2006) directed that a process for exceptions to therapy caps for medically necessary services be implemented. • Subsequently, the Medicare Improvements for Patients and Providers Act of 2008 was enacted on July 15, 2008. Section 141 extended the effective date of the exceptions process to the therapy caps to December 31, 2009. • The exceptions process will continue unchanged for the time frame directed by Congress.
Operational Impact	N/A
Reference Materials	<p>The related MLN Matters® article can be found at http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6660.pdf on the CMS website.</p> <p>The official instruction (CR6660) regarding this change may be viewed at http://www.cms.hhs.gov/Transmittals/downloads/R1860CP.pdf on the CMS website.</p>