Medicare Learning Network
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Information for Medicare Fee-For-Service Health Care Professionals

Related Change Request (CR) #: 3647 MLN Matters Number: MM3647
Related CR Release Date: April 1, 2005
Related CR Transmittal #: 515
Effective Date: January 3, 2005
Implementation Date: July 5, 2005

Note: This article was updated on February 4, 2013, to reflect current Web addresses. All other information remains unchanged.

Update to 100-04 and Therapy Code Lists

Provider Types Affected

Providers billing intermediaries and carriers for Part A inpatient and Part B outpatient services

Provider Action Needed

Providers should note that this instruction provides details from Change Request (CR) 3647 which updates the list of Healthcare Common Procedure Coding System (HCPCS) codes describing therapy services including physical therapy, occupational therapy, and speech-language pathology. It also clarifies the term "always therapy" codes. The term "therapy" as used in this instruction refers only to physical therapy, occupational therapy, and speech-language pathology. The term "therapists" refers to physical therapists, occupational therapists, speech-language pathologists, and, in some cases, to physicians, clinical nurse specialists, nurse practitioners, and physician assistants who may provide therapy services.

Background

Change Request (CR) 3647 updates the list of HCPCS codes that describe therapy services for physical therapy, occupational therapy, and speech-language pathology. Some of these changes are required to prevent conflicts with OPPS codes, which were effective January 1, 2005, and others are updates to the current list.

Financial limitations on therapy services were mandated by the Balanced Budget Act (BBA), and in order to limit the services, a list of the services to which limits would apply was developed and published as AB-03-018 in February 7, 2003. The original list may be viewed at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/AB03018.pdf on the CMS website.

Specialty codes 73 and 74 were incorrectly noted in Transmittal AB-03-018 and have since been reassigned to specialties that are not therapy services.

This list is being updated due to new codes and new information about the codes listed. The limitations are not in effect in the year 2005, but are mandated to be implemented on January 1, 2006 unless new legislation is passed. Regardless of whether financial limitations are in effect, CMS uses this list to identify therapy services for policy purposes.

Applicable Outpatient Rehabilitation HCPCS Codes

CMS identifies the following codes as therapy services. See the notes below the table for details about each code.

The financial limits (when in effect) apply to services represented by the following codes, except as noted below. Note: Listing of the following codes does not imply that services are covered.

Table 1: HCPCS Codes Identified as Therapy Services

64550+	90901+	*92506*	*92507*	*92508*	*92526*
92597	*92605****	*92606****	*92607*	*92608*	*92609*
92610+	92611+	92612+	92614+	92616+	95831+
95832+	95833+	95834+	95851+	95852+	96105+
96110+[1],[2]	96111+[2]	96115+[2]	*97001*	*97002*	*97003*
97004	*97010****	*97012*	*97016*	*97018*	*97020*
97022	*97024*	*97026*	*97028*	*97032*	*97033*
97034	*97035*	*97036*	*97039*	*97110*	*97112*
97113	*97116*	*97124*	*97139*	*97140*	*97150*
*97504***	*97520*	*97530*	*97532+*	*97533*	*97535*
97537	*97542*	*97597+*	*97598+*	*97602****	*97605****
*97606****	*97703*	*97750*	*97755*	*97799**	G0279+***
G0280+***	*G0281*	*G0283*	*G0329*	0029T+***	

[1] Effective January 1, 2004, 96110 will be an active code on the physician fee schedule. Carriers shall no longer price this code.

[2] *If billed by an outpatient hospital department, these are paid using the Outpatient Prospective Payment system (OPPS).*

* The physician fee schedule abstract file does not contain a price for codes 96110, or 97799, since the carrier prices them. Therefore, the Fiscal Intermediary (FI) must contact the carrier to obtain the appropriate fee schedule amount in order to make proper payment for these codes.

** Code 97504 should not be reported with code 97116. However, if code 97504 was performed on an upper extremity and code 97116 (gait training) was also performed; both codes may be billed with modifier 59 to denote a separate anatomic site.

*** The physician fee schedule abstract file does not contain a price for codes G0279, G0280, 0020T, or 0029T since they are priced by the carrier. In addition, the carrier determines coverage for these codes. Therefore, the FI contacts the carrier to obtain the appropriate fee schedule amount.

****Codes are bundled. They are bundled with any therapy codes. Regardless of whether they are billed alone or in conjunction with another therapy code, Medicare does not pay separately for these codes. If billed alone, either code will be denied using group code CO on the remittance advice notice with claim adjustment reason code 97 that says:

"Payment is included in the allowance for another service/procedure."

Medicare will use reason code 97 to deny a procedure code that should have been bundled. Alternatively, reason code B15, which has the same intent, may also be used.

Underlined codes are always therapy services, regardless of the circumstances or who performs them. These codes always require therapy modifiers whenever they are billed.

+ Codes sometimes represent therapy services. These codes and all codes on the above list always represent therapy services when performed by therapists.

There are some circumstances when these codes will not be considered representative of therapy services and therapy limits (when they are in effect) will not apply. Codes marked + are not therapy services when:

- It is not appropriate to bill the service under a therapy plan of care, and
- They are billed by providers of services who are not therapists, i.e., physicians, clinical nurse specialists, nurse practitioners and psychologists.

The Codes marked + on the above list may not be used by therapists, or by physicians, or by non-physician practitioners who are not therapists without a therapy modifier in situations where the service provided is integral to an outpatient rehabilitation therapy service. It is not the +code itself, but the circumstance under which a +code is billed that determines whether a modifier is required. Physicians and non-physician practitioners who can appropriately provide the services represented by the codes marked '+' on the above list should only use therapy modifiers (GP, GN, GO) with the above codes when the services are outpatient rehabilitation therapy services provided under a therapy plan of care. Do not use the modifier when it is not needed.

Therapy services, whether represented by "always therapy" codes, or "sometimes therapy codes in the above list performed as outpatient rehabilitation therapy services, must follow all the policies for therapy services (see the *Medicare Claims Processing Manual* (Pub. 100-04), Chapter 5, and the *Medicare Benefit Policy Manual* (Pub. 100-02), Chapter 15).

Additional HCPCS Codes

Codes that are not on the list of therapy services should not be billed with a modifier. There are thousands of such codes; but, for example, the following outpatient non-rehabilitation HCPCS codes should be billed without modifiers:

Table 2: Outpatient Non-Rehabilitation HCPCS Codes

95860	95861	95863	95864	95867	95869	95870
95900	95903	95904	95934	G0237	G0238	G0239

Note: The above codes are intended to facilitate the contractor's ability to pay claims under the Medicare Physician Fee Schedule (MPFS). They are not intended to be a list of all covered OPT services and they do not assure coverage of these services.

Implementation

The implementation date for this instruction is July 5, 2005.

Additional Information

For complete details, please see the official instruction issued to your carrier/intermediary regarding this change. That instruction may be viewed at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R515CP.pdf on the CMS website.

If you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html on the CMS website.