

MLN Matters Number: **MM6254 Revised** Related Change Request (CR) #: **6254**
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 Related CR Transmittal #: **R1625CP** Implementation Date: **January 5, 2009**

2009 Annual Update to the Therapy Code List

Note: This article was revised on April 10, 2018, to update Web addresses. All other information remains the same.

Provider Types Affected

This article is intended for physicians, therapists, and providers of therapy services billing Medicare Carriers, Fiscal Intermediaries (FIs), including Regional Home Health Intermediaries (RHHIs) or Part A/B Medicare Administrative Contractors (A/B MACs) for outpatient rehabilitation therapy services.

What Providers Need to Know

This article is based on Change Request (CR) 6254 and alerts providers to updates to Medicare’s therapy code list with two “sometimes” therapy codes for CY 2009. Note that these codes always represent therapy services and require the use of a therapy modifier when performed by therapists. The two codes added are:

1. **95992** – Standard Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day.
2. **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: If billed by a hospital subject to Outpatient Prospective Payment System (OPPS) for an outpatient service, CPT 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. In addition, no Medicare Physician Fee Schedule (MPFS) amount exists for this code. Since the local carrier (or A/B MAC) determines the coverage and pricing for this code, the FI or A/B MAC contacts the local contractor to obtain the appropriate fee schedule amount.

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Background

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 2008 and 2009 HCPCS/CPT-4.

Therapy services, including “always therapy” services, must follow all the policies for therapy services detailed in the “Medicare Claims Processing Manual”, Chapter 5 which is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c05.pdf> and the “Medicare Benefit Policy Manual”, Chapter 12, which is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c12.pdf>.

Additional Information

The official instruction (CR6254) issued to your Medicare FI, A/B MAC, carrier or RHHI, which is at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1625CP.pdf>.

If you have questions, please contact your Medicare FI, A/B MAC, carrier or RHHI 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>.

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Document History

Date of Change	Description
April 10, 2018	This article was revised to update Web addresses.
November 3, 2008	Initial article released

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