

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash – A new fast fact was posted to the [MLN® Provider Compliance](#) web page. This page contains educational Fee-For-Service Provider materials to help you understand – and avoid – common billing errors and other improper activities identified through claim review programs. You can review quick tips on relevant provider compliance issues and corrective actions directly from this web page. Please bookmark this page and check back often as a new “fast fact” is added each month!

MLN Matters® Number: MM7648 **Revised**

Related Change Request (CR) #: 7648

Related CR Release Date: November 18, 2011

Effective Date: January 1, 2012

Related CR Transmittal #: R2350CP

Implementation Date: January 3, 2012

2012 Annual Update to the Therapy Code List

Note: This article was revised on October 19, 2012 to add a reference to MLN Matters® article MM8036, available at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM8036.pdf>, to alert providers that all requests for therapy services above \$3,700 provided by speech language therapists, physical therapists, occupational therapists, and physicians must be approved in advance. This applies to: Part B Skilled Nursing Facilities (SNFs), Comprehensive Outpatient Rehabilitation Facilities (CORFs), rehabilitation agencies (Outpatient Rehabilitation Facilities (ORFs), private practices, home health agencies (TOB 34X), and hospital outpatient departments. All other information remains unchanged.

Provider Types Affected

Physicians, therapists, and providers of therapy services billing Medicare Carriers, Fiscal Intermediaries (FIs), A/B Medicare Administrative Contractors (A/B MACs), and/or Regional Home Health Intermediaries (RHHIs) for outpatient rehabilitation therapy services should take note of this article.

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Provider Action Needed

This article is based on Change Request (CR) 7648, which updates the therapy code list for Calendar Year (CY) 2012 with one “Always Therapy” Code 92618, Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure). Please make sure your billing and coding staff are aware of this change.

Background

The Social Security Act (Section 1834(k)(5); (see http://www.ssa.gov/OP_Home/ssact/title18/1834.htm) requires that all claims for outpatient rehabilitation therapy services and all comprehensive outpatient rehabilitation facility services be reported using a uniform coding system. The Healthcare Common Procedure Coding System/Current Procedural Terminology 2012 Edition (HCPCS/CPT-4) is the coding system used for the reporting of these services.

CR7648 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 2011 and 2012 Healthcare Common Procedure Coding System and Current Procedural Terminology, Fourth Edition (HCPCS/CPT-4). The list of codes can be found at <http://www.cms.gov/Medicare/Billing/TherapyServices/index.html> on the Centers for Medicare & Medicaid Services (CMS) website..

CR 7648 updates the therapy code list by adding one “always therapy” code for CY 2012 shown in the table below.

Therapy Code	Descriptor
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)

Additional Information

The official instruction, CR 7648, issued to your carrier, FI, A/B MAC, and RHHI regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2350CP.pdf> on the CMS website.

If you have any questions, please contact your carrier, FI, A/B MAC, 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> on the CMS website.

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