

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



## Rehabilitation Therapy Information Resource for Medicare

Medicare Part B provides coverage for many types of therapy services. This fact sheet is designed to provide education on rehabilitation therapy services, coverage requirements, payment systems, and points of contact for further information.

### Medicare Therapy Highlights

All Medicare therapy-related Change Requests (CRs) and Medicare Learning Network® (MLN) Matters® Articles can be found at <http://www.cms.gov/Transmittals> on the Centers for Medicare & Medicaid Services (CMS) website.

#### Recent therapy-related CRs include the following:

- 2011 Update to the Therapy Code List – Effective January 1, 2011 (CR 7364)
- Reporting of Service Units With HCPCS – Effective March 21, 2011 (CR 7247)
- Additions To and Revisions of Existing G-Codes for the Reporting of Skilled Nursing Services and Skilled Therapy Services in the Home Health or Hospice Setting – Effective January 1, 2011 (CR 7182)
- Multiple Procedure Payment Reduction (MPPR) for Selected Therapy Services – Effective January 1, 2011 (CR 7050)
- Clarifications and Updates of Therapy Services Policies – Effective July 11, 2010 (CR 6980)
- Therapy Cap Values for Calendar Year (CY) 2010 – Effective January 1, 2010 (CR 6660)
- DME MAC Instructions for Therapy Caps 2009 – Effective July 27, 2009 (CR 6497)
- Speech-Language Pathology Private Practice Payment Policy – Effective July 6, 2009 (CR 6381)
- New Non-physician Practitioner Specialty Code for Speech Language Pathologists – Effective July 6, 2009 (CR 6292)

### Recent therapy-related MLN Matters® Articles include the following:

- Sections 3103 and 3104 of the Patient Protection and Affordable Care Act (PPACA) Extends Certain Payment Provisions Under the Medicare Program Related to Therapy Cap Exceptions and the Billing by Independent Laboratories for the Technical Component of Physician Pathology Services Furnished to Hospital Patients (SE0931) <http://www.cms.gov/MLNMattersArticles/downloads/SE0931.pdf>
- Outpatient Therapy Cap Values for CY 2011 (MM7107) <http://www.cms.gov/MLNMattersArticles/downloads/MM7107.pdf>



## Therapy Provider Contacts

The Medicare Contractor who pays Medicare Part B claims is the best source of answers to specific Medicare questions. Contractors are carriers, Fiscal Intermediaries (FIs), or Medicare Administrative Contractors (MACs), who provide customer service, develop local policies, and educate providers. If you have questions, please contact your Medicare Carrier, FI, or A/B MAC, at their toll-free number. For a list of the toll-free numbers, visit <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

If you have difficulty communicating with your contractor, refer to the Regional Office Overview web page at <http://www.cms.gov/RegionalOffices> to identify the CMS Regional Office that services your area of operations and contact them for assistance.

## CMS Regulations & Program Guidance

### Extension of Therapy Cap Exceptions

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) was enacted on July 15, 2008. This legislation extended the exceptions process to the therapy caps through December 31, 2009. The Temporary Extension Act of 2010, enacted on March 2, 2010, extended the therapy cap exceptions process through March 31, 2010. On March 23, 2010, the PPACA extended the exceptions process for outpatient therapy caps for services furnished on or after January 1, 2010, through December 31, 2010. On December 15, 2010, the Medicare and Medicaid Extenders Act of 2010 (MMEA) extended the exceptions process for services furnished on or after **January 1, 2011, through December 31, 2011**. Outpatient therapy service providers may continue to submit claims with the KX modifier, when an exception is appropriate.

The therapy caps are determined on a calendar year basis, so all patients begin a new cap year on January 1, 2011. For physical therapy and speech-language pathology services combined, the limit on incurred expenses was \$1,860 in CY 2010 and is \$1,870 in CY 2011. For occupational therapy services, the limit was \$1,860 for CY 2010 and is \$1,870 in CY 2011. These caps do not apply to services billed by hospitals.



For more policy information, visit:

- Therapy Services – <http://www.cms.gov/TherapyServices>
- “Medicare Benefit Policy Manual” (Chapter 15) – <http://www.cms.gov/manuals/Downloads/bp102c15.pdf>
- “Medicare Claims Processing Manual” (Chapter 5) – <http://www.cms.gov/manuals/downloads/clm104c05.pdf>
- Program Transmittals – <http://www.cms.gov/Transmittals>
- Quarterly Provider Updates – <http://www.cms.gov/QuarterlyProviderUpdates>

## Outpatient Therapy Services

Refer to the 11 Part B Billing Scenarios for PTs and OTs at <http://www.cms.gov/TherapyServices> on the CMS website. These scenarios are designed to clarify existing therapy policy and to provide guidance on current Medicare Part B billing issues relevant to Physical Therapists (PTs) and Occupational Therapists (OTs), and to the services they provide. For more information, visit:

- Physician Fee Schedule (PFS) – [http://www.cms.gov/PhysicianFeeSched/01\\_overview.asp](http://www.cms.gov/PhysicianFeeSched/01_overview.asp)
- Physician Fee Schedule Search – <http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx>
- National Correct Coding Initiative Edits – <http://www.cms.gov/NationalCorrectCodInitEd>
- Beneficiary Notices Initiative (BNI) – [http://www.cms.gov/BNI/01\\_overview.asp](http://www.cms.gov/BNI/01_overview.asp)

## Provider Enrollment

Visit the Medicare Provider-Supplier Enrollment web page at <http://www.cms.gov/MedicareProviderSupEnroll> for Medicare enrollment information for institutional providers, physicians, practitioners, and suppliers of medical and health services. For more information, visit the following websites:

- Provider Enrollment Forms – <http://www.cms.gov/CMSForms/CMSForms/list.asp>
- Provider-Supplier Enrollment Contacts – <http://www.cms.gov/MedicareProviderSupEnroll>

## Medicare Payment Systems

For specific payment system information, visit:

- Ambulatory Surgical Centers – <http://www.cms.gov/center/asc.asp>
- Critical Access Hospitals – <http://www.cms.gov/center/cah.asp>
- Durable Medical Equipment – <http://www.cms.gov/center/dme.asp>
- Home Health Agency – <http://www.cms.gov/center/hha.asp>
- Hospice – <http://www.cms.gov/center/hospice.asp>
- Hospital – <http://www.cms.gov/center/hospital.asp>



- Physician – <http://www.cms.gov/center/physician.asp>
- Skilled Nursing Facility – <http://www.cms.gov/center/snf.asp>
- Other Provider Types – <http://www.cms.gov/center/provider.asp>

### Therapy-Related Outreach and Education

Refer to the learning resources and products listed below at <http://www.cms.gov/MLNProducts> on the CMS website.

- Medicare Fraud & Abuse Fact Sheet
- Medicare Physician Guide
- Medicare Secondary Payer Fact Sheet
- The Medicare Appeals Process: Five Levels to Protect Providers, Physicians, and Other Suppliers Brochure
- Medicare Claim Review Programs: MR, NCCI Edits, MUEs, CERT, and RAC Booklet
- Understanding the Remittance Advice: A Guide for Medicare Providers, Physicians, Suppliers, and Billers
- The Medicare Overpayment Collection Process Fact Sheet

### Therapy Studies and Reports – Policy and Utilization

For information related to therapy utilization and policy, including CMS Reports to Congress, CMS Contracted Reports, and Other Government Reports, visit <http://www.cms.gov/TherapyServices/SAR/list.asp> on the CMS website.

### Therapy Professional Association Contacts

To contact one of the therapy professional associations, visit:

- American Occupational Therapy Association (AOTA) – <http://www.aota.org>
- American Physical Therapy Association (APTA) – <http://www.apta.org>
- American Speech-Language-Hearing Association (ASHA) – <http://www.asha.org>

This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This fact sheet was prepared as a service to the public and is not intended to grant rights or impose obligations. This fact sheet may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

The Medicare Learning Network<sup>®</sup> (MLN), a registered trademark of CMS, is the brand name for official CMS educational products and information for Medicare Fee-For-Service Providers. For additional information, visit the MLN's web page at <http://www.cms.gov/MLNGenInfo> on the CMS website.

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Please send your suggestions related to MLN product topics or formats to [MLN@cms.hhs.gov](mailto:MLN@cms.hhs.gov).

