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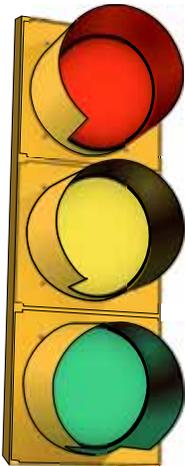
Medlearn Matters Number: SE0533

Further Clarification of CR3648, Which Revised the Medicare Benefit Policy Manual (Pub 100-02), Chapter 15, Regarding Therapy Services

Provider Types Affected

Physicians and other providers who bill Fiscal Intermediaries (FIs) and carriers for therapy services

Provider Action Needed



STOP – Impact to You

This manual revision incorporates the final rule from the November 15, 2004 Federal Register, Part III, pages 66351-6.

CAUTION – What You Need to Know

To ensure payments for therapy services you must meet the conditions and standards for therapy services described in the manuals. In addition, the qualified therapy service must be furnished by qualified professionals/personnel as defined in the Medicare Benefit Policy Manual.

GO – What You Need to Do

To ensure accurate and timely processing of therapy claims, be familiar with instructions and requirements described in the CMS Manual System related to such claims. Read the detailed policies in the Manuals and contact your intermediary or carrier if you have any questions about these changes.

Background

Medicare recently revised the Medicare Benefit Policy Manual (Pub 100-02), Chapter 15, Sections 230.5, to incorporate the information in the Final Rule of November 15, 2004 concerning the definition of therapy services, the qualifications of therapists, and therapy services provided incident to a physician.

Some key points in this modification include:

- Medicare carriers and FIs will pay for services only when the services meet the conditions and standards described in the Medicare Benefit Policy Manual.
- This includes requirements regarding the qualifications of the staff who provide the service as detailed in that manual.

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Additional Information

Outpatient therapy services are defined as physical therapy, occupational therapy, and speech-language pathology services. In order to define which services are included in outpatient therapy service policies, CMS included a list of therapy services in Pub 100-04, chapter 5, section 20. When a service is identified as “always therapy” or when a “sometimes therapy” service is provided under circumstances that require a therapy plan of care, all therapy policies apply. Most of the policies related to therapy services are found or referenced in Pub 100-02, Chapter 15, Section 220 and 230.

Section 230.5 specifically discusses therapy services provided incident to a physician or nonphysician practitioner. For example, when a therapy service is billed incident to the service of a physician or nonphysician practitioner, the service must be provided by:

- A person trained in only physical therapy, occupational therapy, or speech language pathology; **or**
- A person licensed as only a physical therapist, occupational therapist, or speech-language pathologist, **except:**
 - When provided by physicians, physician assistants, clinical nurse specialists, and nurse practitioners, and then only when state and local law permits.

Services may not be billed as therapy services incident to a physician’s service if the service is provided by a person trained in **any** other profession, or licensed or certified in any other profession including physical therapist assistant and occupational therapy assistant, athletic trainer or low vision specialist.

There are policies that allow the services of a physical therapist assistant to be billed by a physical therapist when both the therapist and the assistant are employed by physicians or nonphysician practitioners. The same is true of occupational therapy assistants whose services are billed by occupational therapists. (See Pub. 100-02, chapter 15, section 230.4.)

The revised manual sections are attached to the official instruction issued under Change Request (CR) 3648 to your carrier/FI regarding this change. That instruction, CR 3648, can be found at:

http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp

On the above page, scroll down the CR NUM column on the right to find the link for CR 3648. Click on the link to open and view the file for the CR.

There is also a Medlearn Matters article (MM3648) related to CR3648. That article may be accessed at:

<http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/MM3648.pdf>

If you have questions regarding this issue, you may also contact your carrier or FI at their toll free number, which may be found at:

<http://www.cms.hhs.gov/medlearn/tollnums.asp>

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