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| <b>CMS Manual System</b>                     | <b>Department of Health &amp; Human Services (DHHS)</b>   |
| <b>Pub 100-04 Medicare Claims Processing</b> | <b>Centers for Medicare &amp; Medicaid Services (CMS)</b> |
| <b>Transmittal 2350</b>                      | <b>Date: November 18, 2011</b>                            |
|  | <b>Change Request 7648</b>                                |

**SUBJECT: 2012 Annual Update to the Therapy Code List**

**I. SUMMARY OF CHANGES:** This instruction updates the list of codes that sometimes or always describe therapy services.

**EFFECTIVE DATE: January 1, 2012\***

**IMPLEMENTATION DATE: January 3, 2012**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

|              |   |
|--------------|---|
| <b>R/N/D</b> | <b>CHAPTER / SECTION / SUBSECTION / TITLE</b> |
| N/A          |   |

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Recurring Update Notification**

*\*Unless otherwise specified, the effective date is the date of service.*



| Number | Requirement  | Responsibility (place an "X" in each applicable column) |             |        |                                 |                  |                           |             |             |             |             |
|--------|--|---|-------------|--------|---------------------------------|------------------|---------------------------|-------------|-------------|-------------|-------------|
|        |  | A<br>/<br>B   | D<br>M<br>E | F<br>I | C<br>A<br>R<br>R<br>I<br>E<br>R | R<br>H<br>H<br>I | Shared-System Maintainers |             |             |             | OTHER       |
|        |  |   |             |        |                                 |                  | F<br>I<br>S<br>S          | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |             |
|        | codes provided in this change request.   |   |             |        |                                 |                  |                           |             |             |             |             |
| 7648.2 | Medicare contractors shall be aware that CPT code 92618 has been added as "always therapy" to the new 2012 therapy code list located on the CMS Web site at: <a href="http://www.cms.hhs.gov/TherapyServices/05_Annual_Therapy_Update.asp#TopOfPage">http://www.cms.hhs.gov/TherapyServices/05_Annual_Therapy_Update.asp#TopOfPage</a> . | X   |             | X      | X                               | X                | X                         |             |             |             | OCE<br>COBC |

## II. PROVIDER EDUCATION TABLE

| Number | Requirement   | Responsibility (place an "X" in each applicable column) |             |        |                                 |                  |                           |             |             |             |       |
|--------|---|---|-------------|--------|---------------------------------|------------------|---------------------------|-------------|-------------|-------------|-------|
|        |   | A<br>/<br>B   | D<br>M<br>E | F<br>I | C<br>A<br>R<br>R<br>I<br>E<br>R | R<br>H<br>H<br>I | Shared-System Maintainers |             |             |             | OTHER |
|        |   |   |             |        |                                 |                  | F<br>I<br>S<br>S          | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |       |
| 7648.3 | A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.<br>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly. | X   |             | X      | X                               | X                |                           |             |             |             |       |

## IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A**

*Use "Should" to denote a recommendation.*

| <b>X-Ref Requirement Number</b> | <b>Recommendations or other supporting information:</b> |
|---------------------------------|---|
|                                 |   |

**Section B: For all other recommendations and supporting information, use this space: N/A**

## V. CONTACTS

**Pre-Implementation Contact(s):** Yvonne Young, [Yvonne.Young@cms.hhs.gov](mailto:Yvonne.Young@cms.hhs.gov) (for FI/A/B MAC Billing), Claudette Sikora, Claudette [Sikora@cms.hhs.gov](mailto:Sikora@cms.hhs.gov) (for Carrier/A/B MAC Billing), and Pam West, [Pamela.West@cms.hhs.gov](mailto:Pamela.West@cms.hhs.gov) (for therapy policy)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

## VI. FUNDING

**Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**Section B: For *Medicare Administrative Contractors (MACs)*:**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.