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Information for Medicare Fee-for-Service Health Care Professionals

News Flash – Medicare Physician Guide: A Resource for Residents, Practicing Physicians, and Other Health Care Professionals (October 2009) offers general information about the Medicare Program, how to become a Medicare provider or supplier, Medicare reimbursement, Medicare payment policies, evaluation and management services, protecting the Medicare Trust Fund, inquiries, overpayments, and fee-for-service appeals. This publication can be accessed at *http://www.cms.hhs.gov/MLNProducts/downloads/physicianguide.pdf* on the CMS website.

MLN Matters® Number: MM6719 | Related Change Request (CR) #: 6719

Related CR Release Date: November 13, 2009 | Effective Date: January 1, 2010

Related CR Transmittal #: R1850CP | Implementation Date: January 4, 2010

2010 Annual Update to the Therapy Code List

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

Provider Action Needed

This article is based on Change Request (CR) 6719, which updates the therapy code list for Calendar Year (CY) 2010 with one "Sometimes Therapy" Code 92520 (laryngeal function studies (ie, aerodynamic testing and acoustic testing)). Note that this code always represents therapy services when performed by therapists and requires the use of a therapy modifier.

Background

The Social Security Act (Section 1834(k)(5); see *http://www.ssa.gov/OP_Home/ssact/title18/1834.htm* on the Internet) 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 2010 Edition (HCPCS/CPT-4) is the coding system used for the

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reporting of these services. The additions, changes, and deletions to the therapy code list reflect those made in the Calendar Years (CYs) 2009 and 2010 Healthcare Common Procedure Coding System and Current Procedural Terminology, Fourth Edition (HCPCS/CPT-4).

CR 6719 updates the therapy code list by adding one "sometimes therapy" code for CY 2010 shown in the table below. Note that this code always represents therapy services when performed by therapists and requires the use of a therapy modifier.

Therapy Code	Descriptor
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing).

In addition, CR 6719 announces that 95992 (Standard Canalith repositioning procedure(s), (e.g., Epley maneuver, Semont maneuver), per day) is being removed from the therapy code list effective January 1, 2010.

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.hhs.gov/manuals/downloads/clm104c05.pdf* on the Centers for Medicare & Medicaid Services (CMS) website.

Additional Information

You can also find more information about the therapy code List at *http://www.cms.hhs.gov/TherapyServices/05_Annual_Therapy_Update.asp#TopOfPage* on the CMS website.

The official instruction, CR 6719, issued to your carrier, FI, A/B MAC, and RHHI regarding this change may be viewed at *http://www.cms.hhs.gov/Transmittals/downloads/R1850CP.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.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip* on the CMS website.

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