

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2596	Date: November 23, 2012
	Change Request 8126

SUBJECT: 2013 Annual Update to the Therapy Code List

I. SUMMARY OF CHANGES: This Change Request 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 2012 and 2013 Healthcare Common Procedure Coding System and Current Procedural Terminology, Fourth Edition (HCPCS/CPT-4).

EFFECTIVE DATE: January 1, 2013

IMPLEMENTATION DATE: January 7, 2013

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

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

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

No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 obliged 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.*

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 2596	Date: November 23, 2012	Change Request: 8126
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EFFECTIVE DATE: January 1, 2013

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I. GENERAL INFORMATION

A. Background: Section 1834(k)(5) of the Act 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, 2013 Edition (HCPCS/CPT-4) is the coding system used for the reporting of these services.

This instruction 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 2012 and 2013 Healthcare Common Procedure Coding System and Current Procedural Terminology, Fourth Edition (HCPCS/CPT-4). The therapy code listing can be found on the CMS Web site at http://www.cms.hhs.gov/TherapyServices/05_Annual_Therapy_Update.asp#TopOfPage.

B. Policy: This CR updates the therapy code list with two "sometimes therapy" codes and 42 "always therapy" codes for CY 2013 as follows:

Sometimes therapy codes:

Add: G0456- Neg pres wound < 50 sq cm

Add: G0457- Neg pres wound > 50 sq cm

Always therapy codes:

List of 42 codes attached.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		D M E	F I	C A R R I E R	R H I	Shared- System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
8126.1	Medicare contractors shall change any policies or local edits that are not consistent with the policies or list of codes provided in this Change Request.	X	X		X	X	X					

Number	Requirement	Responsibility											
		A/B MAC		DME MAC	F I	C A R R I E R	R H H I	Shared-System Maintainers				Other	
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F		
8126.2	Medicare contractors shall be aware that HCPCS codes G0456 and G0457 have been added as "sometimes therapy" to the new 2013 therapy code list located on the CMS Web site at http://www.cms.hhs.gov/TherapyServices/05_Annual_Therapy_Update.asp#TopOfPage .	X	X			X	X	X	X				OCE
8126.3	Medicare contractors shall be aware that the attached 42 HCPCS codes have been added as "always therapy" to the new 2013 therapy code list located on the CMS Web site.	X	X			X	X	X	X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC		DME MAC	F I	C A R R I E R	R H H I	Other	
		P a r t A	P a r t B						
8126.4	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites 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 the contractor's 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	X	

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Yvonne Young, yvonne.young@cms.hhs.gov (for FI/Part A MAC billing), April Billingsley, april.billingsley@cms.hhs.gov (for carrier/Part B MAC billing), Brian Reitz, brian.reitz@cms.hhs.gov (for carrier/Part B MAC billing), Pam West, pamela.west@cms.hhs.gov (Policy)

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

VI. FUNDING

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

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Attachment

HCPC	SHORT DESC
G8978	Mobility current status
G8979	Mobility goal status
G8980	Mobility D/C status
G8981	Body pos current status
G8982	Body pos goal status
G8983	Body pos D/C status
G8984	Carry current status
G8985	Carry goal status
G8986	Carry D/C status
G8987	Self care current status
G8988	Self care goal status
G8989	Self care D/C status
G8990	Other PT/OT current status
G8991	Other PT/OT goal status
G8992	Other PT/OT D/C status
G8993	Sub PT/OT current status
G8994	Sub PT/OT goal status
G8995	Sub PT/OT D/C status
G8996	Swallow current status
G8997	Swallow goal status
G8998	Swallow D/C status
G8999	Motor speech current status
G9158	Motor speech D/C status
G9159	Lang comp current status
G9160	Lang comp goal status
G9161	Lang comp D/C status
G9162	Lang express current status
G9163	Lang express goal status
G9164	Lang express D/C status
G9165	Atten current status
G9166	Atten goal status
G9167	Atten D/C status
G9168	Memory current status
G9169	Memory goal status
G9170	Memory D/C status
G9171	Voice current status
G9172	Voice goal status
G9173	Voice D/C status
G9174	Speech lang current status
G9175	Speech lang goal status
G9176	Speech lang D/C status
G9186	Motor speech goal status