



**News Flash** - The Centers for Medicare & Medicaid Services (CMS) reminds health care professionals that Medicare provides coverage of diabetes screening tests for beneficiaries at risk for diabetes or those diagnosed with pre-diabetes, as well as other covered services for people with diabetes. CMS has published a new provider brochure entitled *Diabetes-Related Services*. This tri-fold brochure provides health care professionals with an overview of Medicare's coverage of diabetes screening tests, diabetes self-management training, medical nutrition therapy, and supplies and other services for Medicare beneficiaries with diabetes. You may download, view and print this new brochure by visiting the Medicare Learning Network (MLN) at <http://www.cms.hhs.gov/MLNProducts/downloads/DiabetesSvcs.pdf> on the CMS website. Printed copies of the brochure may be ordered, free of charge, from the MLN Product Ordering Page by visiting [http://cms.meridianksi.com/kc/main/kc\\_frame.asp?kc\\_ident=kc0001&loc=5](http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5) on the CMS website.

MLN Matters Number: MM5810

Related Change Request (CR) #: 5810

Related CR Release Date: November 23, 2007

Effective Date: January 1, 2008

Related CR Transmittal #: R1377CP

Implementation Date: January 7, 2008

## 2008 Annual Update to the Therapy Code List

### Provider Types Affected

Physicians, therapists, and providers of therapy services billing Medicare Carriers, Fiscal Intermediaries (FIs), including Regional Home Health Intermediaries (RHHIs), or Part A/B Medicare Administrative Contractors (A/B MACs) for rehabilitation services

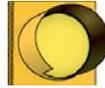
### Provider Action Needed



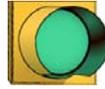
**STOP - Impact to You** - One new code will added to the therapy code list for CY 2008. Code 96125 will be used for standard cognitive performance testing per hour of a qualified health care professional's time, both face-to-face with the patient and time interpreting test results and preparing the report.

#### Disclaimer

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**CAUTION – What You Need to Know** - Code 96125 is considered “always therapy” regardless of who performs the service and will always require a therapy modifier (GN, GO, GP).



**GO – What You Need to Do** - Make certain your office staffs are aware of the new code.

## Background

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Section 1834(k)(5) of the Social Security 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, 2008 Edition (HCPCS/CPT-4) is the coding system used for the reporting of these services.

Therapy services, including “always therapy” services, must follow all the policies for therapy services detailed in the *Medicare Claims Processing Manual*, Publication 100-4, Chapter 5 and the *Medicare Benefit Policy Manual*, Publication 100-2, Chapters 12 and 15. That manual is available at

<http://www.cms.hhs.gov/Manuals/IOM/list.asp#TopOfPage> on the Centers for Medicare & Medicaid Services (CMS) website.

## Additional Information

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If you have questions, please contact your Medicare Carrier, FI, RHHI, or A/B MAC at their toll-free number, which can be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

For complete details regarding CR5810, please see the official instruction issued to your Medicare FI, RHHI, Carrier or A/B MAC. That instruction may be viewed by going to <http://www.cms.hhs.gov/transmittals/downloads/R1377CP.pdf> on the CMS website.

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