NEWS BRIEFS: Canalith Repositioning Back in the Reimbursement Saddle

Last October, physical and occupational therapists cheered the unveiling of the new CPT code, 95992 (Canalith repositioning procedure(s) [e.g. Epley maneuver, Semont maneuver], per day). But celebration soon went dry when the 2009 Medicare Physician Fee Schedule was published shortly afterward.

According to the fee schedule, the Centers for Medicare & Medicaid Services considered 95992 bundled, thus would not allow for separate reimbursement. And providers were ethically obligated to bill 95992 for canalith repositioning since it most accurately described that procedure.

The good news: Thanks to association advocacy, CMS recently gave therapists an alternative, according to the March 6 PT Bulletin Online, the American Physical Therapy Associations weekly newswire. That is, report CPT code 97112 (Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities) for canalith repositioning procedures.

Even better, CMS agreed to make this policy retroactive to Jan. 1, 2009. So, therapists should contact their Medicare contractors to ensure that they are aware of this new policy and request guidance on claims resubmission for these procedures, APTA said.


MAC Implementation Goes on Hold

Dont get too cozy with your newly announced Medicare Administrative Contractor. CMS awarded its final five MAC contracts on Jan. 7 (see Physical Medicine & Rehab Coding Alert, Vol. 10, No. 4), but due to protests filed in accordance with the Competition in Contracting Act, the Government Accountability office stepped in and put the implementation process on hold, according to a CMS bulletin.

The MACs now waiting to get a go-ahead from the GAO include:


* National Government Services, serving Jurisdiction 8, comprised of Indiana and Michigan.

* Palmetto Government Benefits Administrator, serving Jurisdiction 11, comprised of North Carolina, South Carolina, Virginia, and West Virginia, plus home health and hospice processing in Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, and Texas.

* Highmark Medicare Services, serving Jurisdiction 15, comprised of Kentucky and Ohio, plus home health and hospice processing in Colorado, Delaware, the District of Columbia, Iowa, Kansas, Maryland, Missouri, Montana, Nebraska, North Dakota, Pennsylvania, South Dakota, Utah, Virginia, West Virginia, and Wyoming.
The GAO must issue its decisions regarding protests by mid-May 2009. Cahaba Government Benefit Administrators, serving Jurisdiction 10, comprised of Alabama, Georgia, and Tennessee, was awarded a MAC contract on Jan. 7, but its award was not protested. For updates on MACs, refer to www.cms.hhs.gov/MedicareContractingReform/02_WhatsNew.asp

New Hampshire PTs Win Scope of Practice Victory

The New Hampshire Attorney General issued an opinion in February confirming that spinal manipulation is within PTs scope of practice, according to the March 20 edition of PT Bulletin Online.

Controversy stirred back in 2006 when the Journal of Orthopaedic and Sports Physical Therapy published an article that caught the attention of the states chiropractic board. Subsequently, the board sought to clarify that the New Hampshire PT practice acts reference to joint mobilization does not include spinal manipulation. APTA stepped in to help the states PT licensing board demonstrate that spinal manipulation is within the PT scope of practice, the Bulletin reported.

The result: The Attorney General concluded in favor of PTs: Based on the information presented, there is insufficient evidence for this Office to second-guess the [PT] Boards assertion that joint mobilization encompasses spinal manipulation and is within the scope of practice.

Meanwhile, APTA has published a white paper on thrust manipulation to help PTs educate policy makers, should similar turf wars surface in other states. Developed by APTAs Task Force on Manipulation, with input from APTA State Government Affairs and the American Academy of Orthopaedic Manual Physical Therapists, the white paper reviews the history, education, safety, and research of physical therapists performing thrust manipulation, according to the Bulletin.

You can view the white paper and other resources on manipulation at www.apta.org/AM/Template.cfm?Section=State_Gov_t_Affairs&Template=/CM/HTMLDisplay.cfm&ContentID=54490.

Wyoming Unveils New PT Practice Act

Wyoming physical therapists will want to check with their state board for updates. State Gov. Dave Freudenthal signed SF 54 into law on March 4, which enacts the new Wyoming Physical Therapy Practice Act, according to the March 6 edition of PT Bulletin Online.

Most of the changes revolve around the definition of physical therapy, referring to the Federation of State Boards of Physical Therapy model practice act definitions. For example, the new practice act makes physical therapy synonymous with physiotherapy. It also clarifies that manual therapy, mobilization, and manipulation fall under the definition of physical therapy.

Other changes included adding DPT and doctor of physical therapy as protected terms and elevating physical therapist assistants from registered status to certified, according to the Bulletin. Finally, the new practice act mandates continuing education for PTs and PTAs.

The new provisions take effect July 1; however, the Wyoming State Board of Physical Therapy will need to declare regulations to implement certain parts of the new law, the Bulletin said.