Local Coverage Article:
Therapy Driving Evaluations (A52772)

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Contractor Information

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<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
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Article Information

General Information

**Article ID**
A52772

Original ICD-9 Article ID
A51665

**Article Title**
Therapy Driving Evaluations

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Article Guidance

Article Text:

Medicare does not reimburse evaluations performed solely to assess a beneficiary's ability to drive a vehicle. In order for a service to be covered, the service must have a benefit category in the statute Title 18 of the Social Security Act (SSA), it must not be excluded, and it must be reasonable and necessary. There is no benefit category for driving evaluations.

In addition, both screening (except as specifically exempted by statute) and routine physical examinations are excluded from coverage. 42 United States Code (USC) 1395y (a) describes routine physical checkups as:

1. Examinations performed for a purpose other than treatment or diagnosis of a specific illness, symptom, complaint, or injury.
2. Examinations required by insurance companies, business establishments, government agencies or other third parties.

For Medicare purposes, when services provided are related solely to driving, they are not reasonable or necessary for the diagnosis or treatment of an illness or injury and are excluded from coverage under the program by SSA 1862(a)(1).

This is a statutory exclusion. The beneficiary is liable for the charges and no Advance Beneficiary Notice of Noncoverage (ABN) is required. However, providers are encouraged to provide a voluntary ABN. Append modifier GX (Notice of Liability Issue, Voluntary under Payer Policy) to any billed line item.

Sources:

• CMS Internet Only Manual (IOM), Medicare Claims Processing Manual, Publication 100-04, Chapter 1 Section 60
• Social Security Act (SSA) Sections 1861 and 1862(a)(1)
• 42CFR 411.15(a)

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to

Printed on 4/18/2018. Page 2 of 3
apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes N/A
ICD-10 Codes that are Covered N/A
ICD-10 Codes that are Not Covered N/A

**Revision History Information**

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<td>10/01/2015</td>
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Related Local Coverage Document(s) N/A

Statutory Requirements URL(s) N/A

Rules and Regulations URL(s) N/A

CMS Manual Explanations URL(s) N/A

Other URL(s) N/A

Public Version(s) Updated on 07/09/2014 with effective dates 10/01/2015 - N/A Updated on 03/31/2014 with effective dates 10/01/2015 - N/A

**Keywords**

N/A Read the Article Disclaimer