



Therapy Codes Update

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Related CR Release Date: May 15, 2020

Effective Date: March 1, 2020

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Implementation Date: July 6, 2020

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers, and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article informs you of updates to the list of codes that sometimes or always describe therapy services. The additions to the therapy code list reflect those made in the Calendar Year (CY) 2020 for the COVID-19 Public Health Emergency (PHE). Please make sure your billing staffs are aware of these changes.

BACKGROUND

Section 1834(k)(5) of the Social Security Act (the Act) requires all claims for outpatient rehabilitation therapy services and all Comprehensive Outpatient Rehabilitation Facility (CORF) services be reported using a uniform coding system. The CY 2020 Current Procedural Terminology (CPT) and Level II HCPCS are the coding systems used for reporting these services. The therapy code listing is on the Centers for Medicare & Medicaid Services (CMS) website at <http://www.cms.gov/Medicare/Billing/TherapyServices/index.html>.

CR 11791 implements policies reflective of those related to the interim final rule with comment (IFC) entitled Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 PHE (CMS-1744-IFC); and the IFC-entitled Medicare and Medicaid Programs Additional Policy and Regulatory Revisions in Response to the COVID-19 PHE (CMS-5531-IFC); and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). CR 11791 updates the therapy code list and associated policies effective March 1, 2020, for the duration of the COVID-19 PHE.

CMS is designating the below listed codes we've collectively termed as Communications Technology-Based Services (CTBS) as "sometimes therapy," to permit physicians and Non-Physician Practitioners (NPPs), including nurse practitioners, physician assistants, and clinical nurse specialists to provide these services outside a therapy plan of care when appropriate.

When provided by psychologists, licensed clinical social workers, or other practitioners, these CTBS codes are never considered therapy services and may not be reported with a GN, GO, or GP therapy modifier. When provided by therapists in private practice or therapists in institutional providers of therapy services, the CTBS codes are always provided under a physical therapy, occupational therapy, or speech-language pathology plan of care and must be reported with the associated GP, GO, or GN therapy modifier.

These three CPT codes, with their short descriptors, are added for telephone assessment and management services:

- CPT code 98966 (Hc pro phone call 5-10 min)
- CPT code 98967 (Hc pro phone call 11-20 min)
- CPT code 98968 (Hc pro phone call 21-30 min)

These five HCPCS codes, with their short descriptors, are added for remote evaluation of patient images/video, virtual check-ins, and online assessments (e-visits):

- HCPCS code G2010 (Remot image submit by pt)
- HCPCS code G2012 (Brief check in by MD/QHP)
- HCPCS code G2061 (Qual nonMD est pt 5-10 min)
- HCPCS code G2062 (Qual nonMD est pt 11-20 min)
- HCPCS code G2063 (Qual nonMD est pt 21 min)

ADDITIONAL INFORMATION

The official instruction, CR 11791, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r10139OTN.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
May 15, 2020	Initial article released.

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