



2020 Annual Update to the Therapy Code List

MLN Matters Number: MM11501 **Revised** Related Change Request (CR) Number: 11501

Related CR Release Date: **January 28, 2020** Effective Date: January 1, 2020

Related CR Transmittal Number: **R4501CP** Implementation Date: January 6, 2020

Note: We revised this article on January 29, 2020, to reflect an updated CR 11501. The update removed the sentence (*When furnished to hospital outpatients, these two new biofeedback services will continue to be paid under the OPPS.*) from the CR policy section (1. below) about how the two new biofeedback codes are paid when furnished to hospital outpatients. **Note that the two new biofeedback codes will be paid under the Medicare Physician Fee Schedule.** The CR release date, transmittal number and link to the CR also changed. All other information is unchanged.

PROVIDER TYPES AFFECTED

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

PROVIDER ACTION NEEDED

CR 11501 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 Calendar Year (CY) 2020 Current Procedural Terminology (CPT) and Level II HCPCS. Make sure your billing staffs are aware of these updates.

BACKGROUND

Section 1834(k)(5) of the Social Security Act requires all claims for outpatient rehabilitation therapy services and all comprehensive outpatient rehabilitation facility services be reported using a uniform coding system. The CY 2020 CPT and Level II HCPCS is the coding system used for reporting these services. The therapy code listing is available at <http://www.cms.gov/Medicare/Billing/TherapyServices/index.html>.

CR 11501 implements policies discussed in CY 2020 Medicare Physician Fee Schedule (MPFS) rulemaking. The CR updates the therapy code list and associated policies for CY 2020, as follows:

1. The CPT Editorial Panel created two new biofeedback codes to replace CPT code 90911. The Centers for Medicare & Medicaid Services (CMS) designated these new codes as “sometimes therapy” to permit physicians and Non-Physician Practitioners (NPPs), including nurse practitioners, physician assistants, and certified nurse specialists to furnish these services outside a therapy plan of care when appropriate. The two new “sometimes therapy” codes with their CPT long descriptors, are as follows:
 - **CPT code 90912** - Biofeedback training, perineal muscles, anorectal or urethral sphincter, including electromyography (EMG) and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient
 - **CPT code 90913** - Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)
2. The CPT Editorial Panel also created, for CY 2020; CPT codes 97129 and 97130 to replace CPT code 97127, which CMS did not recognize. These new codes will effectively replace HCPCS code G0515, which will be deleted, effective January 1, 2020. These codes are designated “sometimes therapy” to permit physicians, NPPs, and psychologists to furnish these services outside a therapy plan of care when appropriate. The CPT long descriptors for the two new “sometimes therapy” codes are:
 - **CPT code 97129** - Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
 - **CPT code 97130** - Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
3. The CPT Editorial Panel also deleted the following codes for manual muscle testing for CY 2020: CPT codes 95831, 95832, 95833, and 95834.
4. The following 42 HCPCS Level II G-codes are deleted for dates of service after December 31, 2019:
 - HCPCS codes G8978 through G8999; G9158 through G9176; and G9186These codes were used for Functional Reporting of therapy services for CY 2013 through 2018 but were retained for CY 2019 as discussed in the CY 2019 MPFS final rule at 83 FR 59661.

Note: CPT codes 0019T and 64550 are being removed from prior years, 2017 and 2019, respectively.

ADDITIONAL INFORMATION

The official instruction, CR 11501, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r4501cp.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
January 29, 2020	We revised the article to reflect an updated CR 11501. The update removed the sentence (<i>When furnished to hospital outpatients, these two new biofeedback services will continue to be paid under the OPPTS.</i>) from the CR policy section (1. above) about how the two new biofeedback codes are paid when furnished to hospital outpatients. Note that the two new biofeedback codes will be paid under the Medicare Physician Fee Schedule. The CR release date, transmittal number and link to the CR also changed. All other information is unchanged.
November 12, 2019	Initial article released.

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