CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 10542	**Date: December 31, 2020**
	Change Request 12126

SUBJECT: 2021 Annual Update to the Therapy Code List

I. SUMMARY OF CHANGES: This Change Request (CR) 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) 2021 Current Procedural Terminology (CPT) and Level II Healthcare Common Procedure Coding System (HCPCS). The attached recurring update notification applies to chapter 5, section 10.6 of the Internet Only Manual.

EFFECTIVE DATE: January 1, 2021
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 4, 2021

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

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I. GENERAL INFORMATION

A. Background: Section 1834(k)(5) of the 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 Calendar Year (CY) 2021 CPT and Level II HCPCS is the coding system used for the reporting of these services.

This CR 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 CY 2021 for CPT and Level II HCPCS. The therapy code listing can be found on the CMS website at http://www.cms.gov/Medicare/Billing/TherapyServices/index.html.

B. Policy: The policies implemented in this notification were discussed in CY 2021 Medicare Physician Fee Schedule (MPFS) rulemaking. This CR updates the therapy code list and associated policies for CY 2021. CMS designated all of the these HCPCS/CPT codes as “sometimes therapy” to permit physicians and certain Non-Physician Practitioners (NPPs), including nurse practitioners, physician assistants, clinical nurse specialists to furnish these services outside a therapy plan of care when appropriate. When furnished by therapists, these "sometimes therapy" services are “always therapy,” which means they must be accompanied by the appropriate therapy modifier – GN, GO, or GP -- to reflect that it is under a speech-language pathology, occupational therapy, or physical therapy plan of care, respectively.

Further, these HCPCS/CPT codes are considered communication technology-based (CTB) services so other NPPs can furnish these services, such as psychologists and social workers in addition to therapists (physical therapists, occupational therapists, and speech-language pathologists) whether in private practice or those that are facility-based. These codes for CTB services additionally replace codes for similar services that were included in CR 11791. For the below five codes, CY 2021 rulemaking made these codes permanent, meaning that they are no longer restricted by the effectiveness timeline of the Public Health Emergency (PHE) for COVID-19. The HCPCS CPT codes and long descriptors:

- G2250 - Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment. HCPCS code G2250 replaced HCPCS code G2010.

- G2251 - Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to a service or

procedure within the next 24 hours or soonest available. HCPCS code G2251 replaced HCPCS code G2012.

The CPT Editorial Panel for CY 2020 created these three codes for online digital evaluation and management services - CPT codes 98970, 98971, and 98972 (see below). During PFS rulemaking for CY 2021, CMS decided to use these codes in place of G2061, G2062, and G2063 since their descriptors were similar. The CPT codes and their long descriptors:

- CPT 98970 - Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes. CPT code 98970 replaced HCPCS code G2061.

- CPT 98971 - Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes. CPT code 98971 replaced HCPCS code G2062.

- CPT 98972 - Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes. CPT code 98970 replaced HCPCS code G2063.

The CPT codes for telephone assessment services were added via CR 11791 as “sometimes therapy” codes effective for the duration of the PHE for COVID-19. The CPT codes and their long descriptors:

- CPT 98966 - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

- CPT 98967 - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

- CPT 98968 - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion

The following HCPCS codes were removed from the therapy code list, effective for dates of service on and after January 1, 2021: G2010, G2012, G2061, G2062, and G2063.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12126.1	Medicare contractors shall change any policies or local edits that are not consistent with the policies or list of codes provided in this CR.	X	X	X						
12126.2	Medicare contractors shall be aware of the following therapy code changes: Code G2250 - G2251, and 98970 - 98972 have been added as “sometimes therapy” effective for dates of service on or after January 1, 2021 on the new 2021 therapy code list located on the CMS website at http://**www.cms.gov**/Medicare/Billing/TherapyServices/index.html	X	X	X		X				IOCE
12126.3	Medicare contractors shall be aware of the following HCPCS Level II G-codes changes: HCPCS codes G2010 and G2012 were replaced by G2250 and G2251, respectively and G2061 - G2063 have been replaced by codes 98970 – 98972, effective for dates of service on or after January 1, 2021.	X	X	X		X				IOCE
12126.4	The Medicare contractor shall update any necessary changes including logic or reason code narratives for these codes.	X	X	X		X				IOCE

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
12126.5	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X	X	X		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Carla Douglas, carla.douglas@cms.hhs.gov , Pam West, pamela.west@cms.hhs.gov , Brian Reitz, brian.reitz@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0