

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4501	Date: January 28, 2020
	Change Request 11501

Transmittal 4421, dated October 25, 2019, is being rescinded and replaced by Transmittal 4501 dated, January 28, 2020 to remove the sentence from the policy section about how the two new biofeedback codes are paid when furnished to a hospital outpatient. The two new biofeedback codes will be paid under the Medicare Physician Fee Schedule. All other information remains the same.

NOTE: This Transmittal is no longer sensitive and is being re-communicated November 05, 2019. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: 2020 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 CY 2020 Current Procedural Terminology (CPT) and Level II Healthcare Common Procedure Coding (HCPCS). The attached recurring update notification applies to chapter 5, section 10.6 of the Internet Only Manual.

EFFECTIVE DATE: January 1, 2020

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 6, 2020

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

Pub. 100-04	Transmittal: 4501	Date: January 28, 2020	Change Request: 11501
-------------	-------------------	------------------------	-----------------------

Transmittal 4421, dated October 25, 2019, is being rescinded and replaced by Transmittal 4501 dated, January 28, 2020 to remove the sentence from the policy section about how the two new biofeedback codes are paid when furnished to a hospital outpatient. The two new biofeedback codes will be paid under the Medicare Physician Fee Schedule. All other information remains the same.

NOTE: This Transmittal is no longer sensitive and is being re-communicated November 05, 2019. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: 2020 Annual Update to the Therapy Code List

EFFECTIVE DATE: January 1, 2020

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 6, 2020

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) 2020 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 Calendar Year (CY) 2020 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 2020 Medicare Physician Fee Schedule (MPFS) rulemaking. This CR updates the therapy code list and associated policies for CY 2020, as follows:

For CY 2020, the CPT Editorial Panel created two new biofeedback codes to replace CPT code 90911. CMS designated them as “sometimes therapy” to permit physicians and Non-Physician Practitioners (NPPs), including nurse practitioners, physicians assistants, and certified nurse specialist to furnish these services outside a therapy plan of care when appropriate. The two new “sometimes therapy” codes using 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)

The CPT Editorial Panel also created, for CY 2020, CPT code 97129 and 97130 to replace CPT code 97127, which CMS did not recognize. These new codes will effectively replace HCPCS code G0515 which is deleted, effective January 1, 2020. These codes are designated “sometimes therapy” in order 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 as follows:

- CPT 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 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)

The CPT Editorial Panel also deleted the following codes for manual muscle testing for CY 2020: CPT codes 95831, 95832, 95833, and 95834.

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 G9186

These codes were used for Functional Reporting of therapy services for CY 2013 through 2018, but were retained for CY 2019 as discussed in CY 2019 MPFS final rule at 83 FR 59661.

Also, please note CPT codes 0019T and 64550 are being removed from prior years, 2017 and 2019, respectively.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared- System Maintainers				Other
		A	B	H H H		F M V C	M I C S	V M S	C W F	
11501.1	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						
11501.2	Medicare contractors shall be aware of the following therapy code changes: Code 90912, 90913, 97129, and 97130 have been added as “sometimes therapy” and CPT code 64550, 90911, 95831-95834, G0515, and 0019T have been deleted on the new 2020 therapy code list located on the CMS website at http://www.cms.gov/Medicare/Billing/TherapyService	X	X	X		X				IOCE

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F M V C	I C M W	S S S F			
	s/index.html.										
11501.3	Medicare contractors shall be aware of the following 42 HCPCS Level II G-codes changes: HCPCS codes G8978-G8999, G9158-G9176, G9186 have been deleted effective for dates of service on or after January 1, 2020.	X	X	X		X					IOCE

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC			D M E	C	D	I
		A	B	H H H				
11501.4	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, pamelawest@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):

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.

ATTACHMENTS: 0