DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services


**MLN Matters® Number: MM8126 Revised** | **Related Change Request (CR) #: CR 8126**

**Related CR Release Date: November 23, 2012** | **Effective Date: January 1, 2013**

**Related CR Transmittal #: R2596CP** | **Implementation Date: January 7, 2013**

Note: We revised this article on March 5, 2019, to inform providers that, as established through CY 2019 PFS rulemaking, effective for dates of service on or after January 1, 2019, Medicare no longer requires the functional reporting nonpayable HCPCS G-codes and severity modifiers − adopted to implement section 3005(g) of MCTRJCA − on claims for therapy services. For details about these payment policies, see MLN Matters article MM11120 at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11120.pdf

# 2013 Annual Update to the Therapy Code List

## Provider Types Affected

This MLN Matters® Article is intended for physicians, therapists, and other providers who submit claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), A/B Medicare Administrative Contractors (A/B MACs), and/or Regional Home Health Intermediaries (RHHIs)) for outpatient rehabilitation therapy services provided to Medicare beneficiaries.

## Provider Action Needed

This article is based on Change Request (CR) 8126 which updates the therapy code list for Calendar Year (CY) 2013 by adding two “Sometimes Therapy” codes. CR8126 also adds forty two “Always Therapy” Codes, which are non-payable and for use only in functional reporting. The additions to the therapy code list reflect those made in the CY 2013 Healthcare Common Procedure Coding System and Current Procedural Terminology, Fourth Edition (HCPCS/CPT-4). Please make sure your billing and coding staff are aware of these changes.

## Background

The Social Security Act (Section 1834(k)(5); see http://www.ssa.gov/OP_Home/ssact/title18/1834.htm on the Internet) requires that all claims for outpatient rehabilitation therapy services and all comprehensive outpatient rehabilitation facility (CORF) services be reported using a uniform coding system. The Healthcare Common Procedure Coding System/Current Procedural Terminology, 2013 Edition (HCPCS/CPT-4) is the coding system used for the reporting of these services.

CR 8126 provides the Calendar Year (CY) 2013 annual 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 2013 Healthcare Common Procedure Coding System and Current Procedural Terminology, Fourth Edition (HCPCS/CPT-4). The therapy code listing can be found at http://www.cms.gov/Medicare/Billing/TherapyServices/index.html on the Centers for Medicare & Medicaid Services (CMS) website.

CR 8126 updates the therapy code list by adding two "Sometimes Therapy" codes and forty two "Always Therapy" codes for CY 2013 as shown in the following tables:

**Always Therapy Codes Added for CY 2013**

| | HCPCS Code | Short Descriptor | | HCPCS Code | Short Descriptor (Cont'd) | | HCPCS Code | Short Descriptor (Cont'd) |
|---|---|---|---|---|---|---|---|---|
| 1 | **G8978** | Mobility current status | 15 | **G8992** | Other PT/OT D/C status | 29 | **G9164** | Lang express D/C status |
| 2 | **G8979** | Mobility goal status | 16 | **G8993** | Sub PT/OT current status | 30 | **G9165** | Atten current status |
| 3 | **G8980** | Mobility D/C status | 17 | **G8994** | Sub PT/OT goal status | 31 | **G9166** | Atten goal status |
| 4 | **G8981** | Body pos current status | 18 | **G8995** | Sub PT/OT D/C status | 32 | **G9167** | Atten D/C status |
| 5 | **G8982** | Body pos goal status | 19 | **G8996** | Swallow current status | 33 | **G9168** | Memory current status |
| 6 | **G8983** | Body pos D/C status | 20 | **G8997** | Swallow goal status | 34 | **G9169** | Memory goal status |
| 7 | **G8984** | Carry current status | 21 | **G8998** | Swallow D/C status | 35 | **G9170** | Memory D/C status |
| 8 | **G8985** | Carry goal status | 22 | **G8999** | Motor speech current status | 36 | **G9171** | Voice current status |
| | **HCPCS Code** | **Short Descriptor** | | **HCPCS Code** | **Short Descriptor (Cont'd)** | | **HCPCS Code** | **Short Descriptor (Cont'd)** |
| 9 | **G8986** | Carry D/C status | 23 | **G9158** | Motor speech D/C status | 37 | **G9172** | Voice goal status |
| 10 | **G8987** | Self care current status | 24 | **G9159** | Lang comp current status | 38 | **G9173** | Voice D/C status |
| 11 | **G8988** | Self care goal status | 25 | **G9160** | Lang comp goal status | 39 | **G9174** | Speech lang current status |

| | HCPCS Code | Short Descriptor | | HCPCS Code | Short Descriptor (Cont'd) | | HCPCS Code | Short Descriptor (Cont'd) |
|---|---|---|---|---|---|---|---|---|
| 12 | **G8989** | Self care D/C status | 26 | **G9161** | Lang comp D/C status | 40 | **G9175** | Speech lang goal status |
| 13 | **G8990** | Other PT/OT current status | 27 | **G9162** | Lang express current status | 41 | **G9176** | Speech lang D/C status |
| 14 | **G8991** | Other PT/OT goal status | 28 | **G9163** | Lang express goal status | 42 | **G9186** | Motor speech goal status |

**Sometimes Therapy Codes Added for CY 2013**

| | HCPCS Code | Short Descriptor |
|---|---|---|
| 1 | **G0456** | Neg pres wound < 50 sq cm |
| 2 | **G0457** | Neg pres wound > 50 sq cm |

## Additional Information

CR 8036 alerts providers that all requests for therapy services above $3,700 provided by speech language therapists, physical therapists, occupational therapists, and physicians must be approved in advance. This applies to: Part B Skilled Nursing Facilities (SNFs), Comprehensive Outpatient Rehabilitation Facilities (CORFs), rehabilitation agencies (Outpatient Rehabilitation Facilities (ORFs), private practices, home health agencies (TOB 34X), and hospital outpatient departments. You can find CR 8036 at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1124OTN.pdf.

The MLN Matters® article corresponding to CR 8036 is at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8036.pdf.

The official instruction, CR 8126 issued to your carriers, FIs, A/B MACs, and RHHIs regarding this change may be viewed at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2596CP.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 |
|---|---|
| March 5, 2019 | We revised this article to inform providers that, effective for services on or after January 1, 2018, Section 50202 of the Bipartisan Budget Act (BBA) of 2018 repeals application of the Medicare outpatient therapy caps but retains the former cap amounts as a threshold of incurred expenses above which claims must include a KX modifier as confirmation that services are medically necessary as justified by appropriate documentation in the medical record; and retains the targeted medical review process, but at a lower threshold amount. In addition, effective for dates of service on or after January 1, 2019, as established through CY 2019 PFS rulemaking, Medicare no longer requires the functional reporting nonpayable HCPCS G-codes and severity modifiers – adopted to implement section 3005(g) of MCTRJCA of 2012 − on claims for therapy services. For details, see MLN Matters article MM11120 at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11120.pdf. |
| January 25, 2013 | **Note:** This article was revised to add a link to MM8005 (http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8005.pdf) to alert providers to the new reporting and collection requirements of beneficiary functional data that apply to all claims for Medicare Part B outpatient therapy and the severity/complexity modifiers for the functional measures. |
| November 28, 2012 | Initial article released. |