

|  |   |
|--|---|
| <b>CMS Manual System</b>                     | <b>Department of Health &amp; Human Services (DHHS)</b>   |
| <b>Pub 100-04 Medicare Claims Processing</b> | <b>Centers for Medicare &amp; Medicaid Services (CMS)</b> |
| <b>Transmittal 3924</b>                      | <b>Date: November 16, 2017</b>                            |
|  | <b>Change Request 10303</b>                               |

**Transmittal 3887, dated October 20, 2017, is being rescinded and replaced by Transmittal 3924, November 16, 2017, Year to include all the coding revisions made to the set of codes used by therapists to report orthotic and prosthetic management and training services in the policy section. In addition, this Transmittal is no longer sensitive/controversial and may now be posted to the Internet. All other information remains the same.**

**SUBJECT: 2018 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) 2018 Healthcare Common Procedure Coding System and Current Procedural Terminology, Fourth Edition (HCPCS/CPT-4). The attached Recurring Update Notification applies to Chapter 5, Section 10.6.

**EFFECTIVE DATE: January 1, 2018**

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

**IMPLEMENTATION DATE: January 2, 2018**

*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.

| <b>R/N/D</b> | <b>CHAPTER / SECTION / SUBSECTION / TITLE</b> |
|--------------|---|
| 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: 3924 | Date: November 16, 2017 | Change Request: 10303 |
|-------------|-------------------|-------------------------|-----------------------|

**Transmittal 3887, dated October 20, 2017, is being rescinded and replaced by Transmittal 3924, November 16, 2017, Year to include all the coding revisions made to the set of codes used by therapists to report orthotic and prosthetic management and training services in the policy section. In addition, this Transmittal is no longer sensitive/controversial and may now be posted to the Internet. All other information remains the same.**

**SUBJECT: 2018 Annual Update to the Therapy Code List**

**EFFECTIVE DATE: January 1, 2018**

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

**IMPLEMENTATION DATE: January 2, 2018**

## 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) 2018 Healthcare Common Procedure Coding System and Current Procedural Terminology, Fourth Edition (HCPCS/CPT-4) 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 2018 HCPCS/CPT-4. The therapy code listing can be found on the Centers for Medicare & Medicaid Services (CMS) Website at <http://www.cms.gov/Medicare/Billing/TherapyServices/index.html>.

**B. Policy:** The policies implemented in this notification were discussed in CY 2018 Medicare Physician Fee Schedule (MPFS) rulemaking. This CR updates the therapy code list and associated policies for CY 2018, as follows:

For CY 2018, the Current Procedural Terminology (CPT) Editorial Panel revised the set of codes physical and occupational therapists use to report orthotic and prosthetic management and training services by differentiating between initial and subsequent encounters through the: (a) addition of the term “initial encounter” to the code descriptors for CPT codes 97760 and 97761, (b) creation of CPT code 97763 to describe all subsequent encounters for orthotics and/or prosthetics management and training services, and (c) deletion of CPT code 97762. The new long descriptors for CPT codes 97760 and 97761 – now intended only to be reported for the initial encounter with the patient – are listed below:

- CPT code 97760 (Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes)
- CPT code 97761 (Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes)

CMS will add CPT code 97763 to the therapy code list and CPT code 97762 will be deleted.

The panel also created, for CY 2018, CPT code 97127 to replace/delete CPT code 97532. CMS will recognize HCPCS code G0515, instead of CPT code 97127, and add HCPCS code G0515 to the therapy code list. CPT code 97127 will be assigned a MPFS payment status indicator of “I” to indicate that it is

“invalid” for Medicare purposes and that another code is used for reporting and payment for these services.

Just as its predecessor code was, CPT code 97763 is designated as “always therapy” and must always be reported with the appropriate therapy modifier, GN, GO or GP, to indicate whether it’s under a Speech-language pathology (SLP), Occupational Therapy (OT) or Physical Therapy (PT) plan of care, respectively.

HCPCS code G0515 is designated as a “sometimes therapy” code, which means that an appropriate therapy modifier – GN, GO or GP, to reflect it’s under an SLP, OT, or PT plan of care – is always required when this service is furnished by therapists; and, when it’s furnished by or incident to physicians and certain Nonphysician Practitioners (NPPs), i.e., nurse practitioners, physician assistants, and clinical nurse specialists when the services are integral to an SLP, OT, or PT plan of care. Accordingly, HCPCS code G0515 is sometimes appropriately reported by physicians, NPPs, and psychologists without a therapy modifier when it is appropriately furnished outside an SLP, OT, or PT plan of care. When furnished by psychologists, the services of HCPCS code G0515 are never considered therapy services and may not be reported with a GN, GO, or GP therapy modifier.

The therapy code list is updated with one new “always therapy” code and one new “sometimes therapy” code, using their HCPCS/CPT long descriptors, as follows:

CPT code 97763 – This “always therapy” code replaces/deletes CPT code 97762.

- CPT code 97763 Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes

HCPCS code G0515 – This “sometimes therapy” code replaces/deletes CPT code 97532.

- HCPCS code G0515: Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes

## II. BUSINESS REQUIREMENTS TABLE

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

| Number  | Requirement   | Responsibility |   |             |                            |                                  |             |             |             |       |
|---------|---|----------------|---|-------------|----------------------------|----------------------------------|-------------|-------------|-------------|-------|
|         |   | A/B<br>MAC     |   |             | D<br>M<br>E<br>M<br>A<br>C | Shared-<br>System<br>Maintainers |             |             |             | Other |
|         |   | A              | B | H<br>H<br>H |                            | F<br>I<br>S<br>S                 | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |       |
| 10303.1 | 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           |                            |                                  |             |             |             |       |
| 10303.2 | Medicare contractors shall be aware of the following therapy code changes:<br><br>Code 97763 has been added as “always therapy” and CPT code 97762 has been deleted on the new 2018 therapy code list located on the CMS website at <a href="http://www.cms.gov/Medicare/Billing/TherapyServices/index.html">http://www.cms.gov/Medicare/Billing/TherapyServices/index.html</a> . | X              | 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 |  |       |      |
| 10303.3 | <p>Medicare contractors shall be aware of the following therapy code changes:</p> <p>Code G0515 has been added as “sometimes therapy” and CPT code 97532 has been deleted on the new 2018 therapy code list located on the CMS website at <a href="http://www.cms.gov/Medicare/Billing/TherapyServices/index.html">http://www.cms.gov/Medicare/Billing/TherapyServices/index.html</a>.</p> | X              | X | X     |       | X                         | X       |         |  |       | IOCE |

### III. PROVIDER EDUCATION TABLE

| Number  | Requirement  | Responsibility |   |       |       |         |       |  |
|---------|--|----------------|---|-------|-------|---------|-------|--|
|         |  | A/B MAC        |   |       | D M E | C E D I |       |  |
|         |  | A              | B | H H H |       |         | M A C |  |
| 10303.4 | <p>MLN Article: A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p> | 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):** Wil Gehne, wilfried.gehne@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):**

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**