



Therapy Code List: 2026 Annual Update

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Effective Date: January 1, 2026	Related Change Request (CR) Number: CR 14250
Implementation Date: January 5, 2026	Related CR Transmittal Number: R13431CP
Related CR Title: 2026 Annual Update to the Therapy Code List	

Affected Providers

Annual therapy code list updates affect therapists (physical therapists, occupational therapists, and speech-language pathologists), physicians, certain non-physician practitioners, and other providers billing Medicare Administrative Contractors (MACs) for therapy services.

Action Needed

Make sure your billing staff knows about updates effective January 1, 2026, for remote therapeutic monitoring (RTM) services designated as sometimes therapy:

- New codes
- Revised code descriptors

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. Use the CY 2026 HCPCS and CPT, 4th Edition (HCPCS and CPT-4) coding system for reporting these services.

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CR 14250 updates the list of codes that sometimes or always describe therapy services. Additions, changes, and deletions to the list reflect those made in the CY 2026 HCPCS and CPT-4. See the [current therapy code list](#).

Key Updates

The CY 2026 Physician Fee Schedule (PFS) final rule discusses the CY 2026 therapy codes and associated policies.

We're designating 2 new CPT codes for RTM services as sometimes therapy:

- 98984: Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period
- 98985: Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period

We're designating 1 new CPT code for RTM treatment management services as sometimes therapy:

- 98979: Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes

The descriptors of RTM codes 98976 and 98977, designated as sometimes therapy codes in the CY 2022 PFS final rule, are being revised to account for the number of days the respective device is in use, due to the creation of the 2 new RTM codes, 98984 and 98985, as noted below:

- 98976: Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 16-30 days in a 30-day period
- 98977: Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 16-30 days in a 30-day period

In the CY 2022 PFS final rule, we designated 5 RTM codes (98975, 98976, 98977, 98980, and 98981) as sometimes therapy codes. We're designating 98979, 98984, and 98985 as sometimes therapy services beginning January 1, 2026. Any of these RTM services rendered by therapists are always provided under a therapy plan of care and require a GP, GO, or GN modifier, but only codes 98975, 98979, 98980, and 98981 are subject to the de minimis or 10% standard policy that also requires using the CQ or CO modifier when provided in whole or in part by a physical therapist assistant (PTA) or occupational therapy assistant (OTA) and provided under the general supervision of a physical therapist or occupational therapist, respectively.

Therapists must always provide RTM services under a therapy plan of care. Physicians, physician assistants, nurse practitioners, and clinical nurse specialists provide RTM services under a therapy plan of care when related to the musculoskeletal device in codes 98977 and 98985, specific to therapy services, such as therapeutic exercises we discussed in the CY 2022 PFS final rule. Otherwise, provide RTM services appropriately outside a therapy plan of care with the sometimes therapy designation.

We pay RTM codes designated as sometimes therapy (98975, 98976, 98977, 98984, and 98985) under the PFS for all settings except in the outpatient hospital for type of bill (TOB) 13X where they are paid under the Hospital Outpatient Prospective Payment System. However, we pay for the 3 codes for the RTM treatment management services (sometimes therapy codes 98979, 98980, and 98981) under the PFS when provided under therapy plans of care by therapists and their supervised PTAs and OTAs for TOB 13X.

More Information

We issued CR 14250 to your MAC as the official instruction for this change. For more information, find your [MAC's website](#).

Document History

Date of Change	Description
November 24, 2025	Initial article released.

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