

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10241	Date: July 31, 2020
	Change Request 11762

SUBJECT: Reason Code Updates for the 2020 Annual Therapy Current Procedural Terminology (CPT) Codes in Change Request (CR) 11501

I. SUMMARY OF CHANGES: The purpose of this CR is to implement any logic or reason code modifications needed for the therapy codes that were implemented in CR11501 titled, 2020 Annual Update to the Therapy Code List.

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:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 10241	Date: July 31, 2020	Change Request: 11762
-------------	--------------------	---------------------	-----------------------

SUBJECT: Reason Code Updates for the 2020 Annual Therapy Current Procedural Terminology (CPT) Codes in Change Request (CR) 11501

EFFECTIVE DATE: January 1, 2021

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

IMPLEMENTATION DATE: January 4, 2021

I. GENERAL INFORMATION

A. Background: On January 6, 2020, CR11501 titled, 2020 Annual Update to the Therapy Code was implemented to prepare the Medicare systems to accept the updated CPT therapy code changes.

CMS was made aware that there was an issue where claims were receiving reason codes for the updates to the 2020 therapy codes. This CR allows the Fiscal Intermediary Shared System (FISS) to update any necessary logic or reason codes needed for the CPT therapy codes, which were previously implemented in CR11501.

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, physician 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 Healthcare Common Procedure Coding System (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 (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; 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 M A C	Shared- System Maintainers				Other
		A	B		H H H	F I S S	M C S	V M S	
11762.1	<p>The Medicare contractor shall update any necessary changes including logic or reason code narratives for the following CPT codes, which were previously implemented in CR11501.</p> <ul style="list-style-type: none"> • HCPCS 90911 has been deleted and replaced with codes 90912 and 90913; • HCPCS G0515 has been deleted and replaced with codes 97129 and 97130. <p>Note: The new 2020 therapy code list is located on the CMS website at http://www.cms.gov/Medicare/Billing/TherapyServices/index.html.</p>					X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
	None					

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): Cindy Pitts, Cindy.Pitts@cms.hhs.gov , Fred Rooke, Fred.Rooke@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