

<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 12980</b>	<b>Date: October 10, 2024</b>
	<b>Change Request 13823</b>

**NOTE: This Transmittal is no longer sensitive and is being re-communicated November 08, 2024. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.**

**SUBJECT: 2025 Annual Update to the Therapy Code List**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to update 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) 2025 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 of the Internet Only Manual.

**EFFECTIVE DATE: January 1, 2025**

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

**IMPLEMENTATION DATE: January 6, 2025**

*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

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## **II. GENERAL INFORMATION**

**A. Background:** Section 1834(k)(5) of the Social Security 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 CY 2025 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 will update 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 2025 HCPCS/CPT-4. The CY 2025 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:** Section 1834(k)(5) of the Social Security Act.

The policies implemented in this notification were discussed in CY 2025 Medicare Physician Fee Schedule (MPFS) rulemaking. The therapy code list and associated policies for CY 2025 are as follows:

Three “sometimes therapy” HCPCS codes were added for caregiver training services for CY 2025.

G0541- Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes.

G0542- Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) (Use G0542 in conjunction with G0541).

G0543- Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers.

As sometimes therapy services, these services may be furnished by physicians and certain nonphysician practitioners, such as a nurse practitioner, physician assistant, or clinical nurse specialist when it is appropriate to bill outside a therapy plan of care, that is, where the services are not integral to a therapy plan of care. When these sometimes therapy services are furnished by physical therapists, occupational therapists, or speech-language pathologists, they are always furnished under therapy plans of care and must be accompanied by the appropriate therapy modifier – GP, GO or GN – to reflect they are provided under a physical therapy, occupational therapy, or speech-language pathology plan of care, respectively.

### III. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D ME M AC	Shared-System Maintainers				Other
		A	B	HH H		FI SS	M CS	V MS	C WF	
1382 3.1	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						
1382 3.2	Medicare contractors shall be aware of the following therapy code changes:  HCPCS Codes G0541, G0542, and G0543 have been added as “sometimes therapy” codes effective for dates of service on or after January 1, 2025, on the new 2025 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				IO CE
1382 3.3	Medicare contractors shall update any necessary changes including logic or reason code narratives for these codes.	X	X	X		X				IO CE

### IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don’t need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

**Impacted Contractors:** A/B MAC Part A, A/B MAC Part B, A/B MAC Part HHH

**V. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements:** N/A

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**Section B: All other recommendations and supporting information:**N/A

**VI. CONTACTS**

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VII. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**