

<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 13431</b>	<b>Date: September 25, 2025</b>
	<b>Change Request 14250</b>

**NOTE: This Transmittal is no longer sensitive and is being re-communicated November 21, 2025. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.**

**SUBJECT: 2026 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) 2026 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, 2026**

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

**IMPLEMENTATION DATE: January 5, 2026**

*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 2026 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 2026 HCPCS/CPT-4. The CY 2026 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 the CY 2026 Physician Fee Schedule (PFS) final rule. The therapy codes and associated policies for CY 2026 are discussed below. Two new codes for Remote Therapeutic Monitoring (RTM) are designated as sometimes therapy services:

- 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.

One new code for RTM Treatment Management Services is designated as a sometimes therapy service:

- 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 due to the two new RTM codes, 98984 and 98985, to account for the number of days the respective device is in use, 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, the then five RTM codes were designated as “sometimes therapy” codes, 98975, 98976, 98977, 98980, and 98981; and codes 98979, 98984, and 98985 are designated as sometimes therapy services beginning January 1, 2026. This means that any of these RTM services furnished 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 percent standard policy that also requires the use of a CQ or CO modifier when furnished 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.

While therapists’ RTM services must always be furnished under a therapy plan of care, only those RTM services that directly relate to the musculoskeletal device in codes 98977 and 98985 that are specific to therapy services, such as therapeutic exercises that was discussed in the CY 2022 PFS final rule, must also be provided under a therapy plan of care when provided by physicians, physician assistants (PAs), nurse practitioners (NPs), and clinical nurse specialists (CNSs). Otherwise, RTM services are appropriately furnished outside a therapy plan of care with the sometimes therapy designation.

The five RTM codes 98975, 98976, 98977, 98984, and 98985, all designated as sometimes therapy, are paid under the PFS for all settings except when furnished in the outpatient hospital for bill type 13x where they are paid under the outpatient hospital prospective payment system (OPPS). However, for the three codes for RTM Treatment Management Services — 98979, 98980, and 98981 — these sometimes therapy codes are paid under PFS when furnished under therapy plans of care by therapists and their supervised PTAs and OTAs for bill type 13x.

### III. 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	HH H		FI SS	M CS	V MS	C WF	
1425 0.1	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						
1425 0.2	Medicare contractors shall be aware of the following therapy code changes:	X	X	X		X				IO CE

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	
	HCPCS Codes 98984, 98985, and 98979 have been added as “sometimes therapy” codes effective for dates of service on or after January 1, 2026, on the new 2026 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> .									
1425 0.3	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.*

X-Ref Requirement Number	Recommendations or other supporting information:

**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**