

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11118	Date: November 10, 2021
	Change Request 12446

Transmittal 11036, dated October 13, 2021, is being rescinded and replaced by Transmittal 11118, dated, November 10, 2021 to make updates to the background/policy section in the CR and to update the website link in BR. 12446.2. All other information remains the same.

This Transmittal is no longer sensitive and this transmittal may now be posted to the Internet.

SUBJECT: 2022 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) 2022 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, 2022

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

IMPLEMENTATION DATE: January 3, 2022

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:

Recurring Update Notification

Attachment - Recurring Update Notification

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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) 2022 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 2022 HCPCS/CPT-4. The CY 2022 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 2022 Medicare Physician Fee Schedule rulemaking. This CR updates the therapy code list and associated policies for CY 2022. The five Common Procedural Terminology (CPT®) codes and long descriptors follow:

- CPT code 98975 — Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment
- CPT code 98976 — Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
- CPT code 98977 — Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
- CPT code 98980 — Remote therapeutic monitoring treatment management services, physician/ other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes
- CPT code 98981 — Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)

CMS designated all of the above CPT codes as “sometimes therapy” to permit physicians and certain Nonphysician Practitioners (NPPs), including nurse practitioners, physician assistants, and clinical nurse specialists to furnish these services outside a therapy plan of care when appropriate. When furnished by therapists, these "sometimes therapy" services are “always therapy,” which means they must be accompanied by the appropriate therapy modifier – GP, GO or GN -- to reflect that it is under a physical therapy, occupational therapy, or speech-language pathology plan of care, respectively.

CMS considers these CPT codes remote therapeutic monitoring (RTM) services that physical therapists (PTs), occupational therapists (OTs), and speech-language pathologists can furnish, when appropriate. The RTM treatment management services described by CPT codes 98980 and 98981 are provided remotely to beneficiaries in their homes by therapists in private practice, or facility-based therapists, for example, those working in rehab agencies and comprehensive outpatient rehabilitation facilities. While the RTM service for the initial set-up and patient education on use of equipment (CPT code 98975) is done in the office or in the patient’s home.

When RTM services are not directly performed by the physician, NPP or therapist, they are furnished under direct supervision. While therapists’ services must always be provided under therapy plans of care, RTM services that relate to a RTM device that is specific to therapy services, such as the ARIA Physical Therapy supply device in CPT code 98977 that includes therapeutic exercises, must also be furnished under a therapy plan of care when furnished by physicians and NPPs. RTM services delegated by PTs and OTs to physical therapist assistants and occupational therapy assistants, respectively, are subject to the *de minimis* standard (with the exception of the CPT codes for the devices).

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	C W F		
12446.1	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							
12446.2	Medicare contractors shall be aware of the following therapy code changes: CPT Codes 98975, 98976, 98977, 98980, and 98981 have been added as “sometimes therapy” codes effective for dates of service on or after January 1, 2022 on the new 2022 therapy code list located on the CMS website at: http://www.cms.gov/Medicare/Billing/TherapyServices/index.html .	X	X	X		X					IOCE
12446.3	The Medicare contractor shall update any necessary changes including logic or reason code narratives for these codes.	X	X	X		X					IOCE

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
12446.4	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	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): Carla Douglas, carla.douglas@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):

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