

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12232	Date: August 30, 2023
	Change Request 13341

NOTE: This Transmittal is no longer sensitive and is being re-communicated November 07, 2023. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: 2024 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) 2024 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, 2024

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

IMPLEMENTATION DATE: January 2, 2024

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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IMPLEMENTATION DATE: January 2, 2024

I. 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 2024 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 2024 HCPCS/CPT-4. The CY 2024 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>.

The three “sometimes therapy” HCPCS codes added for caregiver training services for CY 2024 are as follows:

97550 -Caregiver training in strategies and techniques to facilitate the patient’s functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes

97551- each additional 15 minutes (List separately in addition to code for primary service)

97552- Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers

These services may sometimes be furnished by physicians and certain nonphysician practitioners (NPPs), including nurse practitioners, physician assistants, and clinical nurse specialists outside a therapy plan of care, under a treatment plan, when appropriate, that is, where the services are not integral to a therapy plan of care. When furnished by physical therapists (PTs), occupational therapists (OTs), and speech-language pathologists (SLPs), these services 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.

B. Policy: Section 1834(k)(5) of the Social Security Act.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility										
		A/B MAC			D M E	Shared-System Maintainers				Other		
		A	B	H H H		F M V C	M C M S	C M S W				
13341.1	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								
13341.2	Medicare contractors shall be aware of the following therapy code changes: CPT Codes 97550, 97551, and 97552 have been added as “sometimes therapy” codes effective for dates of service on or after January 1, 2024 on the new 2024 therapy code list located on the CMS website at: http://www.cms.gov/Medicare/Billing/TherapyServices/index.html .	X	X	X		X					IOCE	
13341.3	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	C M E D I		
		A	B	H H H				
13341.4	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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0