

## Upcoming Billing Requirements for Medicare

### Therapy Assistant Modifiers

CMS finalized its proposal to establish 2 new modifiers to identify services provided by physical therapist assistants (PTAs) and occupational therapy assistants (OTAs), as required by the Bipartisan Budget Act of 2018. **Beginning January 1, 2020**, claims from all providers of PT and OT services must include these modifiers for services furnished in whole or in part by a PTA or OTA.

These new modifiers are being appended on the same line of service as the respective PT, OT, or SLP therapy modifiers (GP, GO, GN):

- CQ Modifier: Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant

- CO Modifier: Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
- The 3 therapy modifiers will continue in effect, unchanged, as follows:
- GP – services delivered under an outpatient physical therapy plan of care
- GO – services delivered under an outpatient occupational therapy plan of care
- GN – services delivered under an outpatient speech-language pathology plan of care

### Proper Coding for Therapy Claims

Procedure code **97014** - electrical stimulation unattended is not a covered code by Medicare (NOTE: **97014** is not recognized by Medicare).

Use **G0283** when reporting unattended electrical stimulation for other than wound care purposes.

Medicare considers CPT Code **97010** (hot/cold packs) a "bundled" service. When a service is bundled, it means that the reimbursement for the code is built into or grouped with the reimbursement for another code.

Both Codes **97010** and **97602** are bundled. They are bundled with any therapy codes. Regardless of whether they are billed alone or in conjunction with another therapy code, payment is never made separately for these codes.

If billed alone, either code will be denied using the existing EOMB/MSN language.

## The 2020 Annual Therapy Code List Update

The following 42 HCPCS Level II G-codes are deleted for dates of service after December 31, 2019:

- HCPCS codes **G8978 through G8999** and **G9158 through G9176 and G9186**

These codes were used for Functional Reporting of therapy services for **CY2013** through 2018 but were retained for CY 2019 as discussed in the CY 2019 MPFS final rule at **83 FR 59661**.

Note: **CPT code 64550** has been removed from prior years, 2017 and 2019, respectively.

## Electronic Funds Transfer (EFT)

If you have not yet completed your Electronic Funds Transfer (EFT) agreement, please visit our site at [mytnpr.com](http://mytnpr.com) and go to: **Provider Resources > Forms > Electronic Funds Transfer**. Please follow the instructions included in the document and **1)** fax the completed and signed form (all 3 pages), **2)** voided check and/or bank letter to VPAY at **800-770-3010**.

## Regulatory Trainings

Please make sure to read and submit all of the Online Regulatory Trainings at [mytnpr.com/training](http://mytnpr.com/training) or by going to [mytnpr.com](http://mytnpr.com) > **Provider Resources > Annual Trainings**.