



REIMBURSEMENT GUIDE 2022

Disclaimer

H Robotics provides this information for your convenience and information purposes only.

This reference does not serve as reimbursement or legal advice, nor is it intended to increase payment by any payor. It is the responsibility of the provider to determine coverage and to submit appropriate codes, modifiers, and charges for the services rendered.

This document is intended to provide reimbursement assistance only where products have been used according to their FDA-approved or cleared indications. Where reimbursement is being requested in conjunction with use of a product that is inconsistent with, or not expressly granted in, the FDA-approved labeling (found in the instructions for use), please consult payor for instructions on the proper handling of this type of claim.

CPT® Codes

CPT® codes¹ have narrative descriptions that are used to report procedures performed by physicians and health care practitioners. CPT codes are used for reporting services delivered in the physician office,

hospital outpatient, and ambulatory surgery center settings.

Physician or Qualified Healthcare Provider (QHP) CPT, Reimbursement, Telehealth X

CPT®	Description	Medicare 2022 Facility Payment	Medicare 2022 Non-Facility Payment ¹	Telehealth Applicable
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	\$9.07	\$23.03	✓
99212	Office or other outpatient visit for the evaluation and management of an established patient, 10-19 minutes of total time is spent on the date of the encounter.	\$36.29	\$56.88	✓
99213	Office or other outpatient visit for the evaluation and management of an established patient, 20-29 minutes of total time is spent on the date of the encounter.	\$68.04	\$92.47	✓
99214	Office or other outpatient visit for the evaluation and management of an established patient, 30-39 minutes of total time is spent on the date of the encounter.	\$100.49	\$131.20	✓

¹ Physician Fee Schedule Relative Value Total for Facility and Non-Facility, (1715-F) multiplied by Conversation Factor of \$36.09, www.cms.gov, 2022

Therapists CPT Codes, Medicare 2022 Reimbursement and Telehealth

CPT®	Description	Medicare 2022 Facility Payment	Medicare 2022 Non-Facility Payment	Telehealth Applicable
97164	Physical therapy reevaluation: low complexity Typically, 20 minutes are spent face-to-face with the patient and/or family.	\$69.79	\$69.79	✓
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$30.36	\$30.36	✓
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	\$35.24	\$35.24	✓
97755	Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	\$38.73	\$38.73	✓
90901	Biofeedback training by any modality	\$19.89	\$41.87	X
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes, individual patient	\$27.91	\$27.91	✓

Digital Evaluation and Management CPT® Codes for Therapists

CPT®	Description	Medicare 2022 Facility Payment	Medicare 2022 Non-Facility Payment	Telehealth/ Timed
98970	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	\$11.51	\$11.86	✓
98971	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	\$20.59	\$20.94	✓
98972	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; over 21 minutes	\$32.80	\$32.80	✓

Digital Evaluation and Management Coding Guidelines

These codes are used to report non-face-to-face patient services initiated by an established patient via an on-line inquiry. Providers must provide a timely response to the inquiry and the encounter must be stored permanently to report this service.

These services are reported **once in a seven-day period** and are reported for the cumulative time devoted to the service over the seven days.

Cumulative time of less than five minutes should not be reported. A new/unrelated problem initiated within seven days of a previous E/M visit that addresses a different problem may be reported separately.

Medicare and other payers may not reimburse separately for these services. Check with the specific payer to determine coverage. For nonphysician on-line medical services, see 98970, 98971, and 98972. Do not report these services when performed concurrently with other billable services, such as 99202-99205, 99212-99215, 99241-99245, or when using the following codes for the same communication: 99091, 99339-99340, 99374-99380, or 99487-99489. Do not report these services for INR monitoring when reporting 93792 or 93793.

Remote Therapeutic Monitoring Treatment Management Services

CPT®	Description	Medicare 2022 Facility Payment	Medicare 2022 Non-Facility Payment	Telehealth Applicable
98975	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment	\$19.38	\$19.38	✓
98977	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days	\$55.72	\$55.72	✓
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes	\$31.49	\$50.18	✓
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)	\$31.49	\$40.84	✓

Place of Service (POS) Codes for Therapists

Place of Service	Description
02	Telehealth
11	Office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital

Therapy Modifiers

Modifier	Description
GP/GO	Indicates that a physical (GP) or occupational (GO) therapist’s services have been provided.
95	Used to designate PT services were provided via telehealth
CQ	Services provided by a Physical Therapy Assistant
KX	Practitioner confirmed the medical necessity of and met the criteria for coverage of the code despite surpassing CMS “therapy threshold”

CMS Therapy Threshold – Coding Note

After a patient exceeds Medicare’s \$2,110.00, be sure that only modifier KX is used, when you know that continued treatment is medically necessary and must be performed by a therapist—and that you justify that necessity with appropriate documentation in the patient’s medical record.