

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

Providers are responsible for submission of accurate claims requests. This reimbursement policy is intended to ensure that you are reimbursed based on the code that correctly describes the procedure performed. This and other reimbursement policies may use CPT, CMS or other coding methodologies from time to time. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

Coding methodology, clinical rationale, industry-standard reimbursement logic, regulatory issues, business issues and other input is considered in developing reimbursement policy.

This information is intended to serve as a resource regarding the reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to enrollees as legislative mandates, the provider contract documents, and the enrollee's benefit coverage documents, may supplement or in some cases supersede this policy. Finally, systems logic or set up may prevent the loading of this policy onto different claims platforms in exactly the same way; however, we strive to minimize these variations.

ACN Group Inc. (OptumHealth Physical Health), may modify this policy from time to time by publishing a new version of the policy on its Website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.

**Physical Therapist, Occupational Therapist, and Speech Therapist
Specialty Specific Modifier Policy**

Type	Reimbursement
Number	0061

Approved by	Approval Date
Reimbursement and Technology Committee Quality Improvement Committee	April 18, 2008 April 25, 2008

Description

This policy describes OptumHealth Physical Health requirements for physical therapy, occupational therapy and/or speech therapy per diem reimbursed multispecialty services billed on a single date of service.

Audience

Targeted Population	This policy applies to all products and all network physical therapist, occupational therapist, and speech therapist providers paid on a per diem fee schedule.* *Fee schedule/provider contract/client contract may supersede
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Policy

Overview

Specialty Specific Modifiers

To ensure accurate adjudication of claims when billing for multiple specialty services on a single date of service, physical therapist, occupational therapist, and speech therapist providers paid on a per diem fee schedule are required to append the claim with HCPCS specialty specific modifiers.

When multiple specialty services, physical therapy, occupational therapy or speech therapy, are provided during a single visit, the claim must include the following HCPCS modifiers to distinguish the therapist providing care:

- Modifier GN - Services delivered by a speech therapist in an outpatient setting.
- Modifier GO - Services delivered by an occupational therapist in an outpatient setting.
- Modifier GP - Services delivered by a physical therapist in an outpatient setting.

Same specialty modifiers should be documented in box 24d on the CMS-1500.

The GN, GO, GP modifiers are not required when a single therapist bills for services. The requirement for inclusion of the modifiers applies only when multiple therapy providers are billing for services on the same date of service.

Use of the modifiers does not change the payment of the service and is not intended to set any preset limitations to the services billed.

Edit Sources

OptumHealth Physical Health sources its Physical Medicine and Rehabilitation and Chiropractic CPT code payment policy methodology to methodologies used and recognized by third party authorities. The sources used to determine if a CPT code is reimbursable are:

Current Procedural Terminology book (CPT) from the American Medical Association (AMA)

Centers for Medicare and Medicaid (CMS) National Coverage Policy and current Centers for Medicare and Medicaid (CMS) Policy Manual(s) <http://www.cms.hhs.gov>

ChiroCode DeskBook, 18th ed., 2010. <http://www.chirocode.com>

References and Resources

References

1. American Medical Association, *HCPCS Level II*, Professional Edition 2010
2. Centers for Medicare and Medicaid Services (CMS)

History/Updates

Approval Date: April 25, 2008

Revision History: 4/8/10

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