



Physical Therapy, Occupational Therapy, Speech Therapy Plan of Care Modifier Reimbursement Policy

Policy Number	0061	Annual Approval Date	04/2020	Approved By	Optum Reimbursement and Technology Committee Optum Quality and Improvement Committee
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. Optum reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. 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 only as a general reference resource regarding Optum’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to Client enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.

Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

**CPT® is a registered trademark of the American Medical Association*

Application
This policy applies to all UnitedHealthcare products, all network and non-network providers. <i>Fee schedule/provider contract/client contract may supersede</i>

Policy
Overview
This policy describes Optum requirements for billing a UnitedHealthcare health plan for Always Therapy services for a physical therapy, occupational therapy and/or speech therapy plan of care regardless of provider type delivering the service
Reimbursement Guidelines
Specialty Specific Modifiers To ensure accurate adjudication of claims physical therapy, occupational therapy, and speech therapy service providers are required to append the claim with HCPCS specialty specific modifiers. When physical therapy, occupational therapy or speech therapy services are provided the claim must include the following modifiers to identify the therapy benefit to which the services will be applied: <ul style="list-style-type: none"> • Modifier GN – Services delivered under an outpatient speech therapy plan of care. • Modifier GO – Services delivered under an outpatient occupational therapy plan of care. • Modifier GP – Services delivered under an outpatient physical therapy plan of care.. The following “Always Therapy” codes will require the appropriate provider specialty modifier on all claims

Code	Modifier
92507	GN, GO or GP
92508	GN, GO or GP
92521	GN
92522	GN
92523	GN
92524	GN
92526	GN, GO or GP
92597	GN
92607	GN
92608	GN, GO or GP
92609	GN, GO or GP
96125	GN, GO or GP
97012	GN, GO or GP
97016	GN, GO or GP
97018	GN, GO or GP
97022	GN, GO or GP
97024	GN, GO or GP
97026	GN, GO or GP
97028	GN, GO or GP
97032	GN, GO or GP
97033	GN, GO or GP
97034	GN, GO or GP
97035	GN, GO or GP
97036	GN, GO or GP
97039	GN, GO or GP
97110	GN, GO or GP
97112	GN, GO or GP
97113	GN, GO or GP
97116	GN, GO or GP
97124	GN, GO or GP
97139	GN, GO or GP
97140	GN, GO or GP
97150	GN, GO or GP
97161	GP
97162	GP
97163	GP



97164	GP
97165	GO
97166	GO
97167	GO
97168	GO
97530	GN, GO or GP
97533	GN, GO or GP
97535	GN, GO or GP
97537	GN, GO or GP
97542	GN, GO or GP
97750	GN, GO or GP
97755	GN, GO or GP
97760	GN, GO or GP
97761	GN, GO or GP
97763	GN, GO or GP
97799	GN, GO or GP
G0281	GN, GO or GP
G0283	GN, GO or GP
G0329	GN, GO or GP
G0515	GN, GO or GP

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

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.

Resources

- American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
- Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
- Centers for Medicare and Medicaid Services

History / Updates

04/25/2008	New
02/2009	Annual review and update
04/2010	Annual review and update
04/2011	Annual review and update



04/2012	Annual review and update
04/2013	Annual review and update
04/2014	Annual review and update
04/2015	Annual review and update
04/2016	Annual review and update
04/2017	Annual review and update
04/2018	Annual review and update
4/2019	Policy language modified for consistency with UHC policy directing that billings of all physical therapy, occupational therapy and speech therapy service require discipline specific modifiers. Additionally annual updates to the policy were completed
04/2020	Annual review and update

Proprietary information of Optum
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