Outpatient Rehabilitation Therapy Services Policy, Facility

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. UnitedHealthcare Community Plan reimbursement policies uses 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.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design, and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include but are not limited to federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan 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.

Application

This reimbursement policy applies to services reported using the UB04 claim form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network outpatient hospital claims.

Policy

Overview

This policy describes the requirements for reporting outpatient physical therapy (PT), occupational therapy (OT), and speech-language pathology (ST). This includes the submission of appropriate service codes, modifiers, and revenue codes for "always therapy" services provided under a plan of care.

Reimbursement Guidelines

CMS describes certain therapy services as "always therapy" and "sometimes therapy." An "always therapy" service must be performed by a qualified therapist under a certified therapy plan of care, and a "sometimes therapy" service may be performed by physician or a non-physician practitioner outside of a certified therapy plan of care.

In accordance with CMS modifiers GN, GO, and GP refer only to services provided under a plan of care for physical therapy, occupational therapy, or speech-language pathology services. These modifiers should not be used for other therapy services, for example, respiratory therapy services or nutrition therapy services.

The following guidelines must be followed when submitting therapy services under a plan of care for physical therapy, occupational therapy, and speech-language pathology services.

- Therapy services must be submitted with the appropriate CPT or HCPCS code for the services provided.

- Therapy services must be submitted with the appropriate therapy revenue code (042x, 043x, or 044x).
- Modifier GN, GO, or GP must be submitted to distinguish the discipline of the plan of care in addition to revenue code 042X, 043x or 044X.
- Only one GN, GO, or GP modifier should be reported on the same service line.
- Revenue codes and modifiers should only be reported in the following combinations:
  - Revenue code 042x (physical therapy) lines may only contain modifier GP (not GO or GN)
  - Revenue code 043x (occupational therapy) lines may only contain modifier GO (not GP or GN)
  - Revenue code 044X (speech-language pathology) lines may only contain modifier GN (not GP or GO)

Discipline-specific evaluation and re-evaluation service codes are to be reported with the modifier for the associated discipline. For example, modifier GP should only be reported with a service code for a physical therapy evaluation.

Definition	
Always Therapy	Therapy services performed by a qualified therapist under a certified plan of care.
Sometimes Therapy	Therapy service performed by a physician or non-physician practitioner outside of a certified therapy plan of care.
Modifier GN	Services delivered under an outpatient speech language pathology 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.

Questions and Answers	
1	**Q:** Can a combination of modifiers GN, GO or GP modifier be reported on the same service line? **A:** No. Only one therapy modifier is allowed per service line to designate under which therapy plan of care the service was provided.
2	**Q:** Is it appropriate to append modifier GN for a therapy service if it is not provided by a qualified therapist and it is not under a certified plan of care. **A:** No. This would not be considered “always therapy” and it would not meet the definition of modifier GN.

State Exceptions	
Arizona	Arizona will be exempt from this policy
Indiana	Indiana will be exempt from this policy
Louisiana	Louisiana will be exempt from this policy
Missouri	Missouri will be exempt from this policy
New Jersey	Per New Jersey State Regulations, effective 1/1/2018, the following code is exempt from the policy: • G0515 when billed with modifier 96
North Carolina	North Carolina will be exempt from this policy
Tennessee	Tennessee will be exempt from this policy
Wisconsin	Wisconsin will be exempt from this policy

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

History	
2/11/2024	Policy Version Update State Exceptions: Added MO exception
3/31/2023	Policy Version Update State Exceptions: Added NJ exception
3/1/2023	Policy implemented by UnitedHealthcare Community Plan
11/9/2022	Policy approved by Reimbursement Policy Oversight Committee