Outpatient Rehabilitation Therapy Services Policy

Policy Number: ADMINISTRATIVE 281.1 T0
Effective Date: June 1, 2021

Instructions for Use

Table of Contents Page

Related Policies
None

Applicable Lines of Business/Products

This policy applies to Oxford Commercial plan membership.

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.

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.

Definitions

Always Therapy: Therapy services performed by a qualified therapist under a certified 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.

Sometimes Therapy: Therapy service performed by a physician or non-physician practitioner outside of a certified 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:	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.

References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed, and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [*2021R5016A*]

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Policy History/Revision Information

Date	Summary of Changes
06/01/2021	• New Reimbursement Policy

Instructions for Use

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in

its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The InterQual® criteria are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.