Procedure to Modifier Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

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 Medicare Advantage reimbursement policies 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.

This reimbursement policy applies to all health care services billed on CMS 1500 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 resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage 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 Medicare Advantage 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 physician or other 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 UnitedHealthcare Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other health care professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

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** For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.

Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS 1500) or its electronic equivalent or its successor form. This policy applies to all Medicare Advantage products and all network physicians and other qualified health care professionals.

Policy

Overview

According to the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS), a modifier provides the means to report or indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. It may also provide more information about a

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service such as it was performed more than once, unusual events occurred, or it was performed by more than one physician and/or in more than one location.

Reimbursement Guidelines

This policy addresses the appropriate use of modifiers with individual CPT and HCPCS procedure codes.

UnitedHealthcare Medicare Advantage sources its procedure code to modifier relationships to methodologies used and recognized by third-party authorities. Those methodologies can be definitive or interpretive. A Definitive Source is one that is based on very specific instructions from the given source. An Interpretive Source is one that is based on an interpretation of instructions from the identified source.

In accordance with correct coding, UnitedHealthcare Medicare Advantage will consider reimbursement for a procedure code/modifier combination only when the modifier has been used appropriately. Note that any procedure code reported with an appropriate modifier may also be subject to other UnitedHealthcare Medicare Advantage reimbursement policies.

For example, the description for modifier 25 specifies that it is to be reported with an Evaluation and Management (E/M) service. Therefore, a surgical code, e.g., 62263, appended with modifier 25 will not be reimbursed because according to its description it should only be appended to E/M codes.

Therapy Services Requiring a Modifier

To better align with CMS, effective for claims processed after Sept. 1, 2018 received with date of service Jan. 1, 2018 and after, UnitedHealthcare Medicare Advantage will require one of the three therapy modifiers − GN, GO, or GP on specific sets of CPT/HCPCS codes in order to identify when each outpatient therapy (OPT) service is furnished under a Speech-language pathology (SLP), occupational therapy (OT) and physical therapy (PT) services plan of care. UnitedHealthcare Medicare Advantage will reject claims that do not contain one of the designated modifiers assigned by CMS.
Each code designated as “always therapy” must always be furnished under an SLP, OT, or PT plan of care, regardless of who furnishes them; and, as such, must always be accompanied by one of the therapy modifiers. In addition, several “always therapy” codes have been identified as discipline specific – requiring the GN modifier, the GO modifier, or the GP modifier where applicable.

CMS has established two modifiers, CQ and CO, for services furnished in whole or in part by physical therapist assistants (PTAs) and occupational therapy assistants (OTAs).

Effective for claims with dates of service on and after January 1, 2020, the CQ and CO modifiers are required to be used, when applicable, for services furnished in whole or in part by PTAs and OTAs on the claim line of the service alongside the respective GP or GO therapy modifier, to identify those PTA and OTA services furnished under a PT or OT plan of care.

CMS is implementing the final part of section 53107 of the Bipartisan Budget Act of 2018, which requires CMS, through the use of new modifiers (CQ and CO), to identify and make payment at 85% of the otherwise applicable Part B payment amount for physical therapy and occupational therapy services furnished in whole or in part by physical therapist assistants (PTAs) and occupational therapy assistants (OTAs) ─ when they are appropriately supervised by a physical therapist (PT) or occupational therapist (OT), respectively ─ for dates of service on and after January 1, 2022. In accordance with the CMS final rule, UnitedHealthcare Medicare Advantage will reimburse providers with Medicare Fee for Service (FFS) contract agreements at 85% of the otherwise applicable Part B payment amount.

The specific sets of CPT/HCPCS codes can be found at the following website.
https://www.cms.gov/Medicare/Billing/TherapyServices/AnnualTherapyUpdate.html

Radiology Reduction Modifiers

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Effective for claims with dates of service on or after April 1, 2020; UnitedHealthcare Medicare Advantage will implement reductions to the technical component (TC) payment and the TC portion of the global fee of radiological services when appended with the CT, FX or FY modifiers as follows:

- Modifier CT:
    - CAT scans furnished on non-NEMA Standard XR-29-2013-compliant equipment
    - Payment reduction of 15% will be applied to the TC payment portion
- Modifier FX:
    - Imaging services that are X-rays taken using film
    - Payment reduction applied to the TC payment portion will be 20% for 2017, 7% for 2018 through 2022, and 10% beginning January 1, 2023.
- Modifier FY:
    - Imaging services that involve cassette-based imaging which utilizes an imaging plate to create the image
    - Payment reduction applied to the TC payment portion will be 20% for 2017, 7% for 2018 through 2022, and 10% beginning January 1, 2023.

Transportation Component HCPCS Code R0075

Effective with dates of service on or after February 1, 2021 UnitedHealthcare Medicare Advantage will deny procedure code R0075 when billed without the applicable modifier consistent with the CMS requirement that modifiers (UN, UP, UQ, UR, US) are required to be reported with HCPCS code R0075 when billing Medicare carriers for portable x-rays.

The five modifiers are used to report the number of patients served during a single trip that the portable x-ray supplier makes to a particular location.

Definitions

Definitive Source	Definitive Sources contain the exact codes, modifiers, or very specific instructions from the given source.
Interpretive Source	An edit source that includes guidelines; however, no exact or specific code or modifier information is listed. Therefore, an interpretation must be made as to what codes correlate to the guidelines. Additionally, an interpretation may be applied to surrounding or similar codes based on related definitively sourced edits.

Questions and Answers

1	**Q:** Why aren't all CPT and HCPCS modifiers addressed in this policy? **A:** The intent of the Procedure to Modifier Policy is to validate appropriate modifier usage and is not meant to address all possible modifier situations. Modifiers not addressed by this policy may have: a) no third-party industry standard source, policies or guidelines to direct development of specific coding relationships or edits; b) a more detailed reimbursement methodology than the scope of this policy is intended, e.g. 26, TC, AA, QK; or c) contractual or benefit coverage implications, e.g., 33
2	**Q:** Does UnitedHealthcare Medicare Advantage require modifiers for biosimilar drugs? **A:** For dates of service on or after August 1, 2017 through March 31, 2018, UnitedHealthcare Medicare Advantage does require HCPCS codes for biosimilar drugs to have the modifier that corresponds to the pharmaceutical manufacturer.

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Modifier Codes
Code
CO
CQ
CT
FX
FY
GN
GO
GP
UN, UP, UQ, UR, US: R0075 must be reported with a modifier reflecting the number of patients served. When modifiers -UN, -UP, -UQ, and –UR are appended to R0075, the total payment for the service shall be divided by 2, 3, 4, and 5 respectively. For modifier –US, the total payment for the service shall be divided by 6 regardless of the number of patients served. For example, if 8 patients were served, R0075 would be reported with modifier –US and the total payment for this service would be divided by 6.

Resources

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:

- CMS Annual Therapy Update
- Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services: Section 80.4.
- Medicare Claims Processing Manual Chapter 5 - Part B Outpatient Rehabilitation and CORF/OPT Services: Section: 10.3.4, 20.1.
- Medicare Claims Processing Manual Chapter 13 - Radiology Services and Other Diagnostic Procedures: Section 20.2.4, 20.2.5, 90.2 and 90.3.
- Medicare Claims Processing Manual Chapter 4 – Use of Modifiers: Sections 20.6.13 - 20.6.15
- MLN Matters 2021 Annual Update to the Therapy Code: MM12126
- NCCI Manual for Medicare Chapter 1 – Modifiers and Modifier Indicators: Section E

History

Date	Change
5/1/2024	Policy Version Change History Section: Entries prior to 5/1/2022 archived.
5/1/2023	Policy Version Change Logo Updated History section: Entries prior to 5/1/2021 archived
6/28/2022	Policy Version Change Radiation Reduction Modifier Section: Updated Resources Section: Updated History Section: Entries prior to 6/2020 archived.
8/1/2017	Policy implemented by UnitedHealthcare Medicare Advantage
1/11/2017	Policy approved by the Reimbursement Policy Oversight Committee

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