Therapy Modifier Policy

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

All claims containing an outpatient rehabilitation HCPCS code must include the appropriate therapy modifier to indicate the discipline of the plan of care under which the service is delivered. The therapy modifiers are:

- GP – Physical therapy (PT)
- GO – Occupational therapy (OT)
- GN – Speech-language pathology (SLP)

These informational modifiers identify therapy services and must be appended in accordance with CMS guidelines. Providers may report these modifiers on claims in any order. If space on a claim line is insufficient for multiple modifiers, additional modifiers should be reported in the remarks field.

Per CMS requirements, all "always therapy" codes must include the correct therapy modifier. When a therapy code is submitted with specialty code 65 (physical therapist in private practice), 67 (occupational therapist in private practice), or 15 (speech-language pathologist in private practice), the service is always considered therapy and must have the appropriate modifier.

Reimbursement Guidelines

Claims for therapy services that do not include the correct therapy modifier for the applicable HCPCS code will be returned or denied. Examples include:

- Denial of speech-language pathology services billed without modifier GN
- Denial of occupational therapy services billed without modifier GO
- Denial of physical therapy services billed without modifier GP

Supplemental Information

Definitions

Term	Definitions
CMS	The Centers for Medicare & Medicaid Services. The Centers for Medicare & Medicaid Services (CMS) is a federal entity under the United States Department of Health and Human Services (HHS). It oversees the Medicare program and collaborates with state governments to manage Medicaid, the Children's Health Insurance Program (CHIP), as well as health insurance portability regulations.

CPT Code	Current Procedural Terminology. Used by physician offices and physicians and clinicians in all settings, outpatient hospital facilities, outpatient dialysis centers, and ambulatory surgery centers. CPT codes are utilized to report the majority of procedures on claims that are submitted.
HCPCS Code	Healthcare Common Procedure Coding System. Used by physician offices, outpatient hospital facilities, inpatient, outpatient dialysis centers, and ambulatory surgery centers. Medicare mandates that providers (regardless of the type of provider) use alphanumeric HCPCS codes to report various biologicals, drugs, devices, supplies, and certain services.
Medicare Administrative Contractor	A Medicare Administrative Contractor (MAC) is a private health insurance company that processes Medicare Part A and Part B medical claims, as well as durable medical equipment (DME) claims, for Medicare Fee-for-Service (FFS) beneficiaries. They act as the main operational link between the Medicare program and healthcare providers. MACs are multi-state, regional contractors responsible for administering both Medicare Part A and Part B claims for a defined geographic area.
Modifier	Two-character codes used to provide additional information about a service or procedure. They are added to the CPT or HCPCS codes to indicate specific details about how a procedure was performed, any special circumstances, or any adjustments that might apply to the standard billing.
Modifier GN	Speech Therapy
Modifier GO	Occupational Therapy
Modifier GP	Physical Therapy
Novitas Solutions	Novitas Solutions is a Medicare Administrative Contractor (MAC) that handles claims processing and related services for Medicare Parts A and B in Jurisdiction H (JH) and Jurisdiction L (JL). They are contracted by the Centers for Medicare & Medicaid Services (CMS) to support healthcare providers and beneficiaries within these jurisdictions.
Palmetto GBA (Government Benefits Administration)	Palmetto GBA is a Medicare Administrative Contractor (MAC) that handles claims processing and related services for Medicare Parts A and B in Jurisdiction M. They are contracted by the Centers for Medicare & Medicaid Services (CMS) to support healthcare providers and beneficiaries within these jurisdictions.

State Exceptions

State	Exception
AZ	Health Plan is an exception to this policy

Documentation History

Type	Date	Action
Initial Creation Date	11/20/2020	New Policy
Revised Date	10/19/2022	Added Modifier Description
Revised Date	08/16/2023	Corrected therapy modifier and verified links - TP
Revised Date	12/12/2024	Updated Template
Revised Date	08/07/2025	Updated template and updated links; added a “Reimbursement Guidelines” section.
Revised Date	09/12/2025	Added AZ Exception

References

This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

*__CODING DISCLAIMER.__ Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.