

PROVIDERUpdate



Health Net®

NEWS AND ANNOUNCEMENTS | JUNE 27, 2018 | 1 PAGE

Therapy Services- Missing or Invalid Modifier Denials

Allwell from Health Net and Ambetter from Health Net have noticed a significant increase in provider claims denying for missing or invalid modifiers. Providers billing for Physical Therapy, Speech Therapy or Occupational Therapy services must bill services with the required modifier(s) as provided by The Centers for Medicare & Medicaid Services (CMS).

Providers receiving the following claim denial: EXIM- Modifier missing or invalid should make the appropriate corrections and submit a corrected claim for adjudication. CMS reference details have been provided to prevent further denials.

MODIFIER BILLING GUIDELINES OUTLINED BY CMS

*The CMS identifies the codes listed at:

http://www.cms.hhs.gov/TherapyServices/05_Annual_Therapy_Update.asp as therapy services, regardless of the presence of a financial limitation. Therapy services include only physical therapy, occupational therapy and speech-language pathology services. Therapist means only a physical therapist, occupational therapist or speech language pathologist. Therapy modifiers are GP for physical therapy, GO for occupational therapy, and GN for speech-language pathology. When in effect, any financial limitation will also apply to services represented unless otherwise noted on the therapy page on the CMS Web site.

Some HCPCS/CPT codes that are not on the list of therapy services should not be billed with a modifier. For example, outpatient non-rehabilitation HCPCS codes G0237, G0238, and G0239 should be billed without therapy modifiers. These HCPCS codes describe services for the improvement of respiratory function and may represent either "incident to" services or respiratory therapy services that may be appropriately billed in the CORF setting. When the services described by these G-codes are provided by physical therapists (PTs) or occupational therapists (OTs) treating respiratory conditions, they are considered therapy services and must meet the other conditions for physical and occupational therapy. **The PT or OT would use the appropriate HCPCS/CPT code(s) in the 97000 - 97799 series and the corresponding therapy modifier, GP or GO, must be used.***

ADDITIONAL INFORMATION

For more information regarding Modifiers and CMS billing requirements please visit: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c05.pdf>

If you have questions regarding the information contained in this update or if additional training is needed on correct billing guidelines please contact your Provider Engagement Specialist.

*Language provided was taking verbatim from: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c05.pdf> all rights reserved.

THIS UPDATE APPLIES TO THE FOLLOWING **HEALTH NET OF ARIZONA** PROVIDERS TYPES:

- Physicians
- Medical Groups/IPAs
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- Ambetter/ CommunityCare HMO
- Allwell/ Medicare Advantage (HMO)

PROVIDER SERVICES

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