

Provider Update

CMS Requirements for Outpatient Therapy Claims

Summary of change: As of January 1, 2013, the Centers for Medicare and Medicaid Services (CMS) implemented a new claims-based data collection requirement for outpatient therapy services by requiring reporting with new nonpayable functional G-codes and seven new modifiers.

✦ **What this means to you:** Effective July 1, 2013, you must include the required nonpayable G-codes and related modifiers on your claims for all outpatient therapy services, not just those over the therapy caps, including claims for Physical Therapy (PT), Occupational Therapy (OT) and Speech-Language Pathology (SLP) services.

Who is impacted by this change?

These reporting requirements apply to the therapy services furnished by:

- Hospitals
- Critical Access Hospitals (CAHs)
- Skilled Nursing Facilities (SNFs)
- Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- Rehabilitation agencies
- Home Health Agencies [(HHAs); when the beneficiary is not under a home health plan of care]

The requirements also apply to the following practitioners:

- Physicians
- Non-Physician Practitioners (NPPs)
- Therapists in Private Practice (TPPs)

For the complete guidelines provided by CMS, download the [Medicare Learning Network Matters article](#).

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-866-805-4589.

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