

Physical Medicine & Rehabilitation: PT, OT and Evaluation & Management Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

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 Community Plan reimbursement policies uses 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 and, when specified, to those billed on UB04 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 reference resource regarding UnitedHealthcare Community Plan’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.

Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee’s benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

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 products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

This policy describes which codes will and will not be reimbursed for physical and occupational therapy evaluations, evaluation and management services and the use of Healthcare Common Procedure Coding System (HCPCS) modifiers GO, GP, CO and CQ.

Reimbursement Guidelines

Physical and Occupational Therapists will be reimbursed for the appropriate use of Current Procedural Terminology (CPT ®) codes 97161-97164 or 97165-97168. Physical and Occupational Therapy Assistants will not be reimbursed for CPT codes 97161-97164 or 97165-97168.

Consistent with coding guidelines of the Centers for Medicare and Medicaid Services (CMS), UnitedHealthcare Community Plan will not reimburse Physical and Occupational Therapists or Physical and Occupational Therapy Assistants for CPT evaluation and management codes 99091, 99202-99499 or HCPCS code G2252.

Effective for claims with dates of service on or after May 1, 2020, UnitedHealthcare Community Plan aligns with CMS and requires HCPCS modifiers GO and GP to be reported, with the codes designated by CMS as “always therapy services” to distinguish the discipline of the plan of care under which the service is delivered. Please refer to the Procedure to Modifier Policy for additional information.

In accordance with CMS, effective for claims with dates of service on or after January 1, 2020, HCPCS modifiers CQ and CO modifiers are required to be used for services furnished In Whole or In Part by a Physical Therapy Assistant (PTA) or Occupational Therapy Assistant (OTA). These modifiers should be used on the claim line of the service, alongside the respective GP or GO therapy modifier. Modifier CQ must be paired with the GP therapy modifier and modifier CO must be paired with the GO therapy modifier.

HCPCS modifiers CQ and CO do not apply to services furnished by PTAs and OTAs that are “incident to” the services of physicians or nonphysician practitioners.

Other reimbursement policies that address reimbursement for the codes reported, may also apply.

State Exceptions

Texas	Per state requirements, Texas is excluded from the Physical Therapy Assistant (PTA) and Occupational Therapy Assistant (OTA) modifier logic. Texas does not require the CO or the CQ Modifier on OTA and PTA services.
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Definitions

Physical Therapist	An individual who is licensed, if applicable, as a Physical Therapist by the State in which he or she is practicing.
Occupational Therapist	An individual who is licensed, if applicable, as an Occupational Therapist by the State in which he or she is practicing.
Physical Therapy Assistant	An individual who is licensed as a Physical Therapy Assistant (PTA), unless licensure does not apply, is registered or certified, if applicable, as a PTA by the State in which he or she is practicing.
Occupational Therapy Assistant	An individual who is licensed as an Occupational Therapy Assistant (OTA), unless licensure does not apply, is registered or certified, if applicable, as an OTA by the State in which he or she is practicing.
In Whole	All the minutes of a service exclusive of the occupational therapist/physical therapist (as applicable).
In Part	A portion of a service separately from the part furnished by the occupational/physical therapist such that the minutes for that portion of a service furnished by the OTA or PTA exceed 10 percent of the total minutes for that service.

Resources

- Individual state Medicaid regulations, manuals & fee schedules
- 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

History	
2/10/2026	Policy Version Change
7/30/2024	Policy Version Change Template U mark was updated History Section: Entries prior to 7/30/2022 archived
12/8/2007	Policy implemented by UnitedHealthcare Community & State