

## Medicare Mandatory Modifiers for Therapy, GN, GO and GP

In an effort to achieve compliance with CMS Billing Requirements, Therapy Network of Puerto Rico (TNPR) is adopting the GN, GO, and GP therapy modifiers in accordance with published CMS billing requirements. Providers **NEED TO USE** the below modifiers on ALL THERAPY CLAIMS submitted for consideration for Speech Therapy, Occupational Therapy or Physical Therapy.



These modifiers are required on every line item of a claim specific to the specialty of the therapist that rendered the service and the service being performed.

- GN – Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care.
- GO – Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care.
- GP – Service delivered personally by a physical therapist or under an outpatient physical therapy plan of care.

TNPR will require these modifiers starting on 1/1/2017, but will not begin denying claims until 4/1/2017. Effective for service dates on or after 04/01/2017, if a therapy claim is received without a modifier present on the line item being billed, claims will be denied, requiring providers to correct the claims (add the appropriate modifiers) and resubmit the claims.

**Therapy Network of Puerto Rico will require these modifiers starting on 1/1/2017, but will not begin denying claims until 4/1/2017. Effective for service dates on or after 04/01/2017, if a therapy claim is received without a modifier present on the line item being billed, claims will be denied, requiring providers to correct the claims (add the appropriate modifiers) and resubmit the claims.**

Please discuss this new Network requirement with your Office Administrators and/or Billers to avoid unnecessary denials after this date.

24.	A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION
	From MM DD YY	To MM DD YY	(Explain Unusual Circumstances)	MODIFIER													
1	01	01	13	01	01	13			00000	<b>GN</b>				NPI	123456789		
2														NPI			
3														NPI			
4														NPI			
5														NPI			
6														NPI			