Title	Description
Policy Name:	**Always and Sometimes Therapy Modifier Billing Requirements**
Policy Number:	BRM-2021-01
Code/Rule Reference:	OAC 4123-6-08; 4123-6-37.2
Effective Date:	January 1, 2021
Origin:	Medical Policy
Supersedes:	All medical policies, directives and memos regarding always therapy billing instructions that predate the effective date of this policy.
History:	New 01/01/2021
Review date:	01/01/2026

I. POLICY PURPOSE: GENERAL OVERVIEW

The purpose of this policy is to address provider's use of always therapy modifiers used by all providers who, within their scope of practice, can perform physical therapy, occupational therapy, or speech therapy services. These providers include but may not be limited to physicians, advanced practice professionals, therapists, and athletic trainers. Always therapy services are identified as an always therapy service on BWC's professional provider and outpatient fee schedules.

This policy will identify Ohio BWC specific billing requirements for the use of the most applicable discipline specific always therapy modifier: -GP, -GO and -GN, including when the use of the modifier is required for sometimes therapy services. Always therapy modifiers are necessary to enable accurate reimbursement when a service subject to always therapy is provided, regardless of who performs the service, or the billing form used to bill the service. The use of these modifiers indicates that the services are provided under a discipline specific (i.e., physical therapy, occupational therapy, or speech-language pathology) plan of care.

The functional capacity evaluation is exempt from the requirement to append the discipline specific always therapy modifier when a non-treating physical or occupational therapist renders an occupationally focused functional capacity evaluation as described in the *Payment Policy for Functional Capacity Evaluations policy.*

II. APPLICABILITY

This policy applies to actions relevant to submitting bills for always therapy and sometimes therapy reimbursement within the Ohio Workers' Compensation System.

III. DEFINITIONS

Always Therapy: A type of multiple procedure payment reduction that is applicable when more than one designated service or unit of service is provided on the same date to the same injured worker, by the same or different servicing provider billing with the same group payment provider number.

Modifier GN: Always therapy modifier to identify discipline specific services delivered under an outpatient speech therapy plan of care.

Modifier GP: Always therapy modifier to identify discipline specific services delivered under an outpatient physical therapy plan of care.

Modifier GO: Always therapy modifier to identify discipline specific services delivered under an outpatient occupational therapy plan of care.

Sometimes Therapy Service: A service that is considered "always therapy" when furnished by a therapist or athletic trainer.

IV. POLICY

A. **Always therapy services** must be billed with the applicable always therapy discipline specific modifier.
   1. **All** providers must bill the applicable always therapy service with discipline specific modifiers, -GN -GP or -GO, best describing the type of therapy treatment plan.
      For example, if delivering a physical medicine service, a physician would append the -GP modifier to indicate the physical therapy discipline specific plan of care.
   2. Only one modifier is applicable per provider.

B. **Sometimes therapy**: When services are provided by a therapist or athletic trainer, a sometimes therapy service will require the use of an always therapy discipline specific modifier.

C. **Multiple procedure payment reduction**.
   1. Always and sometimes therapy services are identified within the applicable BWC fee schedule.
   2. Always and sometimes therapy services are subject to the always therapy payment reduction when billed with the applicable discipline specific modifier unless the service is otherwise excluded from the reduction.