IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024109 JULY 16, 2024

IHCP recommends GP and GO modifiers with procedure code 97542

The Indiana Health Coverage Programs (IHCP) is adding Current Procedural Terminology (CPT®[1]) code 97542 – *Wheelchair management* to the list of procedure codes used by physical and occupational therapists that require a modifier match on both the prior authorization (PA) request and the claim. This modifier match requirement for procedure code 97542 is effective for dates of service on or after Aug. 19, 2024.

Certain procedure codes should include one of the following modifiers to indicate that the service was delivered under a physical or occupational therapy plan of care, as applicable:

- GP – *Services delivered under an outpatient physical therapy plan of care*
- GO – *Services delivered under an outpatient occupational therapy plan of care*

Including the appropriate modifier on the PA request and claim helps ensure timely and proper disposition of the PA request and claim by reducing denials for duplicate service or overlapping dates of service.

The IHCP compares the way these procedure codes are *billed* (with or without modifier GP or GO) to the way they are *authorized*. If the modifier usage on the claim does not match the usage on the PA, the claim will deny with explanation of benefits (EOB) code 3001 – *Dates of service not on the P.A. master file*.

This guidance applies to both professional and institutional-outpatient claims. If the procedure code and modifier usage on the claim does not match what was prior authorized, the procedure code (as well as the associated revenue code, in the case of outpatient claims) will deny for lack of PA.

Procedure code 97542 will be added to the *Physical and Occupational Therapy Codes That Require a Modifier Match (GO or GP) on the Authorization Request and Claim* table in *Therapy Services Codes* on the *Code Sets* page at in.gov/medicaid/providers.

For more information, see the *Therapy Services* provider reference module at in.gov/medicaid/providers.

This billing guidance applies to both fee-for-service (FFS) and managed care claims. Questions about FFS PA should be directed to Acentra Health Customer Service at 866-725-9991. Questions about FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your Provider Relations consultant. Individual managed care entities (MCEs) establish and publish PA, billing and reimbursement information within the managed care delivery system. Questions about managed care PA, billing and reimbursement should be directed to the MCE with which the member is enrolled.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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