Massage Therapy Billing

Quick Reference Guide

Key Points

- The multiple therapy reduction is applied to “always therapy” codes.
- Claims containing any of the “always therapy” codes must have one of the therapy modifiers appended (GN, GO, GP).

Multiple Therapy Reduction

Many therapy services are time-based codes, which means that multiple units may be billed for a single procedure. The multiple procedure payment reduction (MPPR) applies to the practice expense (PE) payment when more than one unit or procedure is provided to the same patient on the same day (i.e., the MPPR applies to multiple units as well as multiple procedures). Full payment is made for the unit or procedure with the highest PE payment.

Effective for claims beginning with dates of service April 1, 2013 and after, full payment is made for the work and malpractice components, and 50% payment is made for the PE for subsequent units and procedures that are furnished to the same patient on the same day.

Applying “Always Therapy” Codes

According to CMS, all outpatient services furnished by therapists in private practices (TPPs) are always considered therapy services, regardless of whether they are designated as “always therapy” or “sometimes therapy,” and the appropriate therapy modifier must be included on the claim.

However, it may be clinically appropriate for physicians and TPPs to furnish outpatient services that have been designated “sometimes therapy” codes outside a therapy plan of care. In these cases, therapy modifiers are not required and claims may be processed without them.

If a claim has an “always therapy” code, it must be appended with one of the therapy modifiers to indicate the plan of care under which the massage therapy was furnished:

- **GN:** Speech-language pathology
- **GO:** Oral therapy
- **GP:** Physical therapy

If one of these modifiers is not included, **the claim will be denied**. For more information on how to apply these codes, please review the CMS Manual System.