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Dear Provider:

Please review the following changes to UnitedHealthcare billing requirements that will go into effect on July 1, 2019. These requirements will apply to all providers submitting claims to all UnitedHealthcare commercial plans.

- Effective with dates of service on or after July 1, 2019, the GN, GO, or GP modifiers will be required on “Always Therapy” codes to align with the Centers for Medicare and Medicaid (CMS).
- According to CMS, certain codes are “Always Therapy” services regardless of who performs them, and always require a therapy modifier (GP, GO, or GN) to indicate that they are provided under a physical therapy, occupational therapy, or speech-language pathology plan of care.
- “Always Therapy” modifiers are necessary to enable accurate reimbursement for each distinct type of therapy in accordance with member group benefits.

Please note that subsequent to the implementation date, claims submitted for dates of service after July 1, 2019 that include “Always Therapy” services and do not include the therapy modifier will not be processed. The provider will be notified that the claims cannot be processed without an appropriate therapy modifier. Should you have any additional questions, please contact Optum Provider Services at 1-800-873-4575.

Sincerely,

Optum  
Enclosure