Effective immediately, SSHSP Medicaid claims submitted for physical, occupational, and speech therapy services (evaluations and ongoing services) must include the two digit procedure code modifiers to identify the type of service. This Medicaid Alert replaces Medicaid Alert #14-04, Clarification of Medicaid Claim Form and Supporting Documentation Requirements: Billing PT and OT Services. Effective immediately, districts are no longer permitted to bill more than one therapy type on one Medicaid claim (i.e., combined physical therapy and occupational therapy services billed together on the same claim). Going forward, SSHSP providers must use procedure code modifiers and must submit separate individual claims for each service type billed. The following billing guidelines are applicable for all rehabilitation claims, including speech therapy.

A Department of Health system project was implemented in eMedNY which requires the use of procedure code modifiers on all Medicaid rehabilitation (physical, occupational, and speech therapy) claims. This includes SSHSP rehabilitation claims. Procedure code modifiers will distinguish one therapy type from another. Modifiers also allow for more accurate statistical tracking.

Each therapy type has a unique procedure code modifier that must be included on the claim. The following modifiers must now be included on all Medicaid rehabilitation claims:

- **GN** – Speech therapy
- **GO** – Occupational therapy
- **GP** – Physical therapy

Effective immediately, SSHSP Medicaid claims submitted for physical, occupational, and speech therapy (both evaluations and ongoing services) must include procedure code modifiers to identify the type of service. The use of these procedure code modifiers is not optional.
If you have any questions or comments regarding this alert, please contact the NYS Department of Health at (518) 473-2160, your local Regional Information Center representative, or the NYS Education Department, Medicaid Unit at medined@mail.nysed.gov