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Web Announcement 175

Addition of GN Modifier and Internal Service Limits for Therapy Services for Provider Type 60

As of Jan. 1, 2008, the following two Common Procedure Terminology (CPT) codes billed by Provider Type 60 (School Based Child Health Services) require a modifier when submitting a claim to Nevada Medicaid: 92507-Speech Therapy (Individual) and 92508-Speech Therapy (Group). In order for claims to be reimbursed, the GN modifier will need to be billed with 92507 and 92508.

Reimbursable related services identified in a child's Individual Education Plan no longer require prior authorization. As an internal utilization process, therapy services such as occupational therapy, physical therapy and speech therapy will align with the service limits applied to therapy providers in the community. Those service limits are 24 encounters per discipline, per calendar year.

Provider Type 60 claims will not deny once those established limits are reached; instead, the claim will pay with the edit code message "Service Exceeds Limit" on the remittance advice.

Upon a retrospective review that may lead to the discovery of incorrect billing or incorrect payment, Medicaid is required by federal regulations to recover any overpayment regardless of whether the incorrect payment was caused by Nevada Medicaid or provider error or any other cause.

