

QUICK GUIDE TO USING THE PTA MODIFIER

Beginning January 1, 2020, CMS requires the use of **the CQ modifier** to denote outpatient therapy services furnished in whole or in part by a physical therapist assistant (PTA) in physical therapist (PT) private practices, skilled nursing facilities, home health agencies, outpatient hospitals, rehabilitation agencies, and comprehensive outpatient rehabilitation facilities. (A similar modifier, identified as CO, is required for services furnished by an occupational therapy assistant.)

Beginning January 1, 2022, these services will be paid at 85% of the Medicare physician fee schedule amount that is otherwise applicable.

Note: Check the policies for all your non-Medicare fee-for-service payers to determine if they will adopt use of the PTA modifier.

How to Use This Guide:

Use this guide to help you identify when you must apply the CQ modifier. When billing timed treatment codes, first determine the total number of units that can be billed based on the 8-minute rule. Then determine, for each unit, whether the PTA furnished more than 10% of **each** unit independent of the physical therapist. This is the de minimis standard that was established for determining “in part” services.

- Only the minutes the PTA spends independent of the PT count toward the 10% de minimis standard.
- The 10% de minimis standard is applied to untimed codes, and is applied to each billed unit of a timed code rather than to **all** billed units of a timed code.
- If a PTA’s time spent furnishing care exceeds 10% of the total time spent furnishing an untimed code, apply the CQ modifier.
- If a PTA’s time spent furnishing care exceeds 10% of a unit of service, apply the CQ modifier to the unit.
- If a PTA’s time spent furnishing care is 10% or less of a unit of the service, do not apply the CQ modifier.

DEFINITIONS

In whole: The entire service or procedure, or 100% of the total treatment time.

In part: Exceeds the de minimis portion of the therapy service, meaning more than 10% of the total service or procedure time when an untimed code. When a timed code, exceeds the de minimis standard of 10% of each billed unit.

PTA MODIFIER REPORTING REQUIREMENTS BY TREATMENT SCENARIO

When applicable, report the CQ modifier on the claim line of the service, next to the GP therapy modifier.

Treatment scenario	Apply CQ modifier	Do not apply CQ modifier
PT OR PTA PROVIDES TOTAL MINUTES		
PT provides services in whole.		X
PTA provides services in whole.	X	
PT AND PTA SEPARATELY PROVIDE PORTIONS OF THE SAME SERVICE OR PROCEDURE		
PTA provides service independent from the PT that represents <i>more</i> than the de minimis standard of each billed unit's time.	X	
PTA provides service independent from the PT that represents <i>less</i> than the de minimis standard of each billed unit.		X
PT AND PTA SEPARATELY PROVIDE DIFFERENT SERVICES OR PROCEDURES IN THE SAME SESSION		
PT provides the whole of services described by a CPT code claim line item.		X
PTA provides the whole of services described by a CPT code claim line item.	X	
PT AND PTA FURNISH CARE IN TANDEM		
PT furnishes care for the duration of the entire service or procedure, and the PTA furnishes care jointly with the PT for part of the time.		X
PT and PTA furnish care together for the entire duration of the service or procedure.		X

The table calculates the number of PTA minutes needed to exceed the de minimis standard of 10% of total time for typical treatment times.

Total time	10% = Total time/10	Round up or down to next integer	PTA minutes needed: add 1 to exceed 10%
10	1.0	1.0	2.0
11	1.1	1.0	2.0
15	1.5	2.0	3.0
20	2.0	2.0	3.0
30	3.0	3.0	4.0
45	4.5	5.0	6.0
60	6.0	6.0	7.0
75	7.5	8.0	9.0

DOCUMENTATION

CMS is not establishing any new documentation requirements to accompany the new CQ modifier. Current requirements for each treatment include *all* of the following:

- Date of treatment.
- Identification of each specific intervention provided and billed, for both timed and untimed codes, in language that can be compared with the billing on the claim to verify correct coding. You must record each service that is represented by a timed code, regardless of whether or not it is billed, because the unbilled timed services may impact the billing.
- Total timed code treatment minutes and total treatment time in minutes. Total treatment time includes the minutes for both timed and untimed code treatment; it does not include time for services that are not billable, such as rest periods. Medicare does not require recording of services that are neither billable nor part of the total treatment minutes, but you may choose to include them to provide an accurate description of the treatment, show consistency with the plan, or comply with state or local policies. You also may voluntarily record the amount of time for each specific intervention, but it isn't required because it is indicated in the billing. The billing minutes must be consistent with the total timed code treatment minutes. (More: Medicare Claims Processing Manual, Pub 100-04, Chapter 5, Section 20.2)
- Signature and professional identification of the qualified provider(s) who furnished or supervised the services and a list of each person who contributed to that treatment—for example: signature of Kathleen Smith, PTA, with notation of phone consultation with Judy Jones, PT, supervisor [when such remote supervision is permitted by state and local law]. The supervisor's signature and identification need not be on each treatment note unless the supervisor actively participated in the treatment. (More: Medicare Benefit Policy Manual Chapter 15, Section 220.3(E))

EXAMPLES

- A.** The PT and PTA each individually and exclusively furnish minutes of the same therapeutic exercise service (CPT 97110) in different time frames: The PT furnishes 7 minutes and the PTA furnishes 7 minutes, for a total of 14 minutes. One 15-minute unit is billed based on the total time range of at least 8 minutes and up to 22 minutes.

Billing:

- Report 1 unit of 97110 with the CQ modifier to signal that the PTA's 7 minutes of furnished services exceeded 10% of the 1 unit of service, described in a 15-minute increment (1.5 rounded to 2 minutes, so the modifier would apply if the PTA had furnished 3 or more minutes of the service).
- The 7 minutes of 97110 furnished by the PT do not result in billable service. However, document them within the total treatment time.

NOTE: This results from a combination of factors: the same procedure is equally split between the 2 providers, only 1 unit can be billed, and the PTA has exceeded the de minimis standard.

- B.** The PT and PTA each individually and exclusively furnish minutes of the same therapeutic exercise service (CPT 97110) in different time frames: The PT furnishes 20 minutes and the PTA furnishes 25 minutes, for a total of 45 minutes. Three 15-minute units are billed based on the total time range of at least 38 minutes and up to 52 minutes.

Billing:

- Report 1 unit of 97110 without the CQ modifier, because the PT wholly furnished 1 unit of 97110 (20 minutes; within the 8-22 minute time range for a single unit).
- Report 2 units with CQ modifier, because the PTA wholly furnished 2 units of 97110 (25 minutes; within the 23-37 minute time range for 2 units).

- C.** The PTA and PT work concurrently as a team to furnish the same neuromuscular reeducation service (CPT 97112) for a 30-minute session. Two 15-minute units are billed based on the total time range of at least 23 minutes and up to 37 minutes.

Billing:

- Report 2 units of 97112 without the CQ modifier, because the PT furnished both units in whole while assisted by the PTA. The PTA's time is irrelevant to billing.

- D.** The PT independently furnishes 15 minutes of manual therapy (CPT 97140), and then the PTA independently furnishes 7 minutes of therapeutic exercise (CPT 97110). One 15-minute unit of 97140 is billed based on the time range of at least 8 minutes and up to 22 minutes.

Billing:

- Report 1 unit of 97140 without the CQ modifier, because the PT furnished that service in whole.
- The 7 minutes of 97110 furnished by the PTA do not result in billable service. However, document them within the total treatment time.

- E.** Similar to Example D, but instead the PT independently furnishes 7 minutes of 97140, and the PTA independently furnishes 15 minutes of 97110. One 15-minute unit of 97110 is billed based on the time range of at least 8 minutes and up to 22 minutes.

Billing:

- Report 1 unit of 97110 with the CQ modifier, because the PTA furnished that service in whole.
- The 7 minutes of 97140 furnished by the PT do not result in billable service. However, document them within the total treatment time; and document the minutes for both codes and count them toward the total time of the timed code services furnished to the patient on the date of service.

- F.** Similar to Example D again, but instead the PT independently furnishes 7 minutes of 97140, and the PTA independently furnishes 7 minutes of 97110, for a total of less than a full 15 minutes. One 15-minute of service is billed based on the time range of at least 8 minutes and up to 22 minutes.

Billing:

- Report 1 unit of 97140 without the CQ modifier, because the PT furnished that service independently of the PTA; this is the “tie-breaker” when each provider furnishes the same number of minutes. The 7 minutes of 97110 furnished by the PTA do not result in billable service. However, document them within the total treatment time.

- G.** Similar to Example D again, but instead the PT furnishes 8 minutes of 97140, and the PTA furnishes 13 minutes of 97110. One 15-minute unit is billed based on the time range of at least 8 minutes and up to 22 minutes.

Billing:

- Report 1 unit of 97110 with the CQ modifier, consistent with CMS policy to bill the service with the greater time, and applying the modifier because the PTA furnished the service independently.
- The 8 minutes of 97140 furnished by the PT do not result in billable service. However, document them within the total treatment time.

- H.** The PT furnishes 20 minutes of neuromuscular reeducation (CPT 97112), and the PTA furnishes 8 minutes of 97110, for a total of 28 minutes. Two 15-minute units are billed based on the time range of at least 23 minutes and up to 37 minutes.

Billing:

- Report 1 unit of each procedure code, following the usual process for billing based on services furnished with the most minutes:
- Report 1 unit of 97112 without the CQ modifier.
- Report 1 unit of 97110 with the CQ modifier.

Note: This is because the 2 billable units of timed codes are allocated among procedure codes by assigning the first 15 minutes of service to 97112 (the code with the highest number of minutes), leaving 13 minutes of timed services: 5 minutes of 97112 (20 minus 15) and 8 minutes of 97110. Since the 8 minutes of 97110 is longer than the remaining 5 minutes of 97112, the second billable unit of service is assigned to 97110. The CQ modifier doesn't apply to 97112 because the PT furnished all minutes of that service independently. The CQ modifier does apply to 97110 because the PTA furnished all minutes of that service independently.

- I. The PT furnishes 32 minutes of 97112, the PT and PTA each separately furnish a combined 26 minutes of 97110 (12 minutes for the PT and 14 minutes for the PTA), and the PTA independently furnishes 12 minutes of self-care (CPT 97535), for a total of 70 minutes of timed code services. Five 15-minute units are billed based on the time range of at least 68 minutes and up to 82 minutes.

Billing:

- Report 2 units of 97112 without the CQ modifier, because the PT furnished the service in whole.
- Report 1 unit of 97110 without the CQ modifier, because the PT furnished 12 minutes independently.
- Report 1 unit of 97110 with the CQ modifier, because the PTA furnished 14 minutes independently.
- Report 1 unit of 97535 with the CQ modifier, because the PTA furnished the service in whole.

- J. The PT independently furnishes 12 minutes of 97112, and the PTA independently furnishes 8 minutes of 97535 and 7 minutes of 97110, for a total time of 27 minutes. Two 15-minute units, 1 each of 97112 and 97535, are billed based on the time range of at least 23 minutes and up to 37 minutes.

Billing:

- Report 1 unit of 97112 without the CQ modifier, because the PT furnished it independently in whole.
- Report 1 unit of 97535 with the CQ modifier, because the PTA furnished it independently.
- The 7 minutes of 97110 do not result in billable service. However, document the minutes for all 3 codes and count them toward the total time of the timed code services furnished to the patient on the date of service.

- K. The PT furnishes 15 minutes each of 97112 and 97535, and is assisted by the PTA, who furnishes 3 minutes of each service concurrently with the PT for a total time of 30 minutes. Two 15-minute units are billed based on the time range of at least 23 minutes and up to 37 minutes.

Billing:

- Report 1 unit of 97112 and 1 unit of 97535, both without the CQ modifier, because the PT furnished both units in whole while assisted by the PTA. The PTA's time is irrelevant to billing. However, document that the PTA furnished 3 minutes of care alongside the therapist under 97112 and 3 minutes of care alongside the therapist under 97535. The time is not added to the total time.