

The PTA Differential and the Medicare Claims Processing Manual

Following release of the PFS final rule, CMS revised chapter 5 of the Medicare Claims Processing Manual with regard to the new modifiers. For those practitioners submitting professional claims who are paid under the PFS, the CQ modifier applies only to services of physical therapists in private practice.

For providers submitting institutional claims and paid at PFS rates for their outpatient physical therapy services, the CQ modifier applies to the following providers: outpatient hospitals, rehabilitation agencies, skilled nursing facilities, home health agencies, and comprehensive outpatient rehabilitation facilities.

The update to chapter 5 of the manual also addresses providers to whom the CQ modifier does not apply. These include services furnished by or incident to the services of physicians or nonphysician practitioners (including nurse practitioners, physician assistants, and clinical nurse specialists) because PTAs "do not meet the qualifications and standards of physical ... therapists"

CMS also clarifies in chapter 5 of the manual that the CQ modifier is not applicable to claims from providers not paid under the fee schedule, such as critical-access hospitals, which are paid on a reasonable cost basis.