Therapy Assistant Services, Modifiers CO and CQ

Reimbursement Policy ID: RPC.0133.DEDS

Recent review date: 01/2026

Next review date: 12/2027

AmeriHealth Caritas VIP Care reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas VIP Care may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy contains information pertaining to the billing and reimbursement for Physical and Occupational Therapy Assistants.

Exceptions

Excludes Critical Access Hospitals.

Reimbursement Guidelines

Services rendered in whole or in part by Physical Therapy Assistants (PTAs) or Occupational Therapy Assistants (OTAs) are required to submit claims with modifiers CO or CQ on the claim line. Reimbursement for claim lines submitted with either the CO or CQ modifier will be 85% of the allowable. See below for modifier descriptions.

- CO modifier-Outpatient occupational therapy services furnished in whole or in part by an occupational therapist assistant
- CQ modifier-Outpatient physical therapy services furnished in whole or part by a physical therapy assistant

In addition to the CO or CQ modifiers, when a Physical Therapy Assistant or Occupational Therapy Assistant provides services under a physical therapy or occupational therapy plan of care, modifiers GO or GP must be applied. See below for modifier descriptions.

- GP-Services delivered under an outpatient physical therapy plan of care
- GO-Services delivered under an outpatient occupational therapy plan of care

Definitions

Physical Therapist
A person licensed to treat disease, injury, or physical conditions by methods such as massage, heat treatment, and exercise rather than by drugs or surgery.

Occupational Therapist
Occupational therapists evaluate and treat people who have injuries, illnesses, or disabilities to help them with vocational, daily living, and other skills that promote independence.

Physical Therapy Assistant
PTAs work under the supervision of a physical therapist, implementing the treatment plan through exercises and other therapies.

Occupational Therapy Assistant
A healthcare professional who works under the supervision of an Occupational Therapist (OT) to assist patients in improving their functional abilities and overall well-being.

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. https://www.cms.gov/medicare/coding-billing/therapy-services/billing-examples-using-cq/co-modifiers-services-furnished-whole-or-part-ptas-and-otas
V. https://www.cms.gov/files/document/mm12397-reduced-payment-physical-therapy-and-occupational-therapy-services-furnished-whole-or-part.pdf

Attachments

N/A

Associated Policies

N/A

Policy History

01/2026	Reimbursement Policy Committee Approval
04/2025	Revised preamble
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas VIP Care from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section