REIMBURSEMENT POLICY STATEMENT
Georgia Medicaid

Policy Name & Number	Date Effective
Multiple Procedure Payment Reduction for Therapies-GA MCD-PY-1428	02/01/2026
Policy Type	
REIMBURSEMENT	

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

A. Subject

Multiple Procedure Payment Reduction for Therapies

B. Background

Many therapy services, such as occupational, physical, or speech-language pathology, are time-based CPT/HCPCS codes, where multiple units may be billed for a single service. In addition to multiple units, multiple therapy services may be reported together on the same date of service by the same practitioner or group of practitioners. Some elements that comprise these services, referred to as Practice Expense (PE) by the Centers for Medicare and Medicaid Services (CMS), are duplicative.

When multiple procedures are performed on the same day by the same practitioner or group of practitioners, reduction in reimbursement for secondary and subsequent procedures can occur when they feature overlapping services or clinical labor. This may include (but is not limited to) greeting the member, obtaining measurements, counseling and home care coordination, education and instruction, and post-therapy assistance. When the same practitioner or group of practitioners performs multiple therapeutic services or multiple units of a therapeutic service for the same patient on the same day, the PE procedures are not repeated. The CMS National Physician Fee Schedule Relative Value File identifies procedures that are subject to multiple procedure reductions. CareSource supports the CMS guidelines of multiple procedure payment reduction (MPPR) when multiple services are performed on a member by the same practitioner or group of practitioners on the same day. This policy describes how the MPPR methodology will be applied to therapy services billed to CareSource.

C. Definitions

- **Occupational Therapy** – A form of therapy for members recuperating from physical or mental illness that encourages rehabilitation through the performance of activities of daily living (ADLs).
- **Physical Therapy** – Therapy for the preservation, enhancement, or restoration of movement and physical function threatened by disease, injury, or disability.
- **Practitioners within the Same Group Practice** – All health care practitioners of the same group reporting the same Federal Tax Identification number.
- **Practice Expense Relative Value Units (PE RVU)** – The portion of the total relative value units assigned to a particular CPT or HCPCS code for maintaining a practice, including rent, equipment, supplies, and nonphysician staff costs.
- **Speech Therapy** – the therapeutic treatment of impairments and disorders of speech, voice, language, communication, and swallowing.
- **Total Relative Value Units (Total RVU)** – The assigned unit value of a particular CPT or HCPCS code that consists of the sum of the Work Relative Value Units, the PE RVU, and the Malpractice Relative Value Units.

D. Policy

I. Consistent with CMS, CareSource ranks all reimbursable procedures from the Multiple Therapy Reducible Codes list (procedures with indicator 5 in the MPPR field on the CMS National Physician Fee Schedule) that are provided on a single date of

service. When multiple procedures and/or units are billed, reimbursement is as follows:

A. The procedure or unit with the highest valued paid amount is reimbursed without reduction at 100%.
B. All subsequent procedures/units are reimbursed at 90% of the paid amount allowance.

II. This reduction applies to “always therapy” services provided on the same day to the same member by the same practitioner or practitioners within the same group practice, regardless of whether the services were provided in one therapy discipline or multiple disciplines (eg, physical therapy, occupational therapy, speech-language pathology). The reduction also applies to multiple units of the same “always therapy” service provided on the same day to the same member by the same practitioner or practitioners within the same group practice.

III. “Always therapy” codes may include the following (not an all-inclusive list):
- Treatment of speech, language, voice, communication, and/or auditory processing disorder in an individual or group setting
- Evaluation of speech fluency
- Evaluation of speech sound production
- Behavioral and qualitative analysis of voice and resonance
- Treatment of swallowing dysfunction and/or oral function for feeding
- Evaluation for use of voice prosthesis, speech-augmenting, or speech-generating device
- Cognitive performance testing
- Physical therapy evaluations
- Occupational therapy evaluations
- Therapeutic modality applications
- Therapeutic procedures
- Wheelchair management
- Physical performance test or management
- Assistive technology assessment
- Orthotic management and training
- Prosthetic training

E. Conditions of Coverage

Reimbursement is dependent upon, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifier, if applicable. Please refer to the individual fee schedule for appropriate codes.

Providers must follow proper billing, industry standards, and state compliant codes on all claims submissions. The use of modifiers must be fully supported in the medical record and/or office notes. Unless otherwise noted within this policy, this policy applies to both participating and nonparticipating providers and facilities.

In the event of any conflict between this policy and state Medicaid coverage provisions, the state Medicaid coverage provisions take precedence.

F. Related Policies/Rules

NA

G. Review/Revision History

	DATE	ACTION
Date Issued	10/08/2025	New policy, approved at Committee.
Date Revised		
Date Effective	02/01/2026	
Date Archived		

H. References

1. *Part II: Policies and Procedures for Children's Intervention Services*. Georgia Dept of Community Health, Division of Medicaid; 2025. Accessed September 5, 2025. www.mmis.georgia.gov
2. *Part II: Policies and Procedures for Durable Medical Equipment*. Georgia Dept of Community Health, Division of Medicaid; 2025. Accessed September 5, 2025. www.mmis.georgia.gov
3. *Part II: Policies and Procedures for Home Health Services*. Georgia Dept of Community Health, Division of Medicaid; 2025. Accessed September 5, 2025. www.mmis.georgia.gov
4. *Part II: Policies and Procedures for Hospital Services.* Georgia Dept of Community Health, Division of Medicaid; 2025. Accessed September 5, 2025. www.mmis.georgia.gov
5. *Part II: Policies and Procedures for Physician Services*. Georgia Dept of Community Health, Division of Medicaid; 2025. Accessed September 5, 2025. www.mmis.georgia.gov
6. PFS Relative Value Files. Centers for Medicare and Medicaid Services. Updated May 15, 2025. Accessed September 5, 2025. www.cms.gov
7. Therapy Services. Centers for Medicare and Medicaid Services. Updated June 18, 2025. Accessed September 5, 2025. www.cms.gov