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Issued: December 1, 2004

Subject: Medicaid Enrollment for Provision of Outpatient:

- Occupational Therapy
- Physical Therapy
- Speech-Language Pathology
- Audiology

Effective: January 1, 2005

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS)

This bulletin transmits changes to the Michigan Department of Community Health (MDCH) requirements for enrolling providers of speech-language pathology, audiology, physical and occupational therapy services to Medicaid and/or CSHCS beneficiaries.

Effective January 1, 2005, outpatient therapy and audiology services may be provided by any of the following Medicaid-enrolled providers when performed by properly credentialed professionals:

❖ **Outpatient Occupational Therapy (OT) and Physical Therapy (PT)**

- Outpatient Hospital
- Comprehensive Outpatient Rehabilitation Facility (CORF)
- Outpatient Rehabilitation Agency (Rehab Agencies)
- CARF-Accredited Medical Rehabilitation Program
- Physical Therapist or Occupational Therapist in Private Practice (Medicare coinsurance and deductible amounts only)

❖ **Outpatient Speech-Language Pathology (ST)**

- Outpatient Hospital
- Comprehensive Outpatient Rehabilitation Facility (CORF)
- Outpatient Rehabilitation Agency (Rehab Agencies)
- CARF-Accredited Medical Rehabilitation Program
- CAA-Accredited University Graduate Education Program

❖ **Outpatient Audiology**

- Outpatient Hospital
- Comprehensive Outpatient Rehabilitation Facility (CORF)
- Outpatient Rehabilitation Agency (Rehab Agencies)
- CAA-Accredited University Graduate Education Program
- ASHA Certified Audiologist/Hearing Center

ENROLLMENT AND BILLING CHANGES

Currently Enrolled Providers

The provider type 10 billing provider ID numbers assigned to all CORFs and Rehab Agencies currently enrolled to bill Medicare coinsurance and deductible will be end-dated effective December 31, 2004.

The provider type 80 billing provider ID numbers assigned to all ASHA CPSA-accredited hearing and speech centers currently enrolled will be end-dated effective December 31, 2004. Cochlear implant manufacturers currently enrolled as provider type 80 providers will not be end-dated.

Outpatient Hospitals

Per bulletin MSA 04-11, effective September 1, 2004, outpatient PT, OT, ST and audiology services may be provided to beneficiaries of all ages in the outpatient hospital. Effective January 1, 2005, outpatient hospitals enrolled both as a provider type 40 and provider type 80 (hearing and speech center) must bill for outpatient therapy and audiology services using only their provider type 40 billing provider ID number. Outpatient hospitals currently enrolled as a provider type 40 are not to re-enroll.

Outpatient hospitals must continue to follow the PT, OT and ST policies in the Hospital Chapter of the Michigan Medicaid Provider Manual. Outpatient hospitals must follow the hearing services policies in both the Hospital Chapter and the Hearing and Speech Centers Chapter of the Michigan Medicaid Provider Manual.

Comprehensive Outpatient Rehabilitation Facilities and Outpatient Rehabilitation Agencies

Effective January 1, 2005, CORFs and Rehab Agencies are no longer limited to billing only Medicare coinsurance and deductible on behalf of Medicaid beneficiaries when outpatient therapy services are provided by qualified professionals.

All CORFs and Rehab Agencies must enroll/re-enroll with Medicaid as a provider type 40. When enrolling in Medicaid, the CORF/Rehab Agency must provide proof of Medicare certification.

CORFs and Rehab Agencies must follow OT, PT and ST policies in the Hospital Chapter of the Michigan Medicaid Provider Manual until the new Therapy Services Chapter is developed. CORFs and Rehab Agencies must follow the hearing services policy in the Hearing and Speech Centers Chapter of the Michigan Medicaid Provider Manual until the new Hearing Services Chapter is developed. Services must be billed using the standard institutional claim format (UB-92 paper claims or 837-I electronic claim format).

Commission on Accreditation of Rehabilitation Facilities (CARF)-Accredited Outpatient Medical Rehabilitation Programs

Effective January 1, 2005, CARF-accredited outpatient medical rehabilitation programs may enroll with Medicaid for reimbursement of outpatient OT, PT and ST services provided by qualified professionals. The program must be freestanding and not part of or owned by a hospital, CORF or Rehab Agency. All

programs must enroll/re-enroll with Medicaid as a provider type 40. When enrolling in Medicaid, the program must provide proof of their current CARF outpatient medical rehabilitation program accreditation.

Programs must follow OT, PT and ST policies in the Hospital Chapter of the Michigan Medicaid Provider Manual until the new Therapy Services Chapter is developed. Services must be billed using the standard institutional claim format (UB-92 paper claims or 837-I electronic claim format).

University Affiliated Speech-Language Pathology and Audiology Graduate Education Programs Accredited by the American Speech-Language-Hearing Association (ASHA) Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA)

Effective January 1, 2005, university graduate education programs accredited by ASHA's CAA may enroll with Medicaid for reimbursement of outpatient ST and audiology services provided by qualified professionals. The university program must be freestanding and not part of or owned by a hospital, CORF or Rehab Agency. All university programs must enroll/re-enroll with Medicaid as a provider type 40. When enrolling in Medicaid, the university program must provide proof of their current ASHA-CAA.

University programs must follow the ST and hearing services policies in the Hearing and Speech Centers Chapter of the Michigan Medicaid Provider Manual until the new Therapy Services and the new Hearing Services Chapters are developed. Services must be billed using the standard institutional claim format (UB-92 paper claims or 837-I electronic claim format).

ASHA Certified Audiologists/Hearing Centers

Beginning January 1, 2005, provider type 80 will be used only for audiologists holding a current ASHA certificate of clinical competence (CCC-A) practicing in freestanding hearing centers and for cochlear implant manufacturers. Provider type 80 will no longer describe "hearing and speech centers."

Effective January 1, 2005, audiologists holding a current ASHA CCC-A who practice in a freestanding hearing center may enroll with Medicaid for reimbursement of audiology services. The freestanding hearing center must not be part of or owned by a hospital, CORF, Rehab Agency or university graduate education program. Services must be provided at the service/practice address identified on the provider enrollment application or may be provided to nursing facility residents at a Medicaid-enrolled nursing facility. When enrolling in Medicaid, the audiologist must provide proof of their current ASHA CCC-A.

ASHA certified audiologists must follow the hearing services policy in the Hearing and Speech Centers Chapter of the Michigan Medicaid Provider Manual until the new Hearing Services Chapter is developed.

Once the Michigan Board of Audiology and MDCH have established a licensing process for audiologists, all audiologists practicing in Michigan must obtain a Michigan license. Proof of licensure will be required in order to maintain enrollment with Medicaid. Providers will be notified of this requirement in advance.

Out of state providers must be licensed in the state where services are rendered if that state requires audiologists to be licensed. Proof of licensure must be presented upon enrollment.

Physical Therapists and Occupational Therapists in Private Practice

Medicaid will continue to enroll physical therapists and occupational therapists in private practice only for reimbursement of the Medicare coinsurance and deductible on behalf of dual Medicaid/Medicare beneficiaries. These providers may not bill for services provided to beneficiaries with Medicaid or CSHCS only.

Hearing Aids Dispensed by Audiologists

Audiologists who dispense hearing aids must be licensed as a hearing aid dealer and bill using their provider type 90 billing provider ID number. Once the Michigan Board of Audiology and MDCH have established Michigan's licensing process for audiologists, this policy requirement will be modified to recognize audiology licensure.

Currently enrolled provider type 90 providers are not to re-enroll.

Enrollment Request Information

Providers enrolling or re-enrolling must contact Provider Enrollment at 517-335-5492 to obtain enrollment applications.

CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS) REQUIREMENTS

As a condition to participate in the CSHCS program, the beneficiary's assigned pediatric sub-specialist must coordinate treatment and services relating to the beneficiary's CSHCS-qualifying diagnosis. Effective January 1, 2005, CSHCS beneficiaries must be referred by their pediatric sub-specialist directly to the specified Medicaid-enrolled provider of therapy and/or audiology services. Documentation of this referral must remain in the beneficiary's medical record.

Therapists and audiologists providing or supervising services provided to CSHCS beneficiaries must have obtained at least one year of prior professional experience treating the health care needs of pediatric patients with physical disabilities. Professional resumes documenting pediatric experience, as well as a copy of the facility's program description and mission/vision statement, must be submitted to the MDCH Prior Authorization Division, PO Box 30170, Lansing, Michigan 48909. CSHCS will make the determination, based on this documentation, of whether the provider is approved to provide therapy and/or audiology services to CSHCS beneficiaries.

Once approved to provide therapy and/or audiology services to CSHCS beneficiaries, the provider may accept referrals from the pediatric sub-specialist. When a CSHCS beneficiary presents for services, the provider must check the beneficiary's CSHCS Client Eligibility Notice. Before billing for therapy or audiology services, the enrolled provider must be listed on the beneficiary's CSHCS Client Eligibility Notice. Providers may contact the Prior Authorization Division at 1-800-622-0276 to request addition to a Client Eligibility Notice.

These requirements do not apply to services provided to Medicaid-only or dual Medicaid/CSHCS beneficiaries.

PRIOR AUTHORIZATION REQUESTS

All prior authorization requests for outpatient therapy services and audiology evaluative services should be submitted on the MSA-115 (Occupational/Physical Therapy-Speech Pathology Prior Approval-Request/Authorization) form.

MANUAL MAINTENANCE

This bulletin should be retained until the information is incorporated into the January 2005 version of the Michigan Medicaid Provider Manual.

QUESTIONS

Any questions regarding this bulletin should be directed to Provider Inquiry, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

APPROVED

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive style with a large, prominent initial "P".

Paul Reinhart, Director
Medical Services Administration