

Bulletin Number: MSA 18-29

Distribution: Practitioners, Local Health Departments, Federally Qualified Health Centers, Rural Health Clinics, Medicaid Health Plans, Tribal Health Centers, Hearing Aid Dealers, Hearing Centers, Outpatient Hospitals, Nursing Facilities, Home Health Providers

Issued: August 31, 2018

Subject: Enrollment and Reimbursement Changes for Occupational Therapists, Physical Therapists, Speech-Language Pathologists, and Audiologists; New Medicaid Provider Manual Therapy Services Chapter; Revised Therapy Prior Authorization Form (MSA-115); Therapy Service Modifier Update

Effective: As Indicated

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, MIChild, Maternity Outpatient Medical Services, Children's Waiver, Serious Emotional Disturbance (SED) Waiver

The purpose of the bulletin is to notify providers of enrollment and reimbursement changes for Occupational Therapists (OT), Physical Therapists (PT), Speech-Language Pathologists (SLP), and Audiologists. The bulletin also introduces a new Therapy Services chapter in the Medicaid Provider Manual, revises the Michigan Department of Health and Human Services (MDHHS) Occupational Therapy – Physical Therapy – Speech Therapy Prior Approval Request/Authorization (MSA-115), and updates the modifier requirements for therapy services. The new chapter and updated MSA-115 form are attached.

This policy applies to Medicaid fee-for-service (FFS) beneficiaries. For beneficiaries enrolled in a Medicaid Health Plan, providers should contact the individual health plan for enrollment, coverage, and reimbursement information.

I. Provider Enrollment and Reimbursement Changes

A. Occupational and Physical Therapists

Medicaid currently only enrolls OTs and PTs in private practice for reimbursement of the Medicare co-insurance and deductible on behalf of dual eligible (Medicare/Medicaid) beneficiaries. Effective for dates of service on and after January 1, 2018, MDHHS will enroll and directly reimburse private practice OTs and PTs serving any eligible Medicaid beneficiary, including Medicaid-only beneficiaries.

B. Speech-Language Pathologists

Effective January 1, 2018, licensed SLPs can enroll in the MDHHS Community Health Automated Medicaid Processing System (CHAMPS) and be directly reimbursed for covered speech-language services provided to eligible Medicaid beneficiaries.

C. Audiologists

Effective January 1, 2018, licensed audiologists can enroll in CHAMPS to be directly reimbursed for covered audiology services provided to eligible Medicaid beneficiaries. Audiologists are no longer required to affiliate with a freestanding hearing center as a condition of enrollment.

D. Provider Requirements and Enrollment

All providers must be properly enrolled through CHAMPS prior to rendering, ordering, or billing for covered services. Individual practitioners are eligible to enroll as either a Rendering/Service-only Provider or an Individual/Sole Provider. Private practice providers may work in a sole or group practice.

Providers in Michigan must be currently licensed by the Department of Licensing and Regulatory Affairs. Out-of-state providers must be currently licensed by the appropriate standard-setting authority in the state where they are practicing and must comply with Michigan Medicaid's policy requirements regarding the provision of out-of-state services.

Occupational and physical therapy assistants, individuals in their clinical fellowship year, or students completing their clinical affiliation are not eligible to enroll as providers or be directly reimbursed by Medicaid. Services provided by these individuals must be performed under the supervision of an enrolled licensed provider of the same profession. As defined in Section 333.16109 of the Public Health Code (Public Act 368 of 1978), students completing their clinical affiliation must provide services under the direct supervision of a licensed provider of the same profession. Services are billed to Medicaid with the National Provider Identifier (NPI) of the supervising provider.

Tribal Health Centers Only – To comply with 42 CFR 431.110, licensed health professionals employed by a Tribal Health Program must be licensed and in good standing in at least one state, but do not need to be licensed in the state where they are practicing.

Refer to the Medicaid Provider Manual, General Information for Providers Chapter, for information about provider enrollment procedures and regulations. The Medicaid Provider Manual is available on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms. Additional information regarding provider enrollment is available on the MDHHS website at www.michigan.gov/medicaidproviders >> Provider Enrollment, or by contacting Provider Support at 800-292-2550.

E. Reimbursement

Effective for dates of service on and after January 1, 2018, private practice OTs, PTs, SLPs, and audiologists are eligible for direct reimbursement of covered services delivered in accordance with medical guidelines, Medicaid policy, and within their professional scope of practice to eligible Medicaid beneficiaries. Rates for services are established through a fee schedule which is published on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Therapies. For additional coverage and billing information, providers should refer to the Medicaid Provider Manual or the Medicaid Code and Rate Reference tool accessible via the External Links menu within CHAMPS.

II. New Therapy Chapter

In addition to the enrollment and reimbursement changes described above, this bulletin provides notification of the elimination of the therapy sections in the Nursing Facility and Home Health chapters of the Medicaid Provider Manual. Information contained in those sections, along with information from the Outpatient Therapy chapter, has been combined into a new Therapy Services chapter. The new chapter contains updated language and policy clarification effective October 1, 2018.

A. Maintenance Visits

The skills of a therapist may be required for training, review of previously achieved skills, monitoring of a maintenance program being carried out by family or caregivers, or continued follow-up for the fit and function of orthotic, prosthetic, or assistive technology devices. Maintenance visits are covered up to four times per 90-day period in an outpatient or nursing facility and should be billed using the appropriate therapy re-evaluation Current Procedural Terminology (CPT) code. Maintenance visits in a home care setting are covered up to four times per 60-day period and should be billed with the appropriate home therapy visit code. Maintenance visit claims must include the appropriate therapy modifiers along with the TS modifier to identify the service as maintenance related.

B. Serial Casting

Serial casting may be covered when performed by, or under the direct supervision of, a qualified PT or OT and defined in a treatment plan as a medically necessary therapy service for improving range of motion or reducing abnormal tone.

Effective for dates of service on or after October 1, 2018, MDHHS will discontinue the use of procedure code 97760 to identify serial casting services. Serial casting should be reported using CPT code 97140 along with appropriate therapy modifiers.

C. Additional Key Changes

Providers should note the following additional key changes in the Therapy Services chapter effective October 1, 2018:

- Prescription requirements for therapy services have been updated and clarified.
- Providers wishing to serve Children's Special Health Care Services (CSHCS) beneficiaries are no longer required to submit resumes to the Program Review Division. Outpatient therapy providers should refer to the Children's Special Health Care Services chapter of the Medicaid Provider Manual for information specific to CSHCS beneficiaries and CSHCS provider requirements.
- Outpatient therapy treatment periods have been changed from a 12-consecutive month period to a calendar year.

III. Revised Therapy Prior Authorization Form (MSA-115)

The Occupational Therapy–Physical Therapy–Speech Therapy Prior Approval Request/Authorization form (MSA-115) is being revised to coincide with the new Therapy Services chapter. Providers should begin using the updated form for services provided on or after October 1, 2018.

IV. Therapy Service Modifier Update

Effective October 1, 2018, therapy services furnished to all beneficiaries must be billed with the appropriate modifier to distinguish the discipline under which the service is delivered. Modifiers GP, GO, or GN should be used to identify physical, occupational, or speech-language therapy services respectively. Services should also be reported with the appropriate modifier that represents the nature of the therapy performed. Modifier 96 should be used to identify habilitative therapy and modifier 97 should be used to identify rehabilitative therapy.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to 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, appearing to read "Kathy Stiffler". The signature is written in a cursive, flowing style.

Kathy Stiffler, Acting Director
Medical Services Administration

Attachments