

**Bulletin Number:** MSA 19-23

**Distribution:** Home Health Agency Providers, Medicaid Health Plans, Integrated Care Organizations, Practitioners

**Issued:** August 30, 2019

**Subject:** Clarification of Home Health Therapy Services

**Effective:** October 1, 2019

**Programs Affected:** Medicaid

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHP) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in an MHP, the provider must check with the beneficiary's health plan for prior authorization (PA).

On August 31, 2018, the Michigan Department of Health and Human Services (MDHHS) issued bulletin MSA 18-29, which implemented a new Therapy Services chapter for the Medicaid Provider Manual effective October 1, 2018. The purpose of this bulletin is to clarify PA requirements for home health therapy services that are part of the Therapy Services chapter.

PA is not required for the initiation of home health therapy services for up to a maximum of 24 visits within the first 60 consecutive days if:

- the beneficiary has not received home health therapy services within the calendar year, and
- services do not exceed the visit maximum.

PA is required for continuation of services beyond these limits. Form MSA-115 Occupational Therapy – Physical Therapy – Speech Therapy Prior Approval Request/Authorization must be received by the Program Review Division at least 15 State business days prior to the start date of services being requested. Failure to do so may result in a delay of authorization for continued services which, in turn, may result in delayed or no payment for services rendered without authorization. The Therapy Services chapter of the Medicaid Provider Manual provides detailed guidance regarding documentation requirements for continuation of services beyond the maximum 24 visits within the first 60 consecutive days of service for each calendar year. The Medicaid Provider Manual can be accessed on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

MDHHS will monitor the provision of home health therapy services to ensure payments to Medicaid providers are made in compliance with this policy. Payments made for claims that do not comply with Medicaid policies may be recovered by the State of Michigan.

### **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](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, 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 'K. Massey', followed by a horizontal line extending to the right.

Kate Massey, Director  
Medical Services Administration