

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division
Bureau of Medicaid Policy, Operations, and Actuarial Services

Project Number: 2217-Therapy	Comments Due: August 2, 2022	Proposed Effective Date: October 1, 2022
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Policy Subject: Co-Treatment Therapy

Affected Programs: Medicaid, Healthy Michigan Plan, MICHild, Children's Special Health Care Services

Distribution: Practitioners, Federally Qualified Health Centers, Rural Health Clinics, Medicaid Health Plans, Tribal Health Centers, Outpatient Hospitals, Nursing Facilities

Policy Summary: The bulletin clarifies Medicaid coverage of co-treatment therapy and provides authorization and billing instructions to therapy providers effective for dates of services on and after October 1, 2022. Medicaid covers outpatient and nursing facility co-treatment therapy when it is medically necessary for the beneficiary to receive multi-disciplinary therapy during the same treatment session. Services must be prior approved and both therapists cannot bill for the same therapy minutes.

Purpose: To inform therapists of Medicaid coverage of co-treatment therapy and establish uniform reporting and billing instructions.

Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral & Physical Health and Aging Services Administration

Distribution: Practitioners, Federally Qualified Health Centers, Rural Health Clinics, Medicaid Health Plans, Tribal Health Centers, Outpatient Hospitals, Nursing Facilities

Issued: September 1, 2022 (Proposed)

Subject: Co-Treatment Therapy

Effective: October 1, 2022 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, MIChild, Children's Special Health Care Services

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) 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 or ICO, the provider must check with the beneficiary's health plan for billing and prior authorization (PA) requirements.

This bulletin clarifies Medicaid coverage of co-treatment therapy and provides authorization and billing instructions to therapy providers. Information provided in this bulletin is effective for dates of service on and after October 1, 2022.

Coverage

Co-treatment is a single treatment in which two therapists from different disciplines (i.e., physical therapist [PT], occupational therapist [OT], or speech-language pathologist [SLP]) work together as a team to address a beneficiary's condition and meet their treatment goals. Medicaid covers outpatient and nursing facility co-treatment therapy when it is medically necessary for the beneficiary to receive multi-disciplinary therapy during the same treatment session. The two therapists must not work on duplicate treatment goals. Standards of coverage and service limitations for each discipline participating in the co-treatment are identical to those applicable to therapy provided on an individual basis. (Refer to the Therapy Services chapter of the [Michigan Department of Health and Human Services \[MDHHS\] Medicaid Provider Manual](#) for more information.)

The decision to co-treat should be made on a case-by-case basis and be provided solely for the benefit of the beneficiary. Co-treatment therapy provided for scheduling convenience or to alleviate safety concerns is not covered by Medicaid.

Prior Authorization

For dates of services on and after October 1, 2022, PA is required for all co-treatment therapy services. PA requests must be submitted on the Occupational Therapy-Physical Therapy-Speech Therapy Prior Approval Request/Authorization form (MSA-115). Each therapist requesting co-treatment must submit a separate PA to MDHHS; however, both requests should be submitted at the same time. If a PA request includes both individual and co-treatment therapy on the same request, the therapist must designate which procedure code, units, frequency, or service dates will be utilized in the co-treatment intervention.

Documentation of the beneficiary's evaluation/re-evaluation, individualized treatment plan and short- and long-term goals, and progress should be submitted with each of the therapist's PA requests. In addition, the documentation must:

- Support the clinical need and appropriateness of the co-treatment services;
- Demonstrate how the co-treatment will help achieve the therapist's goals more effectively than separate, individual treatment sessions;
- Identify the co-treating discipline; and
- Indicate the anticipated length of time (in sessions or weeks/months) that the beneficiary will require co-treatment rather than individual sessions.

(Refer to the Prior Authorization Requests section in the Therapy Services chapter of the [MDHHS Medicaid Provider Manual](#) for complete PA submission instructions.)

Billing and Reimbursement

When two therapists provide services to the beneficiary at the same time, one therapist can bill for the entire service, or the service units can be divided between the two therapists. If the service units are split, both therapists may not bill for the same minutes. The combined units requested and billed must not exceed the total time the beneficiary received co-treatment services. Documentation must substantiate treatment time billed by each discipline and may be subject to review and post-payment audit.

Co-treatment occurrences including speech therapy services that are reported as session (rather than an amount of time) may be billed by the SLP as one untimed session. The co-treating OT/PT would report the additional occupational/physical therapy components using timed treatment codes. Co-treatment therapy must be at least 38 minutes in session length to bill both one speech therapy visit and one unit of a timed occupational or physical therapy procedure code. Additional units of occupational or physical therapy may be billed when the session length is extended by an additional 15 or more minutes.

(Refer to the Billing & Reimbursement for Professionals and the Billing & Reimbursement for Institutional Providers chapters in the [MDHHS Medicaid Provider Manual](#) for complete billing instructions.)