

Medicaid Therapy Services Policy

November 2011



Overview

- Florida Medicaid Program
- Therapy Services
- Requirements for Medicaid reimbursement
- Answer Questions

Goal of Training

- Help providers understand Medicaid and the Therapy Services program
- Clarify “medical necessity” as defined by Medicaid
- Describe services included in therapy services array
- Describe services requiring eQHealth Solutions prior authorization
- Describe documentation required for Medicaid reimbursement
- Answer providers’ policy questions

Medicaid

A State and Federal Partnership

- Social Security Act: Title XVIII (Medicare) and Title XIX (Medicaid)
- Jointly financed by state and federal funds
- State Medicaid plans
- AHCA – Florida’s single state agency for Medicaid administration

Medicaid Program

Major Federal Requirements

- Medicaid State Plan to Centers for Medicare and Medicaid Services (CMS)
- Mandatory eligibility groups
- Mandated benefits for certain populations
- Statewide services: amount, duration, scope

Medical Necessity

- Protect life, prevent illness or disability, alleviate severe pain;
- Individualized and specific, not in excess of the patient's needs;
- Not experimental or investigational;
- Equally effective, less costly treatment not available; and
- Not primarily intended for convenience.

Medical Necessity

“The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.”

-Provider General Handbook

Medical Necessity

- For a child, the service must correct or ameliorate a condition discovered by a screening
- Medicaid interprets “illness” broadly; it covers children with developmental disabilities and birth defects
- Medicaid covers therapy necessary for children to:
 - maintain a level of function,
 - acquire a skill set, and/or
 - restore a skill set

Utilization Management (UM)

Required by:

- Code of Federal Regulations (42 C.F.R. 456)
- Section 409.912(40), Florida Statutes

Utilization Management Includes

- Prior Authorization
- Reauthorization
- Retrospective Review
- Claims Data Analysis

Therapy Services Program

- Is a mandatory Medicaid service
- Provides physical, occupational, speech, and respiratory therapy services to children under the age of 21

Therapy Services Hierarchy

**Therapy Services Program
(Primary)**

**School-Based Services
(Secondary)**

Supplemental Services

**Early Intervention Services
(Supplemental)**

Questions and Answers



How are Therapy Services Billed?

- A unit of therapy service equals 15 minutes of service
- Only four (4) units may be authorized per day, per therapy, for a maximum of 14 units per week, as determined medically necessary

Who are Therapy Service Providers?

- Enrolled Medicaid providers
- Licensed Home Health Agencies
 - Provider Type 65
- Therapy groups or individuals
 - Provider Type 83
- Facilities
 - Provider Type 01 (with specialty code 090, 091, 092)

Which Recipients Require Prior Authorization?

- Recipients enrolled in a Medicaid benefit program that covers:
 - Fee-for-Service
 - MediPass
 - Dually eligible recipients
 - Medicare/Medicaid
 - Commercial/Medicaid
- Eligible at the time services are rendered
- Under age 21

Who is Exempt from Prior Authorization?

Recipients who are:

- Members of a Medicaid Health Maintenance Organization (HMO)
- Members of a Medicaid Provider Service Network (PSN)
- Recipients who have other primary coverage for therapy services through a third party liability source such as:
 - Medicare
 - Commercial insurance

Which Service Locations Require Prior Authorization?

- Schools (where provider uses the campus as a setting)
- Prescribed Pediatric Extended Care (PPEC) centers
- Outpatient clinics
- Individual or group practices
- Recipient's home, including:
 - Developmental disabilities group home
 - Foster or medical foster care home
 - Any home where unrelated individuals reside together in a group
- Assisted Living Facility

What Services are Exempt from eQHealth Prior Authorization?

- Therapy Evaluations and Re-evaluations
- Augmentative and Alternative Communication
- Wheelchair Evaluations and Fittings
- Splints and Casts

Florida Medicaid Therapy Provider Checklist (Optional)

Name	
Recipient ID (10 digits)	
Chronological Age (year/month)	

MEDICAL NECESSITY CRITERIA:

ARE THE SERVICES:

Necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain (2-2)*	✓
Individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs (2-2)	
Consistent with generally accepted professional medical standards as determined by the Medicaid program, not experimental or investigational (2-2)	
Reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide (2-2)	
Furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider (2-2)	

PRESCRIPTION/EVALUATION/PLAN OF CARE/VISIT DOCUMENTATION REQUIREMENTS:

PHYSICIAN PRESCRIPTION

Recipient Diagnosis (2-3)	✓
The specific type of evaluation requested or the specific type of service (2-3)	
Duration and frequency of the therapy treatment period (2-3)	
The physician's MediPass authorization number, if applicable (2-3)	
Recipient's renewed plan of care reviewed every one to six months depending on the authorization period for which the services were approved (2-3)	

EVALUATION

Standardized tests/professionally accepted technique (2-5)	✓
Plan of care written based on evaluation results (2-5)	
1 re-evaluation in 6 months (2-5)	
Reviewed, signed and dated by the primary care provider, ARNP or PA designee, or designated physician specialist and the therapist (2-4)	

PLAN OF CARE

Initiated, developed, submitted by licensed physical, occupational and respiratory therapists or a licensed or provisionally licensed speech-language pathologist (2-6)	✓
All treatment services included in plan of care (2-6)	

Reviewed, signed and dated by the primary care provider, ARNP or PA designee, or designated physician specialist and the therapist (2-4)	
PT name, DOB, Medicaid # included (2-6)	
Achievable, measurable, time-related long and short term goals and objectives that are related to the functioning of the recipient and are based on the primary care provider's, ARNP's or PA designee's, or designated physician specialist's prescription (2-6)	
Medications, treatments, and equipment required(2-6)	
Description of condition, including most specific ICD-9(2-6)	
Frequency, length of each treatment and the duration of the treatment(2-6)	
Therapy methods and monitoring criteria(2-6)	
Diet as indicated(2-6)	
Methods of demonstrating and teaching, which include the family and other relevant caregivers who are involved with the recipient(2-6)	
How the treatment will be coordinated with the other service needs prescribed for the recipient(2-6)	

VISIT DOCUMENTATION

Time period (2-11)	✓
Type of service rendered (2-11)	
Progress achieved (2-11)	
Change in recipient's status due to treatment (2-11)	

* Numbers in parenthesis refer to the page number for this requirement in the Therapy Services Coverage and Limitations Handbook.



Questions About Service Providers

- How can I be sure a patient is on Medicaid and requires prior authorization?
 - Providers are responsible for checking recipient eligibility each time they render a service.
- Who is responsible for coordinating treatment when services are being provided by different agencies?
 - It is the provider's responsibility to coordinate services.

Eligibility Verification Request			
Recipient ID	<input type="text"/>	Birth Date	<input type="text"/>
Card Control #	<input type="text"/>	SSN	<input type="text"/>
Last Name	<input type="text"/>	From DOS	<input type="text"/>
First Name	<input type="text"/>	To DOS	<input type="text"/>
Gender			

Recipient Information	
Recipient ID	Last Name
Birth Date	First Name
Patient Liability	Outpatient Dollars Remaining \$1500.00
Home Health Visits Remaining 60	
Inpatient Days Remaining 45	
Last CHCUP Medical Screen 12/21/2010	Last CHCUP Dental Screen 07/05/2010

Benefit Plan		
Benefit Plan	Effective Date	End Date
MS : Full Medicaid	10/20/2011	10/20/2011

TPL	
*** No rows found ***	

Managed Care				
Provider Name	Provider Phone	Plan Name	Effective Date	End Date
		MediPass	10/20/2011	10/20/2011
		Pre-paid Mental Health Plan	10/20/2011	10/20/2011
		Prepaid Dental	10/20/2011	10/20/2011

Lock-In	
*** No rows found ***	

<http://ahca.myflorida.com/Medicaid/e-library/index.shtml#tab2>



Questions About Service Providers

- Do we have to submit separate prior authorization requests for each discipline?
 - A separate authorization request must be submitted for each therapy service.
- Are electronic signatures permissible?
 - Electronic signatures are permissible as defined by Chapter 668, Part 1, F.S. and CFR Title 45, Part 164.312.
- Are stamped signatures permissible?
 - No. Stamps in place of signatures are not acceptable documentation.

Questions About Evaluations

- Does an evaluation require prior authorization?
 - No, but the results must be submitted with the plan of care and prescription.
- What is required in an evaluation?
 - Please refer to the *Therapy Services Handbook*.

Questions About Re-evaluations

- How many re-evaluations are reimbursed?
 - Medicaid reimburses for two evaluations per calendar year.
 - Medicaid reimburses one initial evaluation per recipient, per provider type and one re-evaluation per recipient every 150 days, per provider type, to allow time to obtain authorization to ensure continuity of services.

Questions About Prescriptions for Services

- What must be included in the prescription for services?
 - Diagnosis
 - Signature of ordering provider
 - Name, address and telephone number
 - Date
 - Type of evaluation or specific service
 - Duration and frequency (therapy)
 - Recipient Medicaid number
 - MediPass authorization number (if applicable)
- “Evaluate and Treat” - include required info



THERAPY SERVICES
REFERRAL/EVALUATION/PRESCRIPTION FORM
(Optional*)

REFER TO THE THERAPY SERVICES COVERAGE AND LIMITATIONS HANDBOOK, FOR COMPLETE POLICY INFORMATION

Recipient Name: _____ Medicaid ID #: _____
 Date Last Seen In Office: _____ Primary Diagnosis/ICD-9: _____
 Referring Provider ID #: _____ MediPass Authorization #: _____
 (If Required)

REFERRAL TYPE : (Check All That Apply) PT _____ OT _____ SLP _____ RT _____

CHECK ALL THAT APPLY:

- PRESCRIPTION FOR EVALUATION
 (All therapy services must be prescribed by the recipient's PCP, an ARNP, designated PA or physician specialist.)
- PRESCRIPTION FOR TREATMENT
- PRESCRIPTION FOR REAUTHORIZATION OF TREATMENT
 (The prescriber must review the renewed plan of care at the end of the authorized period and can reauthorize services if medically necessary.)

Complete this box if this is a prescription for treatment or reauthorization of treatment.

<p style="text-align: center;">Occupational Therapy (OT)</p> <p>_____ Minutes Per Week _____ Duration (wks/mos) Y / N Medically Necessary**</p>	<p style="text-align: center;">Physical Therapy (PT)</p> <p>_____ Minutes Per Week _____ Duration (wks/mos) Y / N Medically Necessary**</p>
<p style="text-align: center;">Speech Therapy (ST)</p> <p>_____ Minutes Per Week _____ Duration (wks/mos) Y / N Medically Necessary**</p>	<p style="text-align: center;">Respiratory Therapy (RT)</p> <p>_____ Minutes Per Week _____ Duration (wks/mos) Y / N Medically Necessary**</p>

Other Information/Comments: _____

PCP Name (Please Print)	Other Authorized Prescriber (Please Print)
Signature	Signature
Date	Date

By signing as the PCP and/or other authorized provider, I hereby certify that if I am prescribing treatment, I have reviewed each element of the therapy plan of care, that the goals are reasonable and appropriate for this patient, and that if this prescription is for a continuing plan, I have reviewed the patient's progress and adjusted the plan of care goals if necessary.

*Please note this form is not required by Florida Medicaid to prescribe therapy services. This form is provided as an optional convenience to therapy providers to assist in the process of obtaining a prescription.

** By indicating yes to this item, the prescriber affirms that the services meet the definition of "medical necessity" outlined in the Medicaid Therapy Services Coverage and Limitations Handbook.



Questions About Plans of Care

- If a patient is being treated by more than one provider can they use the same plan of care (POC)?
 - Each provider must submit a plan of care with their signature to receive Medicaid reimbursement.
- Can our prescription go on the same document as our plan of care?
 - Yes, the POC can be on the same document (see Therapy Handbook for requirements).

Questions About Reimbursement

- Is a prior authorization number guarantee of payment?
 - No, the claim may deny for other reasons such as termination of eligibility.
- Why are CPT codes for billing limited?
Example - no code for oral/motor feeding treatment (92527).
 - Codes listed in the handbook are the only codes used for requesting authorizations.

Questions About Reimbursement

- Is a MediPass number still required?
 - Yes, the MediPass number is still required for billing if the child is a MediPass recipient.
- How do I handle third party liability (TPL) issues?
 - Go to the Provider web portal for contact information for your area HP liaison or contact your local Medicaid area office.

Medicaid Handbooks

- When seeking reimbursement from Florida Medicaid for Therapy Services, use the following handbooks:
 - *Therapy Services Coverage and Limitations Handbook*
 - *Provider General Handbook*
- Handbooks are located at:
www.mymedicaid-florida.com/
Click: Public Information for Providers; Provider Support;
then Handbooks.

Important Information

- Provider Resources

<http://ahca.myflorida.com/Medicaid/index.shtml#resources1>

- *Provider General Handbook*

http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/GH_09_090204_Provider_General_Hdbk_ver1.3.pdf.pdf

- *Provider Reimbursement Handbook, CMS-1500*

http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/RH_08_080701_CMS-1500_ver1.4.pdf

- *Provider Reimbursement Handbook, UB-04*

http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/RH_08_080701_UB-04_ver1.3.pdf.pdf

Resources

- Provider Alerts

- Sign up on the provider web portal:

- <http://ahca.myflorida.com/Medicaid/alerts/alerts.shtml>

- Medicaid e-Training Library

- <http://ahca.myflorida.com/Medicaid/e-library/index.shtml#>

- Contact eQHealth

- Customer Service 855-444-3747 Fax 855-440-3747

- <http://fl.eqhs.org>

For questions, please contact:

Therapy Services

850-412-4003

Therapy_Services@ahca.myflorida.com

<http://ahca.myflorida.com/therapy>

Contact your Medicaid Area Office

<http://ahca.myflorida.com/mchq/Areas/index.shtml>