

Medicaid Therapy Services

February 22, 2011

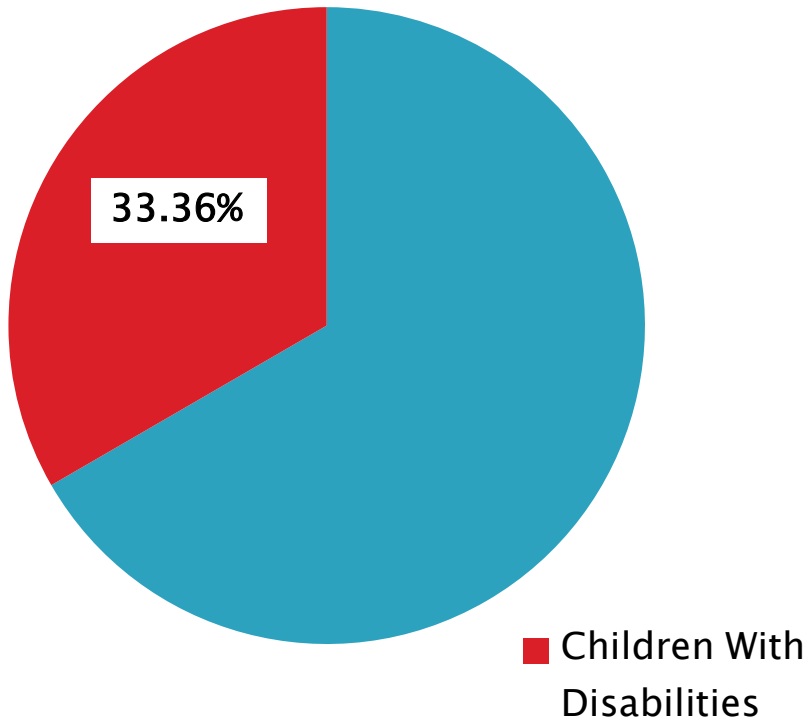
Overview

- ▶ Distinctions between Medicaid therapy services
- ▶ Applying medical necessity to therapies
- ▶ Guidelines and resources for approving therapy services
- ▶ Process for reviewing for exceptions to limits

Medicaid FFS Therapy Data

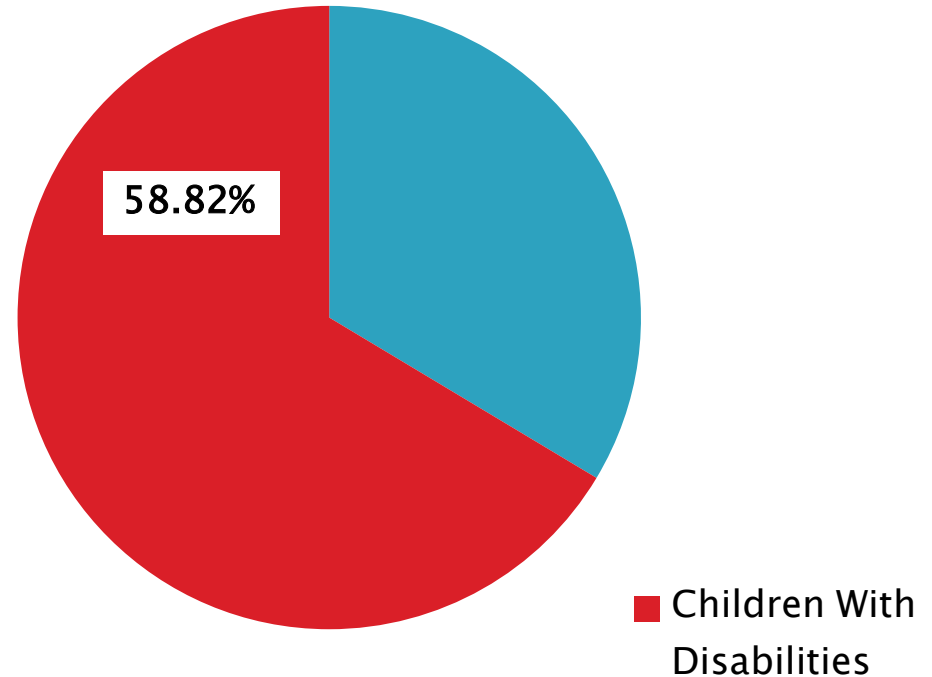
Who Receives Therapy

State Fiscal Year 2009/10



Therapy Expenditures

State Fiscal Year 2009/10



Therapy Services Program

- ▶ Primary payer of Medicaid therapy services for Medicaid eligible children.
- ▶ Provides physical, occupational, speech, and respiratory therapy services to children under the age of 21.

School-Based Therapy Services

- ▶ Provides physical, occupational, and speech therapy services.
- ▶ Secondary to Therapy Services Program.
- ▶ Schools work with the therapist to ensure the therapist and school do not provide the same service on the same day.
- ▶ Schools hold claims for one month to ensure providers billing the Therapy Services Program are paid.

Early Intervention Services

- ▶ Are not therapy services.
- ▶ Are supplemental, medically necessary, services to:
 - screen,
 - evaluate, and
 - provide enhancing services
- ▶ For children under the age of 3 with developmental delays or established conditions which could result in a developmental delay.
- ▶ DOH/Early Steps Program is the true payer of last resort (per I.D.E.A., Part C).

Therapy Services Hierarchy

Therapy Services Program
(Primary)

School-Based Services
(Secondary)

Supplemental Services

Early Intervention Services
(Supplemental)

Medical Necessity Definition

Services furnished must:

1. Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;
2. Be 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;
3. Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational;

Medical Necessity Definition

(continued)

4. Be 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; and
5. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

The fact that a provider has prescribed, recommended or approved services does not, in itself, make such services medically necessary or a covered service.

-Provider General Handbook

Medical Necessity

- ▶ For a child, the service must correct or ameliorate a condition discovered by a screening service.
- ▶ Medicaid interprets “illness” broadly
 - Covers children with developmental disabilities and birth defects.

Medical Necessity

- ▶ Medicaid covers therapy necessary for children to:
 - maintain a level of function,
 - acquire a skill set, and/or
 - restore a skill set.
- ▶ Least costly alternative does NOT mean the cost should be shifted to another program.

Therapy Guidelines and Standard Scores

- ▶ Therapy guidelines and standard scores should be:
 - Used to supplement the approval process.
 - Used in conjunction with the Handbooks.
- ▶ Therapy guidelines and standard scores should NOT be the primary basis for a denial.

Therapy Guidelines

- ▶ Group therapy in schools is not the equivalent of one-on-one therapy.
- ▶ CANNOT deny services because the goals are considered “educational.”
- ▶ CANNOT deny services because the parents or caregiver are not participating in a home therapy program.
- ▶ Requests that lack sufficient information to make a determination should be returned to the provider for additional information, not denied.

Handbook

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:

<http://mymedicaid-florida.com/>

Click Public Information for Providers; Provider Support; then Handbooks.

Exceptions to Service Limits

- ▶ Federal law requires that Medicaid provide all medically necessary health care services to Medicaid-eligible children.
- ▶ Even if a service is not covered under the Florida Medicaid State Plan, it can be covered for recipients under age 21 if specific criteria are met.

Medicaid Fee-for-Service Exceptions Process

To access medically necessary services for children that may not be listed in the Florida Medicaid State Plan or are in excess of Medicaid limits:

- ▶ Provider completes a standard form (including details about the procedure, product or service, justification and any evidence-based literature).
- ▶ A Medicaid medical consultant reviews the documentation to determine medical necessity.
- ▶ Provider and recipient are notified of denial or approval.

For questions, contact:

Bureau of Managed Health Care
(850) 412-4300

Your Medicaid Area Office

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

