



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
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**MassHealth  
 Physician Bulletin 81  
 December 2004**

**TO:** Physicians Participating in MassHealth  
**FROM:** Beth Waldman, Medicaid Director *BW*  
**RE:** **New Prior Authorization Policy for Rehabilitation Therapy Services**

**Changes in Policy  
 for Certain Therapy  
 Services**

To simplify the administration of the MassHealth therapy benefit for providers and members, MassHealth is making changes in its policies for physical therapy (PT), occupational therapy (OT), and speech and language therapy (ST) services delivered on an outpatient basis. This bulletin describes these changes, which are effective for dates of service on and after **January 1, 2005**.

**PA Requirements  
 Effective January 1, 2005**

**Increase in Number of Payable Visits Before PA Is Required**  
 MassHealth is increasing the number of medically necessary PT, OT, and ST visits that are payable by MassHealth within a rolling 12-month period before prior authorization (PA) is required. The increase in visits, effective for dates of service on and after January 1, 2005, is shown below.

<b>Number of Visits Payable by MassHealth within Rolling 12-Month Period Before PA Is Required</b>	
<b>Before 01/01/05</b>	<b>On or After 01/01/05</b>
8 PT visits	20 PT visits
8 OT visits	20 OT visits
15 ST visits	35 ST visits

**Therapy Visits**

In accordance with physician regulations at 130 CMR 433.401, a therapy visit is defined as a personal contact provided as an office or outpatient visit for the purpose of providing a covered physical or occupational therapy service by a physician or licensed physical or occupational therapist employed by a physician. Additionally, speech therapy services provided by a physician as an office visit or outpatient visit are considered a therapy visit.

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**PA Requirements**  
**Effective January 1, 1005**  
*(cont.)*

A physical or occupational therapy visit is characterized by date of service, not by the number of modalities or procedures provided on the date of service, nor by the time required to provide the physical medicine service. The number of units of physical or occupational service codes provided should not exceed four per visit or one hour per visit and should reflect the actual time that the member is being treated.

**Therapy Evaluations and Reevaluations**

When counting the number of therapy visits, MassHealth will no longer count a comprehensive evaluation or reevaluation. In addition, MassHealth will not require PA for a second comprehensive evaluation within a rolling 12-month period.

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**How to Request PA**

MassHealth encourages providers to submit their requests for PA through its Web-based Automated Prior Authorization System (APAS) at [www.masshealth-apas.com](http://www.masshealth-apas.com). To receive more information about requesting PA using APAS, including training for and access to APAS, call 1-866-378-3789.

Information about how to request PA on paper can be found in Part 2 of Subchapter 5 of your provider manual.

Whether submitting requests for PA using APAS or on paper, it is important to complete your request properly and attach the necessary documentation, to reduce the possibility of a deferral or denial of your request.

PA requests must include a current prescription, a completed Request and Justification Form for Therapy Services (THP-2), and a copy of a current comprehensive evaluation and treatment plan.

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**Counting Visits**

Effective for dates of service on and after January 1, 2005, regardless of how many visits the member has had before January 1, 2005, MassHealth will count the first therapy visit occurring on or after January 1, 2005, as the first visit toward the 20 PT, 20 OT, or 35 ST medically necessary visits that are allowed within a rolling 12-month period without PA.

**Exception:** If a member is receiving PT, OT, or ST under a PA that was issued before January 1, 2005, and expires on or after January 1, 2005, MassHealth will begin counting visits in accordance with the revised policy described in this bulletin after the number of visits approved under the PA have been provided or after the PA expires, whichever comes first.

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**Counting Visits**  
(cont.)

**Example:** If a member is receiving PT under a PA that was approved by MassHealth on November 15, 2004, and the PA expires on February 15, 2005, the rolling 12-month period for counting therapy visits begins on the date of the first visit after all of the visits approved under that PA have been provided or on the first visit after February 15, 2005, whichever comes first. If this member's next PT visit is February 25, 2005, then the 12-month period in this example begins on February 25, 2005. In this example, MassHealth will pay for a total of 20 medically necessary PT visits between February 25, 2005, and February 24, 2006, without PA.

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**Regulation Changes**

MassHealth is using this bulletin to communicate these revisions as quickly as possible. MassHealth will update its regulations as soon as possible to reflect the PA policy changes detailed in this bulletin.

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**Questions**

If you have any questions about the information in this bulletin, please call MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

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