



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MASSHEALTH
TRANSMITTAL LETTER RHB-18
June 2005

TO: Rehabilitation Centers Participating in MassHealth

FROM: Beth Waldman, Medicaid Director *BW*

RE: *Rehabilitation Center Manual* (Prior Authorization Policy for Rehabilitative Therapy Services)

This letter transmits revisions to the rehabilitation center regulations. The revisions reflect the policy changes that MassHealth announced under Rehabilitation Center Bulletin 11, dated December 2004.

Increase in Number of Payable Visits Before PA Is Required

The revised regulations increase the number of medically necessary physical therapy (PT), occupational therapy (OT), and speech therapy (ST) visits that are payable by MassHealth within a 12-month period before prior authorization (PA) is required. The number of medically necessary visits payable by MassHealth without PA is now **20 PT visits, 20 OT visits, and 35 ST visits** within a 12-month period.

Therapy Evaluations and Reevaluations

MassHealth no longer requires PA for comprehensive evaluations, and no longer counts them as part of the therapy visits that are payable without PA within a 12-month period.

Please Note: Although the attached regulations are revised July 1, 2005, the increase in the number of payable therapy visits and the elimination of the PA requirement for therapy evaluations have been in effect since January 1, 2005, as stated in the above-mentioned bulletin.

Maintenance Programs

The attached revisions also provide a revised definition of maintenance program and change the policy on coverage for maintenance programs. See at 130 CMR 430.601(E).

MassHealth defines maintenance programs as “repetitive services, required to maintain or prevent the worsening of function, that do not require the judgment and skill of a licensed therapist for safety and effectiveness.”

130 CMR 430.601(E) states:

(E) (1) The MassHealth agency pays for the establishment of a maintenance program and the training of the member, member's family, or other persons to carry it out, as part of a regular treatment visit, not as a separate service. The MassHealth agency does not pay a therapist for performance of a maintenance program, except as provided in 130 CMR 430.601(E)(2).

(2) In certain instances, the specialized knowledge and judgment of a licensed therapist may be required to perform services that are part of a maintenance program, to ensure safety or effectiveness that may otherwise be compromised due to the member's medical condition. At the time the decision is made that the services must be performed by a licensed therapist, all information that supports the medical necessity for performance of such services by a licensed therapist, rather than a non-therapist, must be documented in the medical record.

Definitions

MassHealth has added definitions for Occupational Therapy, Physical Therapy, and Speech/Language Therapy.

Tips on Requesting PA

MassHealth encourages providers to use its Web-based Automated Prior Authorization System (APAS) at www.masshealth-apas.com when requesting PA for therapy services in excess of 20 PT visits, 20 OT visits, or 35 ST visits, within a 12-month period. To receive more information about requesting PA using APAS, including training and access to APAS, call 1-866-378-3789.

A number of PA requests for therapy services have been returned to providers or delayed in processing because of confusion about how to request PA. The following are guidelines for completing PA requests for PT, OT, and ST.

General Instructions

When requesting PA, whether on the Automated Prior Authorization System (APAS), or on the paper Request for Prior Authorization, you must:

- submit a complete, legible Request and Justification for Therapy Services form (R&J);
- submit a current (within 60 days) physician prescription for initial requests, and a physician's order for renewal for subsequent requests;
- submit a copy of the most recent comprehensive evaluation or reevaluation;
- summarize the member's medical necessity in Section VII of the R&J form and submit all appropriate information for substantiating medical necessity for the requested service;
- use the most appropriate code for the service (see page 3 for more information about service codes); and
- make sure that the services on the PA request are consistent with the services shown on the R&J.

Service Codes

Service codes are listed in Subchapter 6 of the *Rehabilitation Center Manual*. To view Subchapter 6 on the Web, go to www.mass.gov/masshealthpubs. Click on "Provider Library," then on "MassHealth Service Codes and Descriptions."

Revised Request and Justification for Therapy Services Form

MassHealth has revised the R&J form to reflect the revised regulations. In addition, the sites of service delivery have been expanded to include rehabilitation centers and "other" locations. The revised form also clarifies that a summary of the member's medical necessity must be provided in Section VII of the R&J. This requirement is in addition to the requirement to attach supporting documentation to the form. The revised form is available on the MassHealth Web site at www.mass.gov/masshealthpubs. Click on "Provider Library," then on "Provider Forms." You may continue to submit PA requests with the previous version of the R&J form, but you should make note of the new language.

To order supplies of the new form, send a written request to MassHealth Customer Service or call them at

MassHealth
P.O. Box 9118
Hingham, MA 02043
Telephone: 1-800-841-2900
E-mail: publications@mahealth.net
Fax: 617-988-8973.

Include your provider number, mailing address, contact name, and desired quantity with all requests for forms.

MassHealth Guidelines

To provide additional assistance to MassHealth providers requesting prior authorization for therapy services, MassHealth has developed Guidelines for Medical Necessity Determination for Physical Therapy, for Occupational Therapy, and for Speech and Language Therapy. These Guidelines are intended to clarify the specific medical information that MassHealth needs to determine medical necessity. They are not intended to replace or supersede program regulations. All MassHealth Guidelines for Medical Necessity Determination are available at www.mass.gov/masshealth/guidelines. From this site, you can also sign up to receive e-mail notification of updates to the MassHealth Guidelines.

Effective Date

These regulations are effective July 1, 2005.

Questions

If you have any questions about the information in this transmittal letter before July 1, 2005, please call MassHealth Provider Services at 617-628-4141 or 1-800-325-5231. If you will be making your inquiry on or after July 1, 2005, please call MassHealth Customer Service at 1-800-841-2900 or e-mail your inquiry to providersupport@mahealth.net.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Rehabilitation Center Manual

Pages 6-1 and 6-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Rehabilitation Center Manual

Pages 6-1 and 6-2 — transmitted by Transmittal Letter RHB-17

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series REHABILITATION CENTER MANUAL	SUBCHAPTER NUMBER AND TITLE 6 SERVICE CODES AND DESCRIPTIONS	PAGE 6-1
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430.601: Introduction

All rehabilitation centers participating in MassHealth must comply with the regulations of MassHealth, including, but not limited to 130 CMR 430.000 and 450.000.

(A) Definitions.

- (1) Eligible Provider of Rehabilitation Center Services – a freestanding center providing rehabilitation services that is licensed by the Massachusetts Department of Public Health and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).
- (2) Group Session – therapeutic services directed toward more than one patient in a single visit, using group participation as a treatment technique.
- (3) Maintenance Program – repetitive services, required to maintain or prevent the worsening of function, that do not require the judgment and skill of a licensed therapist for safety and effectiveness.
- (4) Occupational Therapy – therapy services, including diagnostic evaluation and therapeutic intervention, designed to improve, develop, correct, rehabilitate, or prevent the worsening of functions that affect the activities of daily living that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Occupational therapy programs are designed to improve quality of life by recovering competence, preventing further injury or disability, and to improve the individual’s ability to perform tasks required for independent functioning, so that the individual can engage in activities of daily living.
- (5) Physical Therapy – therapy services, including diagnostic evaluation and therapeutic intervention, designed to improve, develop, correct, rehabilitate, or prevent the worsening of physical functions that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Physical therapy emphasizes a form of rehabilitation focused on treatment of dysfunctions involving neuromuscular, musculoskeletal, cardiovascular/pulmonary, or integumentary systems through the use of therapeutic interventions to optimize functioning levels.
- (6) Physician’s Comprehensive Rehabilitation Evaluation – a cardiopulmonary, neuromuscular, orthopedic, and functional assessment performed at a rehabilitation center by a physician.
- (7) Rehabilitation – the process of providing, in a coordinated manner, those comprehensive services deemed appropriate to the needs of a physically disabled individual, in a program designed to achieve objectives of improved health and welfare with the realization of his or her maximum physical, social, psychological, and vocational potential.
- (8) Speech/Language Therapy – therapy services, including diagnostic evaluation and therapeutic intervention, that are designed to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Speech and language disorders are those that affect articulation of speech, sounds, fluency, voice, swallowing (regardless of presence of a communication disability), and those that impair comprehension, spoken, written, or other symbol systems used for communication.
- (9) Therapist’s Evaluation – an evaluation performed by a physical therapist, an occupational therapist, or a speech therapist at a rehabilitation center.
- (10) Therapy Visit – a personal contact with a member by a licensed physical therapist, occupational therapist, or speech and language therapist for the purpose of providing a covered service.

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(B) Eligible Members.

- (1) (a) MassHealth Members. MassHealth covers rehabilitation services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in MassHealth regulations. 130 CMR 450.105 specifically states, for each MassHealth coverage type, which services are covered and which members are eligible to receive those services.
- (b) Recipients of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children program, see 130 CMR 450.106.
- (2) For information on verifying member eligibility and coverage type, see 130 CMR 450.107.

(C) General Requirements.

- (1) The rate of payment for a service is the lower of either the provider's usual fee to patients other than MassHealth members or the amount in the applicable Division of Health Care Finance and Policy fee schedule.
- (2) The rates of payment do not apply to the following services:
 - (a) medical services except as required for a comprehensive rehabilitation evaluation;
 - (b) psychology services; and
 - (c) audiology services.

(D) Prior Authorization.

- (1) The MassHealth agency requires rehabilitation centers to obtain prior authorization for the following services to eligible MassHealth members. (See also 130 CMR 450.303.)
 - (a) more than 20 occupational-therapy visits or 20 physical-therapy visits, including group-therapy visits, for a member in a 12-month period; and
 - (b) more than 35 speech/language therapy visits, including group-therapy visits, for a member in a 12-month period.
- (2) The rehabilitation center must submit all prior-authorization requests in accordance with the instructions in Subchapter 5 of the *Rehabilitation Center Manual*. Prior authorization determines only the medical necessity of the authorized service, and does not establish or waive any other prerequisites for payment, such as member eligibility or resort to health insurance payment.

(E) Maintenance Programs.

- (1) The MassHealth agency pays for the establishment of a maintenance program and the training of the member, member's family, or other persons to carry it out, as part of a regular treatment visit, not as a separate service. The MassHealth agency does not pay for performance of a maintenance program, except as provided in 130 CMR 430.601(E)(2).
- (2) In certain instances, the specialized knowledge and judgment of a licensed therapist may be required to perform services that are part of a maintenance program, to ensure safety or effectiveness that may otherwise be compromised due to the member's medical condition. At the time the decision is made that the services must be performed by a licensed therapist, all information that supports the medical necessity for performance of such services by a licensed therapist, rather than a non-therapist, must be documented in the medical record.