TEXAS
Health and Human Services

Therapy Policy Changes

A Review of Upcoming Physical/ Occupational/ Speech Therapy Medical Policy Changes

Background

- HHSC is making these changes to ensure compliance with federal billing guidelines
- Updates aim to ensure reimbursement rates accurately reflect the level of licensure delivering a service
- These changes enable the refinement of the billing and coding design to accurately reflect the amount of time spent with a Member

TEXAS
Health and Human Services

Background (cont.)

- Previously, billing structure for therapy services differed depending upon provider types
- With these changes:
  - Billing structure will be the same regardless of provider type
  - Will be based on the procedure code billed

TEXAS
Health and Human Services

Overview of Policy Change

- PT/OT/ST Group Treatment
- Individual Speech Therapy Treatment Procedure Codes
- Timed PT/OT Treatment Procedure Codes
- Untimed PT/OT Treatment Procedure Codes
- Procedure Codes End-dating
- Prior Authorization Changes
- Modifiers

TEXAS
Health and Human Services

PT/OT/ST Group Treatment

- PT/OT/ST group treatment procedure codes **92508** & **97150** will be payable per **ENCOUNTER** and limited to once per day
- Group treatment for all providers requires an order from the referring provider

TEXAS
Health and Human Services

Individual Speech Therapy Treatment Procedure Codes

- Individual ST treatment codes **92507** & **92526** will be payable per **ENCOUNTER** and limited to once per day
- An **ENCOUNTER** is defined as face-to-face time with a patient and/or caregiver, and is anticipated to last 40 to 60 minutes

TEXAS
Health and Human Services

Timed PT/OT Treatment Procedure Codes

- For Home Health Agencies: PT/OT individual treatment procedure codes will move from **PER VISIT** to **TIME-BASED** increments of 15-minute units
- **TIME-BASED** increments limited to four units per day
- No change for CORF/ORF, independent therapists

TEXAS
Health and Human Services

Untimed PT/OT Treatment Procedure Codes

- PT/OT treatment codes **97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97150, & 97799** will no longer count towards a four unit per day restriction
- Supervised modality codes **97012, 97014, 97016, 97018, 97022, 97024, 97026, & 97028** are now limited to once per day
- **97799** may be requested for medically necessary PT/OT therapeutic procedures not addressed by procedure codes outlined within policy
- **97799** is untimed and payable once per day

TEXAS
Health and Human Services

Procedure Codes End-Dating

- Treatment codes **97039, 97139, & S8990** are end-dated, effective **Sept. 1, 2017**
- MCOs need to:
  - Reach out to providers who may be impacted by these changes
  - Update authorizations

TEXAS
Health and Human Services

Prior Authorization Changes

- In FFS, TMHP will update all prior authorizations spanning the effective date of **Sept. 1, 2017** with the new billing changes
- Updated authorization letters will be sent to providers starting **July 24**
- MCOs:
  - Prior authorization letters need to clearly state what procedure codes have been authorized

TEXAS
Health and Human Services

Required Modifiers

- Licensed therapists and physicians must use a modifier to designate whether a therapy treatment was delivered to the Member by a licensed therapy assistant
- **UB** – Services delivered by a licensed therapy assistant under supervision of a licensed therapist
- **U5** – Services delivered by a licensed therapist or physician

TEXAS Health and Human Services

Required Modifiers

- **AT** – Identifies acute treatment
- **U3** – Identifies co-treatment
- **GP** – Services delivered under outpatient PT plan of care
- **GO** – Services delivered under outpatient OT plan of care
- **GN** – Services delivered under outpatient ST plan of care

TEXAS
Health and Human Services

Implementation Timelines

UMCC, 8.1.4.8 Provider Reimbursement

- MCOs must implement fee schedule changes no later than 60 days after the Medicaid fee schedule change
- **Nov. 1, 2017** is the date 60 days after these changes go into effect

TEXAS
Health and Human Services

Implementation Timelines

- UMCC, 8.1.4.8:
  - MCOs must give providers at least 30 days' notice of changes to the MCO's fee schedule, excluding changes that relate solely to changes to the Medicaid fee schedule, before implementing the change
- Many changes occurring in the policy are not affected by the fee schedule
- It is important for MCOs to communicate **IN WRITING** with providers about these changes

TEXAS
Health and Human Services

Provider Notifications

- HHSC encourages MCOs to use the TMHP provider notification to create one for their provider networks
- HHSC recommends MCOs conduct additional outreach to the highest utilizing providers across all provider types

TEXAS
Health and Human Services

Implementation

HHSC

- Expects MCOs to follow these new policies
- Reserves the right to impose corrective action plans (CAP) or monetary remedies as necessary

TEXAS
Health and Human Services

Conclusion

- Billing structure changes are effective for dates of service on or after **Sept. 1, 2017**
- MCO fee schedule changes must be made by **Nov. 1, 2017**
- HHSC will provide ongoing technical assistance as needed

TEXAS
Health and Human Services

TEXAS
Health and Human Services

Questions?

Email:
mcdmedicalbenefitspolicycomment@hhsc.state.tx.us