



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



MassHealth
Home Health Agency Bulletin 44
December 2004

TO: Home Health Agencies 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 and after January 1, 2005, is shown below.

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

(continued on back)

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. 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 completed Request and Justification Form for Therapy Services (THP-2) and a copy of a current comprehensive evaluation and treatment plan. Refer to Subchapter 6 of the *Home Health Agency Manual* for service codes and descriptions.

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 the PA 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.

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.

(continued on next page)

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.

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.
