

# **THE MARYLAND MEDICAL ASSISTANCE PROGRAM**

**EPSDT Chiropractic  
EPSDT Speech Language Pathology  
EPSDT Occupational Therapy**

**Physical Therapy**

## **PROVIDER MANUAL**

**For Medicaid Provider Types 13, 16,17,18 and 28\***

This manual is provided as a tool to assist in understanding Maryland Medicaid's coverage of these services and is to be used as a guide only. As a provider, it is your responsibility to adhere to established Program policies and regulations for these services.

- \*13 = MD MA enrolled chiropractor
- 16 = MD MA enrolled physical therapist
- 17 = MD MA enrolled speech language pathologist
- 18 = MD MA enrolled occupational therapist
- 28 = MD MA enrolled therapy group

July, 2010

MARYLAND MEDICAL ASSISTANCE PROGRAM

PROVIDER MANUAL FOR  
EPSDT CHIROPRACTIC, SPEECH LANGUAGE  
PATHOLOGY AND OCCUPATIONAL THERAPY  
PHYSICAL THERAPY

For Medicaid Provider Types 13, 16,17,18 and 28

TABLE OF CONTENTS

|   | <u>Page</u> |
|---|-------------|
| Introduction.....   | 2           |
| Medicaid Telephone List.....                              | 3           |
| Covered Services.....                                     | 4 - 5       |
| Provider Enrollment.....                                  | 6 - 7       |
| Patient Eligibility.....                                  | 7           |
| <b>Billing Guidelines</b>                                 |             |
| FFS Billing.....  | 8           |
| MCO Billing.....  | 9           |
| Regulations.....  | 9           |
| HIPPA.....  | 9           |
| Medicare.....   | 9           |
| Recovery and Reimbursement.....                           | 10          |
| Medical Assistance Payments.....                          | 10          |
| Fraud and Abuse.....                                      | 11          |
| Sanctions.....  | 11 - 13     |
| Appeal Procedure.....                                     | 13          |
| Procedure Code and Fee Schedule.....                      | 14          |
| Most Frequently Requested Medicaid Telephone Numbers..... | 15          |
| Licensing Board Contacts.....                             | 16          |
| Sample Quarterly Progress Report Form.....                | 17          |

**Physical Therapy Services (COMAR 10.09.17)**  
**EPSDT Chiropractic Services (COMAR 10.09.37)**  
**EPSDT Occupational Therapy Services (COMAR 10.09.37)**  
**EPSDT Speech Language Pathology Services (COMAR 10.09.37)**

*(For Medicaid Provider Types 13, 16, 17, 18 and 28)*

Effective November 1, 1999, Occupational Therapy, Speech Language Pathology and Physical Therapy services were “carved-out” from the HealthChoice Managed Care Organization (MCO) benefits package for recipients who are 20 years of age and younger. (This does not include home health and inpatient services.) The services for this Medicaid population are now considered “fee-for-service” and are billed directly to the Medicaid Program. [Note: All codes billed by pediatricians, internists, family practitioners, general practitioners, nurse practitioners, and neurologists or other physicians to determine whether a child has a need for Occupational Therapy, Physical Therapy or Speech Therapy services remain the responsibility of the MCO and may not be billed fee-for-service.] The MCOs continue to be responsible for therapy services rendered to recipients who are 21 years of age and older, EPSDT: chiropractic care, inpatient and home health services. Please contact the MCO for these services.

For the most part, the Occupational and Speech Therapy services addressed in this manual are limited to Maryland Medicaid’s Early and Periodic Screening, Diagnosis and Treatment (EPSDT ) population (recipients who are 20 years of age and younger). An exception to this age limitation is physical therapy services. [It is also worth noting again that all EPSDT chiropractic services, therapy services for recipients who are 21 years of age or older, inpatient and home health services remain under the MCO coverage of benefits. Contact the MCO for their billing policy/procedure.] . Following is a chart outlining the payer for these services:

| <b>Service</b>       | <b>Bill the MCO</b> | <b>Bill Fee for Service (FFS) Medicaid</b> |
|----------------------|---------------------|--|
| Occupational Therapy | 21 + older          | 0 - 20                                     |
| Physical Therapy     | 21 + older          | 0 - 20                                     |
| Speech Language      | 21 + older          | 0 - 20                                     |
| Chiropractic         | 0-20                | ----                                       |
| Home Health Therapy  | 0-99                | -----                                      |
| Inpatient Therapy    | 0-99                | -----                                      |
| DME/DMS              | 0-99                |  |

Therapy services provided by a hospital, home health agency, inpatient facility, nursing home, RTC, local lead agency, school or in accordance with an IEP/IFSP, model waiver etc. are not specifically addressed in this manual.

If you have questions regarding therapy services provided by provider types that are not addressed in these guidelines, contact the appropriate Medicaid office listed below:

Toll free number for Medicaid Divisions 1-877-463-3464  
(ask for extension 7 + last 4 digits of the number listed below)

- |  | <u>extension</u> |
|--|------------------|
| • Hospital Services (COMAR 10.09.06)                     | (410) 767- 1722  |
| • Nursing Facility Services (COMAR 10.09.10)             | (410) 767- 1444  |
| • Residential Treatment Center Services (COMAR 10.09.29) | (410) 767- 1478  |
| • Clinic Services(COMAR 10.09.08)                        | (410) 767 - 5706 |

**Division of Waiver Programs** (410) 767- 5220

- Community Based Services for Developmentally Disabled Individuals Pursuant to a 1915© Waiver (COMAR 10.09.26)
- Home Care for Disabled Children Under a Model Waiver (COMAR10.09.27)
- Home/Community Based Services Waiver for Older Adults (COMAR10.09.54)
- Home and Community Based Services Waiver for Adults with Physical Disabilities (COMAR 10.09.55)
- Home and Community Based Services Waiver for Children with Autism Spectrum Disorder (COMAR 10.09.56)

**Division of Community Long Term Care Services** (410) 767- 1444

- Medical Day Care Services (COMAR 10.09.07)

**Division of Nursing Services** (410) 767- 1448

- Home Health Services (COMAR 10.09.04)
- Hospice Care (COMAR 10.09.35)
- EPSDT: Private Duty Nursing (COMAR 10.09.53)
- REM Program (COMAR 10.09.69)

**Division of Children's Services** (410) 767- 1903

- EPSDT: School Health Related Services and Health Related Early Intervention Services [IEP/IFSP Services] (COMAR 10.09.50)

*(Medicaid Provider Types 13, 16, 17, 18 and 28)*

**EPSDT Occupational Therapy, EPSDT Speech Language Pathology and EPSDT Chiropractic services are covered when the services are:** [limited to recipients who are 20 years of age or younger.]

- necessary to correct or ameliorate defects and physical illnesses and conditions discovered in the course of an EPSDT screen
- provided upon the referral order of a screening provider
- rendered in accordance with accepted professional standards and when the condition of a participant requires the judgement, knowledge, and skills of a licensed occupational therapist, licensed speech pathologist or licensed chiropractor
- delivered in accordance with the plan of treatment developed at the time of initial referral
- limited to one initial evaluation per condition
- delivered by a licensed chiropractor, licensed occupational therapist, or a licensed speech pathologist

**[NOTE: chiropractic services are covered through the MCO - contact the MCO for preauthorization information if an MCO enrollee]**

**In order to participate as an EPSDT-referred services provider, the provider shall:**

- gain approval by the screening provider every six (6) months or as authorized by the Department for continued treatment of a participant. Approval must be documented by the screening provider and the therapist or chiropractor in the recipient's medical record
- have experience with rendering services to individuals from birth through 20 years of age
- submit a quarterly progress report to the recipient's primary care provider.
- maintain medical documentation for each visit

**The following therapy services are not covered:**

- services provided in a facility or by a group where reimbursement is covered by another segment of the Medicaid Program

