

DIVISION OF DEVELOPMENTAL DISABILITIES

Sent on Behalf of DES/DDD

THERAPY BILLING

Target Audience - Qualified Vendors and Providers

Transmittal Date - 12/22/2022

As part of the Division's C2F Initiative, DDD has implemented the WellSky billing system that utilizes the Healthcare Common Procedure Coding System (HCPCS), and standard Centers for Medicare and Medicaid Services (CMS) claims forms for submitted claims. When the system was first implemented, the need for separate codes for Swallowing/Feeding Therapy was identified. The Division has developed a solution to address this need and effective January 1, 2023, these codes will be available for billing. The codes to be used by Occupational Therapy and Speech Therapy providers are:

- 92526 Treatment for swallowing dysfunction and/or oral function for feeding
- 92610 Evaluation for feeding/swallowing.

In the <u>December Shout Qualified Vendor and Provider newsletter</u>, the Division communicated that Support Coordinators would be adjusting impacted FOCUS authorizations. Qualified Vendors need to take action before the Support Coordinator can adjust the authorizations. Qualified Vendors first must ensure the current Certified Plan of Care (CPOC) identifies the need for feeding/swallowing therapy. Qualified Vendors should then contact the member's Support Coordinator to request authorizations be adjusted in FOCUS, so the current authorizations for OTA and STA that include Feeding/Swallowing treatment and regular therapy sessions are adjusted. The Support Coordinator will enter new authorizations for the Feeding/Swallowing treatment and the old authorizations for regular therapy sessions will be reduced.

The guidance given to Support Coordinators by the Division includes:

- 1. Review the CPOC to verify that the member has feeding or swallowing therapy on their Certified Plan of Care (CPOC). If so:
- 2. Adjust FOCUS authorizations
 - a. Use authorization codes 92526 for the feeding/swallowing therapy sessions and 92610 for feeding/swallowing evaluations
 - b. Coordinate the start and end dates for the new codes with the Qualified Vendor. Some Vendors
 have not been billing STA/OTA and were waiting for DDD to update the codes to 92526 and 92610.
 Please adjust dates accordingly in collaboration with the Qualified Vendor (within the authorization
 period of the current STA/OTA authorization).
 - c. Adjust STA or OTA authorization(s) to align with 92526 and 92610 auths start dates.
- 3. If the CPOC does not have feeding/swallowing therapy, request the Qualified Vendor to update the CPOC.

The daily unit limits are still in place and remain unchanged. The daily limit for each therapy service according to the Medicaid National Correct Coding Initiative (NCCI) regulations are:

- 92507 Speech therapy 1 unit per Date of Service (DOS)
- 92523 Speech therapy evaluation 1 unit per DOS
- 92526 Feeding/swallowing therapy 1 unit per DOS
- 92610 Feeding/swallowing evaluation 1 unit per DOS
- 97162 Physical therapy evaluation 1 unit per DOS
- 97166 Occupational therapy evaluation 1 unit per DOS
- 97530 Physical therapy service 6 units per DOS
- 97535 Occupational therapy service 8 units per DOS