

Title 23: Division of Medicaid

Part 213: Therapy Services

Part 213 Chapter 1: Physical Therapy

Rule 1.6: Prior Authorization/Precertification

- A. Medicaid requires prior authorization/precertification for certain outpatient therapy services.
 - 1. Prior authorization/precertification for therapy services is conducted through the Utilization Management and Quality Improvement Organization (UM/QIO).
 - 2. Failure to obtain prior authorization/precertification will result in denial of payment to the providers billing for services.
 - 3. The UM/QIO must determine medical necessity for the types of therapy services and the number of units reasonably necessary to treat the beneficiary's condition. The frequency of visits provided by the therapist must match the Plan of Care signed by the physician.

- B. Prior Authorization/Precertification for outpatient therapy services is only required for certain codes when the services fall into one (1) of the following categories:
 - 1. Therapy services provided to beneficiaries in individual therapist offices or in therapy clinics,
 - 2. Therapy services provided to adult beneficiaries in the outpatient department of hospitals,
 - 3. Therapy services provided to beneficiaries in physician offices/clinics,
 - 4. Therapy services provided to beneficiaries in nursing facilities,
 - 5. Therapy services covered under regular benefits and provided to beneficiaries also enrolled in a Home and Community-Based Services (HCBS) waiver program,
 - 6. Therapy services provided to beneficiaries covered under both Medicare and Medicaid, if Medicare benefits have exhausted, or
 - 7. Therapy services billed by school providers.

- C. Prior Authorization/Precertification is not required, when the services fall into one (1) of the following categories:
 - 1. Therapy services provided to beneficiaries in an ICF/MR,
 - 2. Therapy services provided to beneficiaries in a Private Nursing Facility for the Severely

Disabled (PNFSD),

3. Therapy services provided to beneficiaries enrolled in a hospice program, or
4. Therapy services provided to beneficiaries covered under both Medicare and Medicaid if Medicare benefits have not exhausted,

D. Medicaid will cover the initial evaluation and first (1st) therapy session on the same day, when medically necessary.

Source: Miss. Code Ann. § 43-13-121

History: Revised eff. 11/01/2021.

Part 213 Chapter 2: Occupational Therapy

Rule 2.5: Prior Authorization/ Precertification

- A. The UM/QIO will determine medical necessity, the types of therapy services, and the number of units reasonably necessary to treat the beneficiary's condition. The frequency of visits provided by the therapist must match the Plan of Care signed by the prescribing provider.
- B. Prior Authorization/Pre-certification for outpatient therapy services is only required for certain procedure codes when the services fall into one (1) of the following categories:
 1. Therapy services provided to beneficiaries, adult and/or children in individual therapist offices or in therapy clinics,
 2. Therapy services provided to beneficiaries, adult and/or children, in the outpatient department of hospitals,
 3. Therapy services provided to beneficiaries, adult and/or children, in physician offices/clinics,
 4. Therapy services provided to beneficiaries in nursing facilities,
 5. Therapy services covered under regular State Plan benefits and provided to beneficiaries also enrolled in a Home and Community-Based Services (HCBS) waiver program, and
 6. Therapy services provided to beneficiaries covered under both Medicare and Medicaid if Medicare benefits have been exhausted.
- C. Exclusions to Prior Authorization/Precertification
 1. Prior Authorization/Precertification is not required, regardless of procedure codes used, when the services fall into one (1) of the following categories:

- a) Therapy services provided to beneficiaries in an ICF/MR,
- b) Therapy services provided to beneficiaries in a Private Nursing Facility for the Severely Disabled (PNFSD),
- c) Therapy services provided to beneficiaries enrolled in a hospice program, or
- d) Therapy services provided to beneficiaries covered under both Medicare and Medicaid if Medicare benefits have not been exhausted.

D. Prior Authorization/Pre-certification Request - Processes related to certification and recertification of therapy services must be handled in accordance with the procedures set forth by the UM/QIO.

Source: Miss. Code Ann. § 43-13-121

History: Revised eff. 11/01/2021.

Part 213 Chapter 3: Outpatient Speech-Language Pathology (Speech Therapy)

Rule 3.5: Prior Authorization/Pre-certification

- A. Medicaid requires prior authorization/precertification of certain outpatient therapy services. Prior authorization/precertification for therapy services is conducted through the Utilization Management and Quality Improvement Organization (UM/QIO) Failure to obtain prior authorization/precertification will result in denial of payment to the providers billing for services.
- B. Prior Authorization/Pre-certification for outpatient therapy services is only required for certain procedure codes when the services fall into one (1) of the following categories:
 - 1. Therapy services provided to beneficiaries, adult and/or children in individual therapist offices or in therapy clinics,
 - 2. Therapy services provided to beneficiaries, adult and/or children in the outpatient department of hospitals,
 - 3. Therapy services provided to beneficiaries, adult and/or children in physician offices/clinics,
 - 4. Therapy services provided to beneficiaries in nursing facilities,
 - 5. Therapy services covered under regular benefits and provided to beneficiaries also enrolled in a Home and Community-Based Services (HCBS) waiver program,

6. Therapy services provided to beneficiaries covered under both Medicare and Medicaid if Medicare benefits have been exhausted,
 7. Therapy services provided to beneficiaries under age twenty-one (21) through the following providers: Rural Health Clinics (RHC), Federally Qualified Health Centers (FQHC), and State Department of Health, or
 8. Therapy services billed by school providers.
- C. Prior Authorization/Precertification is not required, regardless of the procedure codes used, when the services fall into one (1) of the following categories:
1. Therapy services provided to beneficiaries in an ICF/MR,
 2. Therapy services provided to beneficiaries in a Private Nursing Facility for the Severely Disabled (PNFSD),
 3. Therapy services provided to beneficiaries enrolled in a hospice program, or
 4. Therapy services provided to beneficiaries covered under both Medicare and Medicaid if Medicare benefits have not been exhausted.
- D. Processes related to certification and recertification of therapy services must be handled in accordance with the procedures set forth by the UM/QIO.

Source: Miss. Code Ann. § 43-13-121

History: Revised eff. 11/01/2021.

Title 23: Division of Medicaid

Part 213: Therapy Services

Part 213 Chapter 1: Physical Therapy

Rule 1.6: Prior Authorization/Precertification

- E. Medicaid requires prior authorization/precertification for certain outpatient therapy services.
 - 1. Prior authorization/precertification for therapy services is conducted through the Utilization Management and Quality Improvement Organization (UM/QIO).
 - 2. Failure to obtain prior authorization/precertification will result in denial of payment to the providers billing for services.
 - 3. The UM/QIO must determine medical necessity for the types of therapy services and the number of units reasonably necessary to treat the beneficiary's condition. The frequency of visits provided by the therapist must match the Plan of Care signed by the physician.

- F. Prior Authorization/Precertification for outpatient therapy services is only required for certain codes when the services fall into one (1) of the following categories:
 - 1. Therapy services provided to beneficiaries in individual therapist offices or in therapy clinics,
 - 2. Therapy services provided to adult beneficiaries in the outpatient department of hospitals,
 - 3. Therapy services provided to beneficiaries in physician offices/clinics,
 - 4. Therapy services provided to beneficiaries in nursing facilities,
 - 5. Therapy services covered under regular benefits and provided to beneficiaries also enrolled in a Home and Community-Based Services (HCBS) waiver program,
 - 6. Therapy services provided to beneficiaries covered under both Medicare and Medicaid, if Medicare benefits have exhausted, or
 - 7. Therapy services billed by school providers.

- G. Prior Authorization/Precertification is not required, when the services fall into one (1) of the following categories:
 - 1. Therapy services provided to beneficiaries in an ICF/MR,
 - 2. Therapy services provided to beneficiaries in a Private Nursing Facility for the Severely

Disabled (PNFSD),

3. Therapy services provided to beneficiaries enrolled in a hospice program, or
4. Therapy services provided to beneficiaries covered under both Medicare and Medicaid if Medicare benefits have not exhausted,

H. Medicaid will cover the initial evaluation and first (1st) therapy session on the same day, when medically necessary, ~~if the following criteria are met:~~

- ~~1. Medicaid covers urgent physical therapy which is defined as the delivery of therapy services resulting from the sudden onset of a medical condition or injury requiring immediate care and manifesting itself by acute symptoms of sufficient severity such that the absence of therapy could result in immediate hospitalization, moderate impairment to bodily function, serious dysfunction of a bodily organ or part, or other serious medical consequences.~~
- ~~2. Medicaid covers same day/non-urgent outpatient physical therapy services which is defined as the delivery of therapy services that do not meet the definition of urgent, but completion of services on the same day as the evaluation significantly impacts the beneficiary's treatment.~~

Source: Miss. Code Ann. § 43-13-121

History: Revised eff. 11/01/2021.

Part 213 Chapter 2: Occupational Therapy

Rule 2.5: Prior Authorization/ Precertification

- C. The UM/QIO will determine medical necessity, the types of therapy services, and the number of units reasonably necessary to treat the beneficiary's condition. The frequency of visits provided by the therapist must match the Plan of Care signed by the prescribing provider.
- D. Prior Authorization/Pre-certification for outpatient therapy services is only required for certain procedure codes when the services fall into one (1) of the following categories:
 1. Therapy services provided to beneficiaries, adult and/or children in individual therapist offices or in therapy clinics,
 2. Therapy services provided to beneficiaries, adult and/or children, in the outpatient department of hospitals,
 3. Therapy services provided to beneficiaries, adult and/or children, in physician offices/clinics,

4. Therapy services provided to beneficiaries in nursing facilities,
5. Therapy services covered under regular State Plan benefits and provided to beneficiaries also enrolled in a Home and Community-Based Services (HCBS) waiver program, and
6. Therapy services provided to beneficiaries covered under both Medicare and Medicaid if Medicare benefits have been exhausted.

C. Exclusions to Prior Authorization/Precertification

1. Prior Authorization/Precertification is not required, regardless of procedure codes used, when the services fall into one (1) of the following categories:
 - e) Therapy services provided to beneficiaries in an ICF/MR,
 - f) Therapy services provided to beneficiaries in a Private Nursing Facility for the Severely Disabled (PNFSD),
 - g) Therapy services provided to beneficiaries enrolled in a hospice program, or
 - h) Therapy services provided to beneficiaries covered under both Medicare and Medicaid if Medicare benefits have not been exhausted.

~~D. Prior Authorization/Pre-certification Request - Processes related to certification and recertification of therapy services must be handled in accordance with the procedures set forth by the UM/QIO. Medicaid does not cover the initial evaluation and the first therapy session on the same day. The UM/QIO is authorized to accept retrospective requests for urgent services and same day/non urgent services as defined and outlined in Part 213, Chapter 1.~~

Source: Miss. Code Ann. § 43-13-121

History: Revised eff. 11/01/2021.

Part 213 Chapter 3: Outpatient Speech-Language Pathology (Speech Therapy)

Rule 3.5: Prior Authorization/Pre-certification

- C. Medicaid requires prior authorization/precertification of certain outpatient therapy services. Prior authorization/precertification for therapy services is conducted through the Utilization Management and Quality Improvement Organization (UM/QIO) Failure to obtain prior authorization/precertification will result in denial of payment to the providers billing for services.
- D. Prior Authorization/Pre-certification for outpatient therapy services is only required for certain procedure codes when the services fall into one (1) of the following categories:

1. Therapy services provided to beneficiaries, adult and/or children in individual therapist offices or in therapy clinics,
 2. Therapy services provided to beneficiaries, adult and/or children in the outpatient department of hospitals,
 3. Therapy services provided to beneficiaries, adult and/or children in physician offices/clinics,
 4. Therapy services provided to beneficiaries in nursing facilities,
 5. Therapy services covered under regular benefits and provided to beneficiaries also enrolled in a Home and Community-Based Services (HCBS) waiver program,
 6. Therapy services provided to beneficiaries covered under both Medicare and Medicaid if Medicare benefits have been exhausted,
 7. Therapy services provided to beneficiaries under age twenty-one (21) through the following providers: Rural Health Clinics (RHC), Federally Qualified Health Centers (FQHC), and State Department of Health, or
 8. Therapy services billed by school providers.
- C. Prior Authorization/Precertification is not required, regardless of the procedure codes used, when the services fall into one (1) of the following categories:
1. Therapy services provided to beneficiaries in an ICF/MR,
 2. Therapy services provided to beneficiaries in a Private Nursing Facility for the Severely Disabled (PNFSD),
 3. Therapy services provided to beneficiaries enrolled in a hospice program, or
 4. Therapy services provided to beneficiaries covered under both Medicare and Medicaid if Medicare benefits have not been exhausted.

D. ~~Prior Authorization/Precertification Request~~

- ~~1. Processes related to certification and recertification of therapy services must be handled in accordance with the procedures set forth by the UM/QIO.~~
- ~~2. Medicaid does not cover the initial evaluation and the first (1st) therapy session on the same day. The UM/QIO is authorized to accept retrospective requests for the following exceptions:~~

a) ~~Urgent services as defined and outlined in Part 213, Chapter 1, Rule 1.6 D or~~

b) ~~Same Day/ Non-Urgent Services as defined and outlined in Part 213, Chapter 1, Rule 1.6 D.~~

Source: Miss. Code Ann. § 43-13-121

History: Revised eff. 11/01/2021.