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ATTENTION: Provider Business Office Managers and Medicaid Billers Billing for Services of a Physical Therapy, Occupational Therapy or Speech-Language Pathology Assistant

Effective on and after August 7, 2009, claims submitted for services rendered by a physical therapy assistant, occupational therapy assistant and speech-language pathology assistant will be processed under new rules. All physical therapy, occupational therapy, and speech-language pathology assistants are now required to be enrolled with Alaska Medicaid in order to be reimbursed for services provided to Alaska Medical Assistance clients. For additional information, please refer to the New Enrollment Requirements flyer which is available on the ACS Website at http://www.medicaidalaska.com/providers/Enrollment.shtml.

- Paper claims billed under the old rules must be received no later than July 24, 2009. Claims received on and after July 25, 2009 will be processed under the new rules below.
- Electronic claims transmitted after August 4, 2009 will process under the new rules reflected below.

New Rules for Billing Alaska Medicaid for Therapy/Pathology Assistants

- Enrollment with Alaska Medicaid is required for the claim date of service.
- Services provided by these assistants are billed with the assistant's NPI in field 24J of the CMS-1500 claim form.
- Assistants must bill as a servicing provider within a group. They cannot bill as an individual provider.
- A therapist/speech-language pathologist of the same discipline as the assistant must be enrolled and be a member of the billing group for the claim date of service. For example, if billing for services of a physical therapy assistant, a physical therapist must be a member of the billing group on the claim date of service.
- Payment for services will be made to the group; the assistant cannot be paid directly.
- The specific services which can be reimbursed for assistants are identified on the attached lists.
- Refer to the Alaska Medicaid group billing processes flyer included with this notification for more information.

New Edits Impacting Claims for Therapy/Pathology Assistant Services

Edit	Description	Trigger Event	Resolution
209	Provider cannot bill as an individual.	Therapy/pathology assistant is identified as the billing provider on the claim.	Resubmit the claim according to the group billing instructions.
508	Procedure not approved for therapy/pathology assistant.	Procedure code billed is not approved for the therapy/pathology assistant.	Confirm the correct procedure code was billed and resubmit claim if necessary.
512	Individual biller cannot bill for another individual.	The billing provider is an individual and the servicing provider is a different individual.	Resubmit the claim according to the group billing instructions.
514	Therapist required for assistant services.	Enrollment records indicate a therapist of the same discipline is not a member of the billing group on the service date.	If a therapist and assistant of the same discipline as was submitted on your claim DOS is a member of your group practice, contact the ACS Provider Enrollment Unit at **(907) 644-6800, or (800) 770-5650 (toll-free in Alaska)** to update group records.

If you have any questions about provider enrollment or the billing process, please call the ACS Provider Inquiry Unit at (907) 644-6800, option 1, or (800) 770-5650 (toll-free in Alaska).

Occupational Therapy Assistant Procedure Codes

29020	Application of turnbuckle jacket, body; only
29105	Application of long arm splint (shoulder to hand)
29125	Application of short arm splint (forearm to hand); static
29126	Application of short arm splint (forearm to hand); dynamic
29130	Application of finger splint; static
29131	Application of finger splint; dynamic
29200	Strapping; thorax
29220	Strapping; low back
29240	Strapping; shoulder (eg, velpeau)
29260	Strapping; elbow or wrist
29280	Strapping; hand or finger
92526	Treatment of swallowing dysfunction and/or oral function for feeding
97010	Application of a modality to one or more areas; hot or cold packs
97014	Application of a modality to one or more areas; electrical stimulation (unattended)
97018	Application of a modality to one or more areas; paraffin bath
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97034	Application of a modality to one or more areas; contrast baths, each 15 minutes
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure one or more areas each 15 minutes; neuromuscular reeducation of movement balance coordination kinesthetic sense posture and/or proprioception for sitting and/or standing activities
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97139	Therapeutic procedure, one or more areas, each 15 minutes; unlisted therapeutic procedure (specify)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (2 or more individuals)
97530	Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes
97535	Self-care/home management training (eg activities of daily living (adl) and compensatory training meal preparation safety procedures and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider each 15
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes

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Updated August 13, 2009

ATTENTION: Provider Business Office Managers and Alaska Medicaid Billers:

NEW RULES FOR BILLING GROUP SERVICES

Physician Groups: GR#### and MDG###
Medical Professional Groups*: MPG###, MDG### and GR####
Therapy Center Groups: TC#### and GR####
Vision Groups: VG####

Effective on and after August 7, 2009, claims for group billers will be processed under new rules.

Providers whose services have previously been identified by use of the SA modifier **must** be enrolled with Alaska Medicaid in order to be reimbursed for services provided to Alaska Medical Assistance clients:

Physician Assistants	Nurse Practitioners	Certified Registered Nurse Anesthetists (CRNAs)	Audiologists
Occupational Therapists & Therapy Assistants	Speech-Language Pathologists & S-L Pathology Assistants	Physical Therapists & Therapy Assistants	

- Paper claims billed under the old rules must be received no later than July 24, 2009. Claims received on and after July 25, 2009 will be processed under the new rules below.
- Electronic claims transmitted after August 4, 2009 will process under the new rules reflected below.

New Rules for Group Billings for Alaska Medicaid Payment:

- Therapy Center (TC#### or GR####) Groups must include the NPI of the servicing provider in addition to the NPI of the group on all claims.
    - **Valid Therapy Center Servicing Providers:**

Occupational Therapists	Occupational Therapy Assistants	Speech-Language Pathologists	Speech-Language Pathology Assistants
Temporarily licensed Speech-Language Pathologists	Physical Therapists	Physical Therapy Assistants	Audiologists

    - **Valid Servicing Providers for GR/MDG/MPG Groups:**

Physicians	Physician Assistants	Nurse Practitioners	CRNAs
Optometrists	Opticians	Physical Therapists	Physical Therapy Assistants*
Speech-Language Pathologists	Speech-Language Pathology Assistants*	Temporarily licensed Speech-Language Pathologists	Occupational Therapists
Occupational Therapy Assistants*	Audiologists		

***Therapist/Pathologist of same discipline must also be enrolled in group on service date.**

- Vision groups and MDG/GR/MPG groups at the same location and with the same Tax ID number who bill with the same organizational NPI number may now merge into one MDG/GR/MPG group. If you have questions regarding enrollment, please contact the ACS Provider Enrollment Unit at **(907) 644-6800, or (800) 770-5650 (toll-free in Alaska)**.
- PT/OT Assistants and Speech-Language Pathology Assistants are approved to bill for specific services only. See attached lists.

- A therapist /pathologist of the same discipline as the PT/OT or Speech-Language Pathology Assistant must be a member of the billing group on the date of service (DOS).
- The NPI of the servicing provider must be present in field 24J of the CMS-1500 claim form; the NPI of the group must be present in field 33A.
- The following providers cannot bill as individuals: Physician assistants, occupational therapy assistants, speech-language pathology assistants, and physical therapy assistants. They must be billed as the servicing provider of the group.
    - Payment for these servicing providers will be made to the group.
- Modifier SA is no longer required or needed. Modifier 'SA' is allowed only for nurse practitioners' claims. Use of this modifier by any other servicing provider will result in a denial.
- Modifiers 'QX' and 'QZ' are valid for CRNA services only.
- The supervising M.D. of the physician assistant must be enrolled with Alaska Medicaid for the service dates being billed and must be identified to Alaska Medicaid as the supervisor.

New Edits Impacting Group Billers:

Edit	Description	Trigger event	Resolution
209	Provider cannot bill as an individual.	Physician assistant, occupational therapy assistant, speech-language pathology assistant, or physical therapy assistant is identified as the billing provider on the claim.	Resubmit the claim according to this flyer (New Rules for Billing Group Services).
481	Provider type and specialty not authorized to bill modifier.	Modifier 'SA', or 'QX' or 'QZ' was submitted on the claim. Modifier 'SA' is not valid when submitted for provider types other than Nurse Practitioners; modifiers 'QX' or 'QZ' are not valid when submitted for provider types other than CRNAs.	Correct the claim modifier and resubmit the claim according to this flyer (New Rules for Billing Group Services).
507	Physician Assistant must have supervising MD.	Medicaid has no record of a valid supervising MD for the claim date of service.	Contact ACS Provider Enrollment at (907) 644-6800, or (800) 770-5650 (toll-free in Alaska).
508	Procedure not approved for therapy assistant.	Procedure code billed is not approved for therapy assistant.	Confirm the correct procedure code was billed and resubmit the claim if necessary.
512	Individual biller cannot bill for another individual.	The billing provider is an individual and the servicing provider is a different individual.	Resubmit the claim according to this flyer (New Rules for Billing Group Services). If no group enrollment exists, contact ACS Provider Enrollment at (907) 644-6800, or (800) 770-5650 (toll-free in Alaska).
514	Therapist required for assistant services.	Enrollment records indicate a therapist of the same discipline is not a member of the billing group on the service date.	If therapist of same discipline as assistant is a member of your group practice on the claim DOS, contact ACS Provider Enrollment at (907) 644-6800, or (800) 770-5650 (toll-free in Alaska) to update group records.

Edit	Description	Trigger event	Resolution
918	Duplicate Claim – SA modifier and mid-level servicing provider	The service was previously paid as an SA modifier. The current claim is denied with this edit when: a) the servicing provider is the same as a previously paid claim; b) the servicing provider of the previously paid claim is a member of the billing group of the current claim; or c) the servicing provider of the previously paid claim is the MD supervisor of the current claim servicing physician assistant.	Confirm the servicing provider in your records. If different from the trigger event, submit a copy of your records with the claim appeal.
919	Duplicate Claim – Same Servicing Provider	The current claim sets this edit when the servicing provider is the same as the servicing provider of the paid claim.	Confirm the servicing provider in your records to determine whether a billing error was made. Take corrective action if an error was made: either void the paid claim or correct the denied (current) claim and rebill.

If you have any questions about provider enrollment or the billing process, please call the ACS Provider Inquiry Unit at (907) 644-6800, option 1, or (800) 770-5650 (toll-free in Alaska).