



****IMMEDIATE ATTENTION NEEDED****

To: Provider Agencies and Clinical Staff delivering Certain Hands-on Therapies at “Off-site” Article 16 Clinics, Supervised Individualized Residential Alternative (IRA/CRs) and Group Day Habilitation providers

From: Laura Rosenthal, Director of Data Management and Performance Metrics 

Cc: Provider Associations, DDSOO/DDRO Directors and Deputy Directors, Ms. Kindo, Ms. Pettinger, Ms. Marlay, Ms. Cater (DOH), Ms. Doran, Mr. Harris, Mr. Jefferson

Date: December 16, 2015

Re: Provider Enrollment for Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD)

Dear Provider and Clinicians:

This memorandum provides information to clinicians and provider agencies regarding the process for enrolling as an Independent Practitioner or Group Practice delivering a new State Plan service option called Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD), previously referred to as Preventive Services. Effective 4/1/16, IPSIDD services will be one of the options for replacing certain off-site Article 16 Clinic services and other hands-on therapies now provided within certain Supervised IRA Residential Habilitation and Day Habilitation services. Further background information is included in Attachment 1 and is available on the OPWDD web site at

http://www.opwdd.ny.gov/opwdd_services_supports/people_first_waiver/HCBS_services/service_changes.

IPSIDD services will be limited to Physical, Occupational and Speech Therapy; Social Work; and Psychology. **All clinicians providing IPSIDD services must be enrolled in Medicaid as a billing provider. In addition, Licensed Clinical Social Workers and Physical Therapists must also enroll in Medicare prior to Medicaid enrollment.** There will essentially be two options for the provision of IPSIDD:

- 1) Provision of the service by clinicians working as individual practitioners. Under this option, the clinician would be enrolled in Medicaid, bill the service and directly receive payment for the provision of service. The clinician would not be required to have an Operating Certificate issued by OPWDD, but would need to be authorized by OPWDD to qualify for an enhanced payment (**see Attachment #2 Form for IPSIDD Clinician Application for OPWDD Approval**). The Individual Enrollment Instructions are included as **Attachment #2 Overview**.

- 2) Provision of the service by clinicians who are employees, members or affiliates of a Group Practice. This practice must be an organization that is permitted under New York State Law to engage the practice of the health care professions which constitute IPSIDD (e.g., a professional corporation or a professional limited liability company). The Group Practice would not be required to have an operating certificate issued by OPWDD, but will need to enroll in Medicaid as a Group Practice. Please note, if the Group Practice intends to include Licensed Clinical Social Workers and Physical Therapists as part of their membership, then Medicare enrollment is required for the Group Practice prior to enrollment in Medicaid. In addition, clinicians affiliated with the Group Practice will need to be authorized by OPWDD to qualify for an enhanced payment (**see Attachment #3 for Group Practice Enrollment Instructions**).

Also included with this transmittal are draft IPSIDD fees (**Attachment #4**). This information is provided for planning purposes, and have not yet been approved by the Centers for Medicare and Medicaid Services (CMS). Final fees will be subject to public comment as part of the Medicaid State Plan amendment process.

OPWDD appreciates your cooperation in meeting these new service requirements and will share more information with you as it becomes available. A WebEx session is being scheduled for early January and registration information will be forthcoming. If you have questions about service provision, or clinical requirements related to these services, you may contact clinic.services.information@opwdd.ny.gov . If you have questions about completing any of the Medicaid enrollment forms, you may contact Computer Sciences Corporation (CSC) at 800-343-9000.

Attachment 1: Background

What are the Changes Occurring April 1, 2016

As of April 1, 2016, the Centers for Medicare and Medicaid Services (CMS) will require OPWDD to change the way it funds the delivery of certain direct clinical therapies. There are two types of service delivery methods that are affected:

- Existing Supervised Residential Habilitation and Day Habilitation HCBS waiver rates will remain in effect and may include funding for direct, hands-on therapies. The “waiver-funded” therapies affected by this change are:
 - Occupational Therapy, Physical Therapy, Speech language Therapy, and
 - Psychology and Social Work services that are not related to a person’s behavioral support needs associated with Supervised IRA Residential Habilitation or Day Habilitation.
- Article 16 off-site clinic services may continue to be billed at current Article 16 off-site rates. There are financial implications and, therefore, we expect that Article 16 clinic providers will continue work on developing satellite clinic locations. As soon as a satellite location is certified, billing under the ‘on-site’ Article 16 rates should immediately begin.

For both Off-site Article 16 clinic services and waiver funded therapies, provision of services will continue, but will be funded differently. Funding options include delivery of direct clinical therapies at an Article 16 Clinic main or satellite location or delivery of a new Medicaid State Plan option called, Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD), previously referred to as Preventive Services. For additional background information please see the OPWDD web site at the following link: http://www.opwdd.ny.gov/opwdd_services_supports/people_first_waiver/HCBS_services/service_changes.

Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD)

Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) is part of a proposed State Plan Amendment (SPA) which provides for the delivery of clinic therapies such as Physical, Occupational, and Speech Therapy; Social Work; and Psychology services that may be provided in certain locations, including OPWDD certified residential programs. IPSIDD will now be implemented on April 1, 2016.

New York State will enroll Independent Practitioner Therapists as Medicaid providers. Services will be claimed as independent practitioner professional claims, or as “group practice” claims. Establishment of a group practice requires creation of a separate and distinct Professional Corporation (PC) or professional Limited Liability Company (LLC). Once established and enrolled, the group practice can bill IPSIDD services on behalf of practitioners in their employ, but true independent practitioners (i.e., those not affiliated with a clinic) are also permitted to enroll as providers and bill services directly.

If you are interested in enrolling as an independent practitioner please refer to **Attachment 2** for further instructions. If you are interested in enrolling as a group practice please refer to **Attachment 3** for further instructions.

Ordering and Service Provision

IPSIDD Services follow existing rules in New York State governing ordering and administration of the particular therapeutic discipline. Physical Therapy (PT) and Occupational Therapy (OT) require a physician’s order to establish medical necessity. A physician’s order is not required for other IPSIDD disciplines. The individual therapist or group practice is responsible for ensuring that needed physician orders are obtained prior to the delivery of IPSIDD Services.

For further questions regarding IPSIDD please direct to clinic.services.information@opwdd.ny.gov

**Individual Practitioner Provider Enrollment
Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD)**

The following clinic disciplines will require enrollment in Medicaid in order to deliver Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD): Licensed Physical Therapists, Licensed Speech Language Pathologists, Licensed Occupational Therapists, Licensed Clinical Social Workers, and Licensed Psychologists. It should be noted that full enrollment, rather than enrollment as an Ordering/Prescribing/Referring/Providing (OPRA) provider is required under IPSIDD. The enrollment will allow clinicians to submit claims directly to Medicaid for reimbursement. **This enrollment is required even if clinicians have no intention of directly receiving reimbursement for services provided because they are participating in a Group Practice.**

Step 1- Clinician Enrollment: To proceed with enrollment, clinicians are required to complete all requirements associated with full Medicaid enrollment, including establishment of Electronic Funds Transfer (EFT) enrollment. Please note that the Department of Health is in the process of switching vendors and the enrollment process will be changing in the future. Should there be any changes to the enrollment process, the following links will still be valid, however you will be prompted to follow the directions within each link to access applicable forms.

A. Medicaid enrollment - Clinicians should proceed with based on their clinician type:

- <https://www.emedny.org/info/ProviderEnrollment/index.aspx> (select link for Clinical Psychologist)
- <https://www.emedny.org/info/ProviderEnrollment/index.aspx> (select link for Clinical Social Worker)
- <https://www.emedny.org/info/ProviderEnrollment/index.aspx> (select link for Therapist (PT, OT, Speech))

If the clinician is already enrolled as an OPRA provider, there is an option under each above link that provides instructions for converting to a billing provider.

B. Medicare enrollment - is a pre-requisite to Medicaid enrollment for both Licensed Clinical Social Workers and Licensed Physical Therapists. Practitioners under these disciplines will need to proceed with enrollment in Medicare before submitting an application for enrollment in the NYS Medicaid program.

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html?redirect=/MedicareProviderSupEnroll/>

The federal government provides the option to enroll via an internet-based provider enrollment process. It is recommended that providers utilize this option to expedite enrollment.

Step 2 – OPWDD Authorization for Enhanced Payment for IPSIDD Services

IPSIDD will have a fee table established by the Department of Health to accommodate provision of services to individuals with developmental disabilities. The fees will be higher than the existing Medicaid fees currently paid for Medicaid Independent Practitioner services delivered to individuals without developmental disabilities. In order to access and qualify for these fees, OPWDD will require submission of the clinician's credentials and at least two years of experience treating individuals with Developmental Disabilities. For those clinicians that meet the credential and experiential criteria, a Specialty Code will be affiliated to the provider's Medicaid

enrollment and the enhanced fees will automatically be accessed when claims are submitted. Please see **Attachment #2 – Form - IPSIDD Clinician Application for OPWDD Approval.**

Step 3 -- Affiliation with a Group Practice

Clinicians providing service under a Group Practice will need to formally affiliate in order for the Group Practice to submit and receive payment for services rendered. There are two options that can be taken with respect to clinician affiliating with a Group Practice:

- **Option 1:** The first option is for clinicians to proceed with enrollment now as described above in steps one and two above. Once the clinician and Group Practice enrollments are both processed, the clinician can complete the affiliation process. The additional information needed on the clinician enrollment to associate with a Group Practice is the name of the Group Practice in the Group/Org Name section and Group Practice's NPI number in the Group/Org NPI section.
- **Option 2:** The second option is for the clinicians to wait for the Group Practice enrollment has been processed and a provider ID issued for that entity. Under this option, clinicians will still need to proceed with enrollment in Medicaid as described above, but can complete the affiliation and enrollment in one step.

The link below will allow you to access the Group Practice affiliation,

https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/610202_REQGRPRT_Request_for_Medicaid_Participation_as_a_Group_Member.pdf

Note Regarding Electronic Funds Transfer:

If a clinician will only act as a practitioner in a Group Practice, certain information can be included on the enrollment application that identifies the Group Practice, and the requirement for Electronic Funds Transfer does not need to be completed. If the applicant's enrollment is only related to employment with the Group Practice for the purposes of delivering IPSIDD Services, select No on the Enrollment Form's Group (Line 6 of page 2). When choosing No, the applicant does not need to complete an EFT Authorization Form. The ETIN certification document does need to be completed. Social Security numbers, dates of birth and home addresses must be identified where requested.

**Group Practitioner Provider Enrollment Instructions
Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD)**

IPSIDD services may be delivered by clinicians who are associated with a Group Practice.

Step 1- Group Practice Formation:

A Group Practice will require establishment of a separate, Professional Corporation (PC) or a professional Limited Liability Company (LLC). Once this has occurred, the new entity will need to proceed with enrollment in Medicaid as a Group Practice.

Step 2- Group Practice Enrollment:

- A. Medicaid Enrollment -- The application to enroll as a Group Practice in the Medicaid program is available at the link below. Please note that the Department of Health is in the process of switching vendors and the enrollment process will be changing in the future. Should there be any changes to the enrollment process, the following links will still be valid, however you will be prompted to follow the directions within each link to access applicable forms.

[://www.emedny.org/info/ProviderEnrollment/practGroups/Option1.aspx](http://www.emedny.org/info/ProviderEnrollment/practGroups/Option1.aspx)

When the Group Practice enrollment has been processed, the New York State Department of Health will issue a new provider ID – this represents enrollment in the NYS Medicaid program. **OPWDD will need to be informed of the provider ID when it is issued (directions on the process for this detailed below in step 4).**

- B. Medicare Enrollment -- It should be noted that for Group Practices, Medicare enrollment is a prerequisite to Medicaid enrollment when the Group Practice Membership includes Licensed Clinical Social Workers and/or Physical Therapists. Once the separate PC or LLC is established, before submitting an application for enrollment in the NYS Medicaid program, the Group Practice must proceed with enrollment in Medicare.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html?redirect=/MedicareProviderSupEnroll/>

The federal government provides the option to enroll via an internet-based provider enrollment process. It is recommended that providers utilize this option to expedite enrollment.

Step 3: Affiliation of Independent Clinicians with the Group Practice

Clinicians providing service under a Group Practice will need to formally affiliate in order for the Group Practice to submit and receive payment for services rendered. Once the Group Practice has been established and the Medicaid enrollment processed, clinicians enrolled in Medicaid can proceed with the affiliation. The link below will allow you to access the Group Practice affiliation.

https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/610202_REQGRPPRT_Request_for_Medicaid_Participation_as_a_Group_Member.pdf

See **Attachment 2 - Overview - Independent Practitioner Enrollment** for additional information.

Step 4 – OPWDD Authorization for Enhanced Payment

IPSIDD Services will have a fee table established by the Department of Health to accommodate provision of services to individuals with developmental disabilities. The fees will be higher than the existing Medicaid fees currently paid for Medicaid enrollees. In order to access and qualify for these fees, OPWDD will require **submission of the clinician's credentials and at least two years of experience treating individuals with Developmental Disabilities**. For those clinicians that meet the credential and experiential criteria, a Specialty Code will be affiliated to the provider's Medicaid enrollment and the enhanced fees will automatically be accessed when claims are submitted.

Next Steps

As referenced earlier in Attachment 2 - Overview, OPWDD will need to be informed of the Medicaid Provider ID for the Group Practice once it is issued. When you receive notification that your enrollment has been processed, we ask that you inform OPWDD of the name of the Group Practice and the Provider ID associated with it. This notification can be sent to central.operations@opwdd.ny.gov.

Draft IPSIDD Fees Based on Regional Medicare Independent Practitioner Fees

		Medicare Independent Provider Schedule for NYS Regions*					
Service Description	Procedure Code	CPT Description	Locality 1	Locality 2	Locality 3	Locality 4	Locality 99
OT	97003	Ot evaluation	\$96.38	\$98.61	\$90.21	\$98.40	\$83.20
OT	97004	Ot re-evaluation	\$60.04	\$61.51	\$56.03	\$61.30	\$51.31
OT	97532	Cognitive skills development, 15 min	\$29.86	\$30.37	\$28.08	\$30.34	\$26.27
OT	97533	Sensory integration, 15 min	\$32.80	\$33.41	\$30.78	\$33.36	\$28.65
OT	97535	Self care mngmt training, 15 min	\$39.47	\$40.30	\$36.93	\$40.20	\$34.10
OT	97537	Community/work reintegration, 15 min	\$34.01	\$34.65	\$31.92	\$34.60	\$26.69
OT	97542	Wheelchair mngmt training, 15 min	\$34.43	\$35.09	\$32.30	\$35.03	\$30.03
PT	97001	Pt evaluation	\$84.41	\$86.08	\$79.26	\$85.98	\$73.76
PT	97002	Pt re-evaluation	\$47.45	\$48.47	\$44.45	\$48.38	\$41.12
PT	97113	Aquatic therapy/exercises, 15 min	\$49.16	\$50.35	\$45.83	\$50.16	\$41.89
PT	97116	Gait training therapy, 15 min	\$32.12	\$32.77	\$30.10	\$32.71	\$27.89
PT	97124	Massage therapy, 15 min	\$30.45	\$31.26	\$28.43	\$31.17	\$26.03
PT	97140	Manual therapy, 15 min	\$33.68	\$34.34	\$31.58	\$34.27	\$29.31
PT	97530	Therapeutic activities, 15 min	\$39.51	\$40.36	\$36.96	\$40.25	\$34.08

Draft IPSIDD Fees Based on Regional Medicare Independent Practitioner Fees

Service Description	Procedure Code	CPT Description	Locality 1	Locality 2	Locality 3	Locality 4	Locality 99
PT	97110	Therapeutic exercises, 15 min	\$36.75	\$37.62	\$34.38	\$37.54	\$32.74
PT	97112	Neuromuscular reeducation, 15 min	\$37.79	\$38.56	\$35.39	\$38.48	
(Group)	97150	Group therapeutic procedures	\$19.57	\$19.95	\$18.39	\$19.93	\$17.15
SLP	92507	Speech/hearing therapy	\$89.03	\$90.71	\$83.66	\$90.62	\$78.03
SLP	92521	Eval of Speech Fluency	\$121.79	\$124.35	\$114.33	\$124.20	\$106.22
SLP	92522	Eval of Speech Sound Production	\$104.16	\$106.34	\$97.78	\$106.21	\$90.85
SLP	92523	Eval of Speech Sound Production with eval of language comprehension and expression	\$213.15	\$218.10	\$199.85	\$217.79	\$184.90
SLP	92524	Behavioral and qualitative analysis of voice and resonance	\$102.71	\$105.54	\$96.20	\$105.39	\$88.48
SLP	92526	Oral function therapy	\$96.84	\$98.73	\$90.90	\$98.60	\$84.56
SLP	92606	Use of non-speech device					
SLP	92609	Use of speech device service	\$125.55	\$128.20	\$117.55	\$127.91	\$108.64
SLP	92610	Evaluate swallowing function	\$95.96	\$98.02	\$89.98	\$97.87	\$83.39
SLP (Group)	92508	Speech/hearing therapy	\$26.54	\$27.10	\$24.86	\$27.05	\$23.00
Psych	96101	Psycho testing by psych/phys	\$87.55	\$88.59	\$83.05	\$88.80	\$79.34
Psych	96102	Psycho testing by technician	\$73.69	\$75.92	\$68.37	\$75.54	\$61.57
Psych	96111	Developmental test, extend	\$143.25	\$145.94	\$135.11	\$146.03	\$126.93
Psych	90832	Psytx, 30 min	\$69.95	\$70.79	\$66.37	\$70.96	\$63.42
Psych	90834	Psytx, 45 min	\$92.42	\$93.42	\$87.75	\$93.66	\$84.03

Draft IPSIDD Fees Based on Regional Medicare Independent Practitioner Fees

Service Description	Procedure Code	CPT Description	Locality 1	Locality 2	Locality 3	Locality 4	Locality 99
Psych	90837	Psytx, 60 min	\$139.05	\$140.70	\$131.96	\$141.06	\$126.15
Psych	90846	Family psytx w/o patient	\$111.95	\$113.16	\$106.27	\$113.44	\$101.73
Psych	90847	Family psytx w/patient	\$117.00	\$118.51	\$110.97	\$118.79	\$105.87
Psych	90791	Psy dx evaluation	\$143.67	\$145.48	\$136.21	\$145.80	\$129.89
(Group)	90853	Group psychotherapy	\$28.19	\$28.55	\$26.72	\$28.61	\$25.48
*Locality Breakdown							
Locality 1 - Manhattan							
Locality 2 - Bronx, Brooklyn, Nassau, Rockland, Staten Island, Suffolk, Westchester							
Locality 3 - Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Sullivan, Ulster							
Locality 4 - Queens							
Locality 99 - Remainder of State							