



PROVIDER REIMBURSEMENT GUIDANCE
Multiple Surgery Reduction Therapy Services

Original Date Approved

Effective Date

Revision Date

7/1/2026

4/21/2026

Scope: Commonwealth Care Alliance (CCA) Product Lines

- Senior Care Options (FIDE-SNP)
- One Care (FIDE-SNP)

PAYMENT POLICY SUMMARY:

CCA’s Multiple Procedure Payment Reduction Policy for therapy services follows the guidelines established by the Centers for Medicare and Medicaid Services (CMS). In alignment with CMS, CCA will consider National Physician Fee Schedule (NPFS) codes with a Multiple Procedure Indicator (MPI) of 5 performed in a single encounter as qualified for Multiple Procedure Payment Reduction (MPPR) for therapeutic services.

Reimbursement Guidelines

Daily Unit Maximum for Physical Therapy

CCA will reimburse up to four (4) units/procedures per day (not to exceed one hour per day). Units/procedures beyond that require prior authorization and clear medical necessity documentation. Each of the units will be allowed at 100% of the contracted amount.

Reimbursement for multiple procedures indicated with a 5 status by CMS for Occupational Therapy (OT) and Speech/Language Therapy (SLT) services will be reduced when more than one is performed during a single encounter as follows: CCA will pay the primary procedure at 100% of the contracted fee, the second and all subsequent procedures at 80% of the allowable contracted fee.

CCA will apply the following MPPR payment structure for PT, OT, and SLT services billed for the same member on the same date of service:

Number of Visits	Physical Therapy
Units/Procedures 1	100% of Allowed Amount
Units/Procedures 2-4	100% of Allowed Amount
Unit/Procedures 5+	Prior Authorization Required



Number of Visits	Occupational Therapy	Speech-Language Therapy
Units/Procedures 1	100% of Allowed Amount	100% of Allowed Amount
Units/Procedures 2-999	80% of Allowed Amount (20% reduction)	80% of Allowed Amount (20% reduction)

Visit Limits - The following visit thresholds apply before PA is required, consistent with MassHealth policy: **130 – CMR 403.417**

Therapy Type	Visits Allowed w/o PA	PA Required After
Physical Therapy (PT)	20 visits / Calendar Year	Visit 21+
Occupational Therapy (OT)	20 visits / Calendar Year	Visit 21+
Speech-Language Pathology (SLP)	35 visits / Calendar Year	Visit 36+

AUTHORIZATION REQUIREMENTS:

Applicable CCA notification and authorization policies and procedures apply. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

Audit and Disclaimer Information

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to a refund of all payments related to non-compliance. CCA reserves the right to amend this payment policy at its discretion, to be binding on Provider. ICD, CPT/HCPCS codes are updated as applicable and such updates shall be deemed automatically incorporated into this Policy; providers must adhere to the most recent ICD, CPT/HCPCS coding guidelines, as applicable.

References

- CCA Website
- CMS Website
- CMS Claims Processing Manual
- Payment Policies:



Massachusetts

Provider Manuals:

Massachusetts

Prior Authorization Forms:

Massachusetts
