

**1250-E REHABILITATIVE THERAPIES**

REVISION DATES: 07/01/12, 10/01/10, 02/01/10, 10/01/07, 03/01/06, 10/01/04, 10/01/01

INITIAL

EFFECTIVE DATE: 02/14/1996

Description

AHCCCS covers occupational, physical, respiratory and speech therapy services, that are ordered by a Primary Care Provider (PCP), approved by the Managed Care Contractor or the AHCCCS Division of Fee-for-Service Management for FFS members and provided by or under the direct supervision of a licensed therapist as noted and applicable in this section.

Members residing in their own home, an HCB approved alternative residential setting or an institutional setting may receive physical, occupational and speech therapies through a licensed Medicare-certified Home Health Agency (HHA) or by a qualified licensed physical, occupational or speech therapist in independent practice, as applicable.

Services require a Primary Care Provider (PCP) or attending physician's order and must be included in the member's individualized care plan. The care plan must be reviewed at least every 62 days (bimonthly) by the member's PCP or attending physician.

Amount, Duration and Scope

Therapy services must be prescribed by the member's Primary Care Provider (PCP) or attending physician as a medically necessary treatment to develop, improve or restore functions/skills which have not been attained, are underdeveloped or have been impaired, reduced or permanently lost due to illness or injury. Therapy services related to activities for the general good and welfare of members, activities to provide diversion or general motivation do not constitute therapy services for Medicaid purposes and are not covered under ALTCS.

The therapy must relate directly and specifically to an active written treatment regimen or care plan established by the member's physician for reasonable and necessary treatment of a member's illness or injury, habilitation or rehabilitation. If necessary, the physician should consult with a qualified therapist.

For purposes of this Policy, reasonable and necessary means:

1. The services must be considered under accepted standards of medical practice to be specific and effective treatment for the member's condition.



2. Based on the assessment made by the PCP/attending physician of the member's restoration potential, there must be an expectation that the condition will improve significantly in a reasonable (and generally predictable) period of time, or the services must be necessary for the establishment of a safe and effective maintenance program required for a specific injury or illness, and
3. The amount, frequency and duration of the services must be reasonable.

Developmental/Restorative Therapy

A therapy service must be reasonable and necessary to the functional development, and/or treatment of the member's illness or injury. If the member's expected potential for improving or restoring functional level is insignificant in relationship to the type and number of therapy services required to achieve such potential the therapy would not be covered for other than a maintenance program as described below. If at any point in the development of skills, or the treatment of an illness or injury, it is determined that the therapy expectations will not materialize, the services will no longer be considered reasonable and necessary.

Maintenance Program

If the developmental or restorative potential is evaluated as insignificant or at a plateau, an appropriate functional maintenance program may be established. The specialized knowledge and judgment of a qualified therapist may be required to assess and establish the maintenance program to achieve the treatment goals of the ordering PCP or attending physician. After the member's condition has been assessed, and the member's caregiver has been instructed/trained in the established maintenance program components, the services of the qualified therapist are no longer covered except for reassessments and treatment plan revisions. Refer to Chapter 300 of this Manual for additional information regarding therapy services.

A. PHYSICAL THERAPY

Description

AHCCCS covers inpatient and outpatient Physical Therapy (PT) services for ALTCS members. Services provide treatment to develop, restore, maintain or improve muscle tone and joint mobility and to develop or improve the physical/functional capabilities of members. Refer to Chapter 300, Policy 310-X of this Manual for information related to settings and visit limitations and provider qualifications.

**B. OCCUPATIONAL THERAPY****Description**

AHCCCS covers inpatient and outpatient occupational therapy for ALTCS members to achieve their highest level of functioning, maximize independence, prevent disability and maintain health. Services may be provided to members who are functionally limited due to physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, or the aging process. The services include activities such as evaluation, treatment and consultation. Refer to Chapter 300 of this Manual for information related to provider qualifications.

C. SPEECH THERAPY

AHCCCS covers inpatient and outpatient ST services including evaluation, program recommendation for treatment and/or training in receptive and expressive language, voice, articulation, fluency and aural habilitation and rehabilitation, and medical issues dealing with swallowing. Services, that do not require a qualified speech-language pathologist, such as practicing word drills, are not covered services. Refer to Chapter 300 of this Manual for information related to provider qualifications.

D. RESPIRATORY THERAPY**Description**

AHCCCS/ALTCS covers respiratory care services prescribed by a Primary Care Provider (PCP) or attending physician to restore, maintain or improve respiratory functioning. Services include administration of pharmacological, diagnostic and therapeutic agents related to respiratory and inhalation care procedures; observing and monitoring signs and symptoms, general behavioral and general physical response to respiratory care; diagnostic testing and treatment; and implementing appropriate reporting and referral protocols. Refer to Chapter 300 of this Manual for information related to provider qualifications.