

310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES

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I. PURPOSE

This Policy applies to ACC, ALTCS/EPD, DCS/CHP (CHP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS, and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100.). This Policy specifies the scope, duration, and frequency of each therapeutic modality. For additional information regarding Medicaid School-Based Claiming, refer to AMPM Chapter 700.

II. DEFINITIONS

Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

III. POLICY

The Contractor and FFS Programs shall cover Occupational Therapy (OT), Physical Therapy (PT), Speech Therapy (ST), services that are ordered by a Primary Care Provider (PCP) or attending physician and shall be included in the member's individualized plan. The individualized plan shall be reviewed at least every 62 days (bimonthly) by the member's PCP, attending physician or nonphysician practitioner (e.g., Nurse practitioners, Physician assistants, Clinical nurse specialists). These services shall be provided by or under the direct supervision of a licensed therapist as specified in this Policy.

Therapy visit limitations apply as specified in this Policy regardless of enrollment changes throughout the benefit year.

Members residing in their own home, an alternative home and community based services (HCBS) setting, or an institutional setting shall 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.

A. DEVELOPMENTAL/RESTORATIVE THERAPY

A therapy service shall 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 is not 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.

B. MAINTENANCE PROGRAM

If the developmental or restorative potential is evaluated as insignificant or at a plateau, an appropriate functional maintenance program shall be established. The specialized knowledge and judgment of a qualified therapist shall 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 or member's caregiver may be instructed/trained as appropriate 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 AMPM Policy 820 for Prior Authorization (PA) requirements for FFS providers.

Refer to AMPM Policy 1240-E for additional information regarding ALTCS covered habilitation services.

C. OCCUPATIONAL THERAPY

1. The Contractor and FFS Programs shall cover OT services provided to all members who are receiving inpatient care at a hospital, nursing facility, and custodial care facility when services are ordered by the member's PCP/attending physician. Inpatient OT consists of evaluation and therapy.
2. Outpatient OT services are an AHCCCS covered benefit as specified below:
 - a. Outpatient OT services are covered for ALTCS members and members under the age of 21,
 - b. Outpatient OT services are covered for Acute members, 21 years of age and older as follows:
 - i. 15 OT visits per benefit year for the purpose of restoring a skill or level of function and maintaining that skill or level of function once restored, and
 - ii. 15 OT visits per benefit year for the purpose of acquiring a new skill or a new level of function and maintaining that skill or level of function once acquired.
 - 1) OT for both b.i. and b.ii. may be provided in the same benefit year but the 15 visit limits for each OT category above apply,
 - 2) There are some procedure codes that may apply to both b.i. and b.ii.. The Contractor shall ensure visits are approved as required in this Policy, and
 - 3) For members who are also Medicare beneficiaries, refer to ACOM Policy 201 regarding Medicare cost sharing.
 - iii. For the purposes of Section 2.b., a visit is considered to be OT services received in one day. Outpatient settings include, but are not limited to:
 - 1) Therapy clinics,
 - 2) Outpatient hospitals units,
 - 3) Federally Qualified Healthcare Centers (FQHCs), physicians' offices, and
 - 4) Home health settings.

3. OT services shall be provided by a qualified Occupational Therapist or by a qualified individual under the supervision of an Occupational Therapist within their scope of practice, and consistent with A.R.S. Title 32, Chapter 34 and ADHS administrative rules, A.A.C., Title 4, Chapter 43.

4. OT services may include, but are not limited to:
 - a. Cognitive training,
 - b. Exercise modalities,
 - c. Hand dexterity,
 - d. Hydrotherapy,
 - e. Joint protection,
 - f. Manual exercise,
 - g. Measuring, fabrication or training in use of prosthesis, arthrosis, assistive device or splint,
 - h. Perceptual motor testing and training,
 - i. Reality orientation,
 - j. Restoration of activities of daily living,
 - k. Sensory reeducation, and
 - l. Work simplification and/or energy conservation.

D. PHYSICAL THERAPY

The Contractor and FFS Programs cover PT services for members in an inpatient or outpatient setting, when services are ordered by the member's PCP/attending physician as follows:

1. Inpatient PT services are covered for all members who are receiving inpatient care at a hospital, nursing facility or custodial care facility.

2. Outpatient
 - Outpatient PT services are covered for members under the age of 21 ,
 - a. Outpatient PT services are covered for adult members, 21 years of age and older (Acute and ALTCS) as specified in A.A.C. R9-22-215 and A.A.C. R9-28-206 as follows:
 - i. 15 PT visits per benefit year for the purpose of restoring a skill or level of function and maintaining that skill or level of function once restored, and
 - ii. 15 PT visits per benefit year for the purpose of acquiring a new skill or a new level of function and maintaining that level of function once acquired.
 - 1) Medically necessary PT for both b.i. and b.ii. shall be provided in the same benefit year but the limits still apply,
 - 2) There are some procedure codes that shall apply to both b.i. and b.ii., the Contractor shall ensure visits are approved as required in this Policy, and
 - 3) For AHCCCS members who are also Medicare beneficiaries, refer to ACOM Policy 201 regarding Medicare cost sharing.
 - iii. For the purposes of Section 2.b., a visit is considered to be PT services received in one day. Outpatient settings include, but are not limited to:
 - 1) Therapy clinics,
 - 2) Outpatient hospitals units,
 - 3) FQHCs, physicians' offices, and
 - 4) Home health settings.

3. PT services shall be provided by a qualified Physical Therapist or by a qualified individual under the supervision of Physical Therapist within their scope of practice, and consistent with A.R.S. Title 32, Chapter 19 and ADHS administrative rules, A.A.C., Title 4, Chapter 24.
4. Outpatient PT is not covered as a maintenance program. Authorized treatment services include, but are not limited to:
 - a. The administration and interpretation of tests and measurements performed within the scope of practice of PT as an aid to the members treatment,
 - b. The administration, evaluation and modification of treatment methodologies and instruction, and
 - c. The provision of instruction or education, consultation, and other advisory services.

E. SPEECH THERAPY

The Contractor and FFS Programs covers ST services provided to all members who are receiving inpatient care at a hospital, nursing facility or custodial care facility when services are ordered by the member's PCP or attending physician. ST provided on an outpatient basis is only covered for members under the age of 21 and ALTCS members.

1. ST shall be provided by a qualified Speech Language Pathologist (SLP) or by a qualified individual under the supervision of an SLP within their scope of practice, and consistent with A.R.S. Title 36, Chapter 17 and ADHS administrative rules, A.A.C., Title 9, Chapter 16.
2. The SLP shall be identified as the treating provider and bill for services under their individual NPI number (a group ID number shall be utilized to direct payment).
3. ST may include:
 - a. Articulation training,
 - b. Auditory training,
 - c. Cognitive training,
 - d. Esophageal speech training,
 - e. Fluency training,
 - f. Language treatment,
 - g. Lip reading,
 - h. Non-oral language training,
 - i. Oral-motor development, and
 - j. Swallowing training.