

**310-X - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES**

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**I. PURPOSE**

This Policy applies to AHCCCS Complete Care (ACC), ALTCS/EPD, , DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors, Fee-For-Services (FFS) Programs as delineated within this Policy including: Tribal ALTCS, TRBHAs, the American Indian Health Program (AIHP), and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy describes the scope, duration, and frequency of each therapeutic modality. In order for the occupational, physical, and speech therapy services to be covered, the services must be ordered by the PCP/attending physician, and the member must have the potential for improvement.

**II. DEFINITIONS**

**OCCUPATIONAL THERAPY (OT)** Medically ordered treatments to improve or restore functions which have been impaired by illness or injury, or which have been permanently lost, or reduced by illness or injury, or to attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired. OT is intended to improve the member's ability to perform those tasks required for independent functioning A.R.S. §32-3401.

**PHYSICAL THERAPY (PT)** Medically ordered treatments to restore, maintain, or improve muscle tone, joint mobility, or physical function; and to attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired. A.R.S. §32-2001.

**SPEECH THERAPY (ST)** Diagnostic and treatment services that include evaluation, program recommendations for treatment and/or training in receptive and expressive language, voice, articulation, fluency, rehabilitation and medical issues dealing with swallowing.

**III. POLICY**

AHCCCS covers Occupational Therapy (OT), Physical Therapy (PT), and Speech Therapy (ST) services that are ordered by a Primary Care Provider (PCP) or attending physician for FFS members. These services must be provided by or under the direct supervision of a licensed therapist as noted in this Policy.

Therapy visit limitations apply as described below regardless of enrollment changes throughout the benefit year.

Refer to AMPM Policy 310-X, Attachment A, and AMPM Policy 1250-E for therapies coverage information for Acute and ALTCS members over the age of 21.

Refer to AMPM Policy 820 for Prior Authorization (PA) requirements for FFS providers.

Refer to AMPM Policy 1240-E and AMPM Policy 1250-E for additional information regarding ALTCS covered rehabilitation and habilitation services.

#### **A. OCCUPATIONAL THERAPY**

1. AHCCCS covers medically necessary 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, when medically necessary as described below:
  - a. Outpatient OT services are covered for ALTCS members and members under the age of 21, when medically necessary.
  - 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) Medically necessary OT for both b.i. and b.ii. may be provided in the same contract 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 must 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 and the outpatient therapy limit.
  - 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) FQHCs, physicians' offices, and
    - 4) Home health settings.
3. OT services must 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, 4 A.A.C. 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.

## **B. PHYSICAL THERAPY**

AHCCCS covers medically necessary 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
  - a. Outpatient PT services are covered for members under the age of 21 when medically necessary,
  - b. 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. may be provided in the same contract year but the limits still apply,
      - 2) There are some procedure codes that may apply to both b.i. and b.ii. Contractors must ensure visits are approved as required in this Policy,
      - 3) For AHCCCS members who are also Medicare beneficiaries, refer to ACOM Policy 201 regarding Medicare cost sharing and the outpatient therapy limit.
    - 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, 4 A.A.C. Chapter 24.
4. Outpatient PT is not covered as a maintenance regimen. 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 member's 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.

### **C. SPEECH THERAPY**

1. AHCCCS covers medically necessary 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 covered only for members receiving EPSDT services, KidsCare and ALTCS members.
2. 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, 9 A.A.C. Chapter 16.
3. The SLP must be identified as the treating provider and bill for services under his or her individual NPI number (a group ID number may be utilized to direct payment).
4. 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.