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|  | **Acute Benefit** | **ALTCS Benefit** |
| **Occupational Therapy: Inpatient** | Covered when medically necessary   | Covered when medically necessary    |
| **Occupational Therapy: Outpatient** | * 15 visits per benefit year (10/01—9/30) to restore a particular skill or function the individual previously had but lost due to injury or disease and maintain that function once restored; and,

• 15 visits per benefit year (10/01—9/30) to attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired. | Covered when medically necessary  |
| **Physical Therapy:****Inpatient** | Covered when medically necessary | Covered when medically necessary  |
| **Physical Therapy: Outpatient** | * 15 visits per benefit year (10/01—9/30) to restore a particular skill or function the individual previously had but lost due to injury or disease and maintain that function once restored; and,
* 15 visits per benefit year (10/01—9/30) to attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired.
 | * 15 visits per benefit year (10/01—9/30) to restore a particular skill or function the individual previously had but lost due to injury or disease and maintain that function once restored; and,
* 15 visits per benefit year (10/01—9/30) to attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired.
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| **Speech Therapy:****Inpatient** | Covered when medically necessary   |  Covered when medically necessary   |
| **Speech Therapy: Outpatient** |  Not a covered benefit  |  Covered when medically necessary   |