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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. |
| **Speech Therapy:**  **Inpatient** | Covered when medically necessary | Covered when medically necessary |
| **Speech Therapy: Outpatient** | Not a covered benefit | Covered when medically necessary |