310-X - REHABILITATION THERAPIES (OCCUPATIONAL, PHYSICAL, AND SPEECH)

EFFECTIVE DATES: 10/01/94, 10/01/97, 03/01/98, 07/01/99, 10/01/01, 03/01/06, 10/01/07, 02/01/10, 10/01/10, 05/01/11, 03/01/14, 02/01/16, 05/09/17

REVISION DATES: 10/01/97, 03/01/98, 07/01/99, 10/01/01, 03/01/06, 10/01/07, 02/01/10, 10/01/10, 05/01/11, 03/01/14

DESCRIPTION

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

AMOUNT, DURATION AND SCOPE

The scope, duration and frequency of each therapeutic modality must be ordered by the PCP/attending physician as part of the rehabilitation plan. In order for the occupational, physical, and speech therapy services to be covered, the member must have the potential for improvement due to rehabilitation.

Refer to AMPM Chapter 800 for prior authorization requirements for FFS providers.

Refer to AMPM Chapter 1200 for additional information regarding ALTCS covered rehabilitation services.

Refer to AMPM Chapter 1200 for habilitation services.

A. OCCUPATIONAL THERAPY

DESCRIPTION

Occupational Therapy (OT) services are 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. OT is intended to improve the member's ability to perform those tasks required for independent functioning.

AMOUNT, DURATION AND SCOPE

AHCCCS covers medically necessary OT services provided to all members who are receiving inpatient care at a hospital (or a nursing facility) when services are ordered by the member's PCP/attending physician. Inpatient occupational therapy consists of evaluation and therapy.
Outpatient OT services are covered only for members receiving Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, KidsCare members and ALTCS members.

OT services must be provided by a qualified occupational therapist licensed by the Arizona Board of Occupational Therapy Examiners or a certified OT assistant (under the supervision of the occupational therapist according to 4 A.A.C. 43, Article 4) licensed by the Arizona Board of Occupational Therapy Examiners. Occupational therapists who provide services to AHCCCS members outside the State of Arizona must meet the applicable State and/or Federal requirements.

Therapy 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**

**DESCRIPTION**

Physical Therapy (PT) is an AHCCCS covered treatment service 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.

**AMOUNT, DURATION AND SCOPE**

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
   a. Inpatient PT services are covered for all members who are receiving inpatient care at a hospital (or a nursing facility)
2. Outpatient
   a. Outpatient PT services are covered for EPSDT and KidsCare members when medically necessary.
   b. Outpatient PT services are covered for adult members, 21 years of age and older (Acute and ALTCS) as follows:
      i. 15 visits per contract year 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
      ii. 15 visits per contract year to attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired,
      iii. Medically necessary PT for both i) and ii) may be provided in the same contract year but the limits still apply,
      iv. There are some procedure codes that may apply to both i) and ii). Contractors must ensure visits are approved as required in this policy,
   v. AHCCCS members who are not Medicare eligible are limited to PT outpatient visits per contract year as described above regardless of whether or not the member changes Contractors, and
   vi. For AHCCCS members who are also Medicare recipients, refer to Chapter 300, Exhibit 300-3A and the ACOM Manual Policies 201 regarding Medicare cost sharing and the outpatient physical therapy limit.

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: physical therapy clinics, outpatient hospitals units, FQHCs, physicians’ offices and home health settings. Nursing facilities, nursing homes, custodial care facilities and schools are excluded from the visit limitations.

PT services must be rendered by a qualified physical therapist licensed by the Arizona Physical Therapy Board of Examiners or a Physical Therapy Assistant (under the supervision of the PT, according to 4 A.A.C. 24, Article 3) certified by the Arizona Physical Therapy Board of Examiners. Physical therapists who provide services to AHCCCS members outside the State of Arizona must meet the applicable State and/or Federal requirements.

Outpatient physical therapy is not covered as a maintenance regimen. Authorized treatment services include, but are not limited to:

1. The administration and interpretation of tests and measurements performed within the scope of practice of PT as an aid to the member’s treatment,

2. The administration, evaluation and modification of treatment methodologies and instruction, and
3. The provision of instruction or education, consultation and other advisory services.

C. SPEECH THERAPY (ST)

DESCRIPTION

Speech therapy is the medically ordered provision of diagnostic and treatment services that include evaluation, 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.

AMOUNT, DURATION AND SCOPE

AHCCCS covers medically necessary speech therapy services provided to all members who are receiving inpatient care at a hospital (or a nursing facility) when services are ordered by the member's PCP or attending physician for FFS members. Speech therapy provided on an outpatient basis is covered only for members receiving EPSDT services, KidsCare and ALTCS members.

Speech-language pathologists providing services to AHCCCS members outside the State of Arizona must meet the applicable State and/or Federal requirements.

ST may be provided by the following professionals within their scope of practice:

1. A qualified Speech-Language Pathologist (SLP) licensed by the Arizona Department of Health Services (ADHS), or

2. A speech-language pathologist who has a temporary license from ADHS and is completing a clinical fellowship year. He/she must be under the direct supervision of an ASHA certified speech-language pathologist. AHCCCS registration will be terminated at the end of two years if the fellowship is not completed at that time, or

3. A qualified SPL assistant (under the supervision of the speech-language pathologist and according to A.R.S. §36-1940.04 and A.A.C. R9-16-501 et seq) licensed by the Arizona Department of Health Services. The SLPA 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).

Speech therapy by qualified professionals may include the list below. It is incumbent upon each professional to assure they are acting within the scope of their license. SLPAs may only perform services under the supervision of a SLP and within their scope of service as defined by regulations.
1. Articulation training
2. Auditory training
3. Cognitive training
4. Esophageal speech training
5. Fluency training
6. Language treatment
7. Lip reading
8. Non-oral language training
9. Oral-motor development, and
10. Swallowing training.