

Section 2

Physical Therapy and Occupational Therapy Services

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Attachment: Physical Therapy and Occupational Therapy Decision Tables

1 General Information

Purpose

The purpose of the physical therapy and occupational therapy programs is to increase the ability of a Medicaid member, with a temporary or permanent disability, to function at a maximum level through the rehabilitative process.

Rehabilitation goals must include:

- Evaluation of the potential of each member
- Factual statement of the level of functions present
- Identification of goal(s) that may reasonably be achieved
- Predetermined space of time and concentration of services that would achieve the goal(s)

The Medicaid program is designed to provide services within financial limitations. The objectives of the program are to:

- Provide scope of service
- Give supplementary information
- Outline limitations
- Give instructions concerning prior authorizations, billing, and utilization which direct the provider to accomplish the goals the provider has identified for the member

Objectives of Physical and Occupational Therapy

Must include:

- Evaluation and identification of the existing problem (not anticipated problem)
- Evaluation of the potential level of function actually achievable
- Restoration of functions which have been lost due to accident or illness
- Establishment of functions lacking due to defects of birth
- Termination or transfer of responsibility for identified procedures to family, guardians, or other caregivers
- Increased level of adaptation, independence, or participation in everyday life activities for the member

1-1 General Policy

Physical therapy (PT) and occupational therapy (OT) are optional services. Physical therapy and occupational therapy services are mandatory for individuals under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program (also known in Utah as the Child Health Evaluation and Care (CHEC) program.)

Physical therapy and occupational therapy as described in this Section are a benefit of the Utah Medicaid Program. Physical therapy services must be provided by a licensed therapist. Services may be performed by a physical therapy assistant under the immediate supervision of a physical therapist. Occupational therapy services must be performed by an occupational therapist or by an occupational therapy assistant.

This manual is designed to be used in conjunction with other sections of the Utah Medicaid Provider Manual, such as *Section I: General Information of the Utah Medicaid Provider Manual (Section I: General Information)*.

1-2 Fee-For-Service or Managed Care

This manual provides information regarding Medicaid policy and procedures for fee-for-service Medicaid beneficiaries. This manual is not intended to provide guidance to providers for Medicaid beneficiaries enrolled in a managed care plan (MCP). A Medicaid beneficiary enrolled in an MCP (health, behavioral health or dental plan) must receive services through that plan with some exceptions called “carve-out services,” which may be billed directly to Medicaid.

Refer to the provider manual, *Section I: General Information*, for information regarding MCPs and how to verify if a Medicaid beneficiary is enrolled in an MCP. Medicaid beneficiaries enrolled in MCPs are entitled to the same Medicaid benefits as fee-for-service beneficiaries. However, plans may offer more benefits than the Medicaid scope of benefits explained in this section of the provider manual. Please contact the MCP listed on the beneficiary’s medical card for further information.

Medicaid does not process prior authorization requests for services to be provided to a Medicaid beneficiary enrolled in an MCP when the services are the responsibility of the plan. Providers requesting prior authorization for services for a beneficiary enrolled in an MCP will be referred to that plan.

Medicaid makes every effort to provide complete and accurate information regarding a beneficiary’s enrollment in a managed care plan. However, it is the provider’s responsibility to verify eligibility and plan enrollment for a beneficiary before providing services. Eligibility and plan enrollment information for each beneficiary is available to providers from several sources. Therefore, if a Medicaid beneficiary is enrolled in a plan, a fee-for-service claim will not be paid unless the claim is for a “carve-out service.”

1-3 Definitions

Definitions of terms used in other Medicaid programs are available in *Section I: General Information of the Utah Medicaid Provider Manual (Section I: General Information)*. Definitions specific to the content of this manual are provided below.

Immediate Supervision

When the supervising physical therapist is:

- Present in the area where the person supervised is performing services; *or*
- Immediately available to assist the person being supervised in the services being performed

Occupational Therapy

The therapeutic use of everyday life activities (occupations) with an individual or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings for the purpose of promoting health and wellness. Occupational therapy services are provided to those who have, or are at risk, for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restrictions. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life.

Occupational therapy is the treatment by the use of therapeutic exercise, ADL activities, member education, family training, home environment evaluation, equipment measurement and fitting, or other modalities approved by the American Association of Occupational Therapists.

Occupational Therapist Assistant

An assistant that is as described in the Occupational therapy Practice Act and may provide services under the supervision of an occupational therapist according to the supervision provisions of Utah Code.

Physical Therapy

The treatment by the use of exercise, massage, heat, cold, air, light, water, electricity, or sound in order to correct or alleviate a physical or mental condition or prevent the development of a physical or intellectual disability; or the performance of tests of neuromuscular function as an aid to diagnosis or treatment.

Physical Therapy Assistant

A person who provides services under the immediate supervision of a physical therapist.

The member record must be signed by the physical therapist following the treatment rendered by a physical therapy assistant to certify the treatment was performed under his/her supervision. A physical therapy assistant may only provide supplemental care (counting repetitions, maintaining exercising form, and technique as a coach under the immediate supervision of the supervising physical therapist). Services provided by a physical therapy assistant must be billed under the physical therapist National Provider Identifier (NPI).

Progress in PT/OT

Progress is a decrease in impairment, activity limitations, participation restrictions and in health, wellness, and fitness. It is when the member has achieved expected, measurable goals resulting from implementing the plan of care/intervention/treatment.

Rehabilitation

The process of treatment that leads the disabled member to attainment of maximum function.

Rehabilitation Services

The delivery of rehabilitative medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of practice under state law, for maximum reduction of physical or intellectual disability and restoration of a member to the best possible functional level.

2 Provider Participation Requirements

2-1 Provider Enrollment

Refer to *Section I: General Information* for provider enrollment information.

2-2 Credentials

Physical Therapist

A Medicaid provider who practices physical therapy must meet all of the following:

- Graduate of a program of physical therapy approved by both the Council on Medical Education of the American Medical Association and the American Physical Therapy Association, or its equivalent

- Licensed by the State in which the provider practices
- Enrolled Provider for the Utah Medicaid Program

Occupational Therapist

A Medicaid provider who practices occupational therapy must meet all of the following:

- Graduate of a program of occupational therapy approved by both the Council on Medical Education of the American Medical Association and the Accreditation Council for Occupational therapy (ACOTE), or its equivalents
- Licensed by the State in which the provider practices
- Enrolled as a provider for the Utah Medicaid Program

3 Member Eligibility

A Medicaid beneficiary is required to present the Medicaid Identification Card before each service, and every provider must verify each beneficiary's eligibility each time and before services are rendered. For more information regarding verifying eligibility refer to *Section I: General Information, Chapter 5, Verifying Medicaid Eligibility*.

4 Program Coverage

Procedure Codes

Effective January 1, 2013, procedure codes with accompanying criteria and limitations have been removed from the provider manual and are now found on the Medicaid website Coverage and Reimbursement Lookup Tool at: <https://medicaid.utah.gov>.

Physical therapy and Occupational therapy Services in a Rehabilitation Facility

A Rehabilitation Facility providing therapy services must be enrolled as a Medicaid provider. The Rehabilitation Facility must bill for services using the assigned Medicaid procedure codes. Service claims must be submitted from the Medicaid Rehabilitation Facility Provider. Therapists providing services for the agency may not bill directly for services.

4-1 Covered Services

Refer to the Coverage and Reimbursement Lookup Tool on the Medicaid website at: <https://medicaid.utah.gov> for additional covered services.

Physical Therapy and Occupational Therapy

- A. To receive PT or OT services the member must be referred by a doctor of medicine, osteopathy, dentistry, or podiatry. Therapy services must require a level of proficiency and complexity, and/or the condition of the member must be such that therapy services can only be safely and effectively performed by a therapist.
- B. Therapy services must be ordered, in writing, by a physician, physician assistant, or nurse practitioner as authorized by law.

- C. Therapy sessions are limited to one PT session per day and one OT session per day. The evaluation and the first treatment may be billed on the same date of service.
- D. Therapy services must be:
- Professionally appropriate according to standards in the field
 - Utilize professionally appropriate methods and materials
 - In a professionally appropriate environment
- E. Provision of service must be with the expectation:
- Condition under treatment will improve in a reasonable and predictable time
 - Length of time and number of treatments will be predicted by Physical Therapy Association Guidelines
 - Service must be reasonable and necessary to the treatment of the member's condition
- F. Treatment Session: Physical therapy and occupational therapy treatment sessions should be based on the Medicaid member's specific medical condition and be supported in the treatment plan. A treatment session may include (post payment review):
- Evaluation
 - Reassessment of the member's deficits, progress, rehabilitation potential, plan, and goals
 - Therapeutic exercise, including neuromuscular reeducation, coordination, and balance
 - Therapeutic oral motor, laryngeal, pharyngeal, or breathing exercises
 - Functional training in self-care and home management
 - Functional training in and modification of environments (home, work, school, or community), including biomechanics and ergonomics
 - Manual therapy techniques, including soft tissue mobilization, joint mobilization, and manual lymphatic drainage
 - Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices, orthotics, and prosthetic devices
 - Airway clearance techniques
 - Compensatory or adaptive communication/swallowing techniques and skills
 - Integumentary repair and protection techniques
 - Management of positioning, eating, and swallowing to enable/progress safe eating and swallowing
 - Electrotherapeutic modalities, physical agents and mechanical modalities when used in preparation for other skilled treatment procedures
 - Management of positioning, eating, and swallowing to enable/progress safe eating and swallowing
 - Training in assistive technology and adaptive devices, e.g., speech generating devices
 - Training in the use of prosthetic devices
 - Training of the member, caregivers, and family in home exercises, activity programs, and the development of a comprehensive maintenance program

Documentation of treatment sessions should include:

- Date of treatment
- Specific treatment(s) provided that match the procedure codes billed;
- Total treatment time

- The individual's response to treatment
- Skilled ongoing reassessment of the individual's progress toward the goals
- Any progress toward the goals in objective, measurable terms using consistent and comparable methods
- Any problems or changes to the plan of care
- Name and credentials of the treating clinician

Note: Documentation should be done in accordance with the clinician's professional organization (e.g., APTA or AOTA) standards.

- G. **Reevaluation:** A reevaluation is indicated when there are new clinical findings, a rapid change in the individual's status, or failure to respond to physical therapy interventions. There are several routine reassessments that are not considered reevaluations. These include ongoing reassessments that are part of each skilled treatment session, progress reports, and discharge summaries.

Reevaluation is a more comprehensive assessment that includes all the components of the initial evaluation, such as:

- Data collection with objective measurements taken based on appropriate and relevant assessment tests and tools using comparable and consistent methods
- Making a judgment as to whether skilled care is still warranted
- Organizing the composite of current problem areas and deciding a priority/focus of treatment
- Identifying the appropriate intervention(s) for new or ongoing goal achievement
- Modification of intervention(s)
- Revision in plan of care if needed
- Correlation to meaningful change in function
- Deciphering effectiveness of intervention(s)

Documentation of Reevaluation should include ALL the components of the initial evaluation, in addition to:

- Discussion regarding the appropriateness of continuing skilled therapy
- List of current problems and deciding a priority/focus of treatment
- Identifying the appropriate intervention(s) for new or ongoing goal achievement
- Modification of interventions(s)
- Revision of plan of care, as needed
- Correlation to meaningful change in function
- Deciphering effectiveness of intervention(s)

Note: Documentation should be done in accordance with the clinician's professional organization (e.g., APTA or AOTA) standards.

Physical Therapy

Medicaid considers physical therapy services medically necessary when:

- Therapy is aimed at preventing disability or improving, adapting or restoring functions which have been impaired or permanently lost as a result of illness, injury, loss of a body part, or congenital abnormality.

- Therapy is for conditions that require the unique knowledge, skills, and judgment of a physical therapist for education and training that is part of an active skilled plan of treatment.
- There is an expectation that the therapy will result in a practical improvement in the level of functioning within a reasonable and predictable period of time.

Evaluation

An initial physical therapy evaluation does not require a prior authorization unless the evaluation is performed by a Home Health Agency. (See Home Health Agencies Provider Manual at <https://medicaid.utah.gov>.) Evaluations are limited to one per calendar year; a written prior authorization is required beyond this limit.

The evaluation is essential to

- Determine if physical therapy services are medically necessary
- Gather baseline data
- Establish a treatment plan,
- Develop goals based on the data

The initial evaluation is usually completed in a single session. An evaluation is required before implementing any PT treatment. Evaluation begins with the administration of appropriate and relevant assessments using standardized assessments and tools.

The evaluation should include (post payment review):

- Prior functional level, if acquired condition
- Specific standardized and non-standardized tests, assessments, and tools
- Summary of baseline findings
- Objective, measurable, and functional descriptions of an individual's deficits
- Summary of clinical reasoning and consideration with recommendations
- Plan of care with specific treatment techniques or activities to be used in treatment sessions that should be updated as the individual's condition changes
- Frequency and duration of treatment plan
- Functional, measurable, and time-framed long-term and short-term goals based on appropriate and relevant evaluation data
- Rehabilitation prognosis
- Discharge plan that is initiated at the start of PT treatment

Occupational Therapy

Medicaid considers occupational therapy medically necessary in selected cases when the following applies:

- To learn or re-learn daily living skills (e.g., bathing, dressing, and eating) or compensatory techniques to improve the level of independence in the activities of daily living
- To provide task-oriented therapeutic activities designed to significantly improve, develop or restore physical functions lost or impaired as a result of a disease, or injury
- There is a reasonable expectation that occupational therapy will achieve measurable improvement in the member's condition in a reasonable and predictable period of time

5 Non-Covered Services and Limitations

5-1 Non-Covered Services

Refer to the Coverage and Reimbursement Lookup Tool on the Medicaid website at: <https://medicaid.utah.gov>, for additional non-covered services.

- A. Physical therapy and occupational therapy services are not covered for
- Social or educational needs
 - Stable chronic conditions which cannot benefit from physical or occupational therapy services
 - No documented potential for improvement or no progress shown
 - Reached maximum potential for improvement and/or has achieved stated goals (see limitations regarding maintenance visits for EPSDT clients)
 - Non-diagnostic, non-therapeutic, routine, repetitive, or reinforced procedures; or maintenance therapy for non-pregnant adults.
 - Residents of ICF/ID
An ICF/ID facility must provide and pay for PT or OT services when a member residing in the facility requires PT or OT services as part of the plan of care. Evaluation and therapy are components of the treatment plan and are the responsibility of the facility.
- B. Physical therapy or occupational therapy services in excess of one session per day.
- C. Physical therapy or occupational therapy services for maintenance. (Exception: EPSDT program eligible members.)
- D. Physical therapy and occupational therapy services not included in the written plan of care.
- E. Physical therapy treatment for CVA which begins more than 60 days after onset of the CVA.
- F. Occupational therapy treatment for CVA which begins more than 90 days after onset of the CVA.
- G. Occupational therapy treatment of conditions other than one related to traumatic brain, spinal cord, or hand injury; neurodevelopment deficits, or CVA.
- H. Occupational therapy is not a benefit through Home Health except for EPSDT members and pregnant women.
- I. Occupational therapy if the child/family is able to follow prescribed program independently.
- J. Occupational therapy that does not require the skilled services of a licensed occupational therapist or licensed occupational therapy assistant.
- K. Conditions which can reasonably be expected to spontaneously improve with:
- Age and development
 - As the member resumes normal activity
- L. Physical therapy or occupational therapy service is not considered reasonable and necessary when the potential for rehabilitation is insignificant in relation to the extent and duration of occupational therapy.
- M. If at any point in treatment, there is no longer the expectation of significant improvement in a reasonable time. (This is based on Medicaid's best professional judgment.)

5-2 Limitations

Physical therapy and occupational therapy services for maintenance are limited to EPSDT program eligible members and to one PT and one OT maintenance visit per month for care-giver training, to provide routine, repetitive or reinforced procedures of routine care in the residence.

Physical therapy limitations

- A. Physical therapy services are limited to twenty (20) therapy sessions, per member, per calendar year, when provisions of 4-1 are met. (The evaluation is NOT counted as one of the 20 sessions.) Prior authorization is required for more than 20 sessions per calendar year.
- B. Physical therapy services must be performed by a physical therapist or by a physical therapy assistant under the immediate supervision of a physical therapist.
- C. Treatments that do not require the skills of a physical therapist may be administered by a physical therapy assistant. These same treatments may require the skills, knowledge, and judgment of a Physical Therapist where the member's condition is complicated by circulatory deficiency, areas of desensitization, open wounds, or other complications. If such treatments are given prior to, but as an integral part of, a skilled physical therapy procedure, these treatments would be considered part of the physical therapy service.
- D. Ultrasound, Shortwave, Microwave Treatments, and similar modalities must always be performed by a physical therapist.
- E. The skills of a physical therapist are required for gait evaluation and training when provided to a member whose ability to walk has been impaired by neurological, muscular, or skeletal abnormality.
- F. Gait evaluation and training that cannot reasonably be expected to improve significantly the member's ability to walk; such services by a physical therapist would not be considered reasonable or medically necessary. Repetitious exercises to improve gait, maintain strength and endurance, and assist in walking, such as provided in support for feeble or unstable members, are appropriately provided by supportive personnel (e.g., PT/OT Assistant or nursing personnel).
- G. Range of motion (ROM) tests and therapeutic exercises constitute physical therapy if required to be performed by or under the supervision of a physical therapist, due either to the type of exercise employed or condition of the member.
- H. Generally, ROM exercises related to the maintenance of function do not require the skills of a physical therapist and are not reimbursable. ROM exercises that require the skills of a physical therapist when they are part of active treatment of a specific disease which has resulted in the loss or restriction of mobility (as evidenced by physical therapy notes showing the degree of motion lost and the degree to be restored). Such exercises, either because of their nature or condition of the member, may be performed safely and effectively by a physical therapist.
- I. Wound debridement is covered if hydrotherapy is used to facilitate the debridement. A simple bandage change is not reimbursable as a physical therapy treatment.
- J. For limitations to PT/OT in Home Health refer to the Home Health Agencies Utah Medicaid Provider Manual at <https://medicaid.utah.gov>.

Occupational therapy limitations

- A. Occupational therapy services must be performed by an occupational therapist or by an occupational therapy assistant under the immediate supervision of an occupational therapist.
- B. Evaluations are limited to one per calendar year. Written prior authorization is required beyond this limit.
- C. Occupational therapy services are limited to twenty (20) therapy sessions, per member, per calendar year, when provisions of 4-1 are met. (The evaluation is NOT counted as one of the 20 sessions.) Prior authorization is required for more than 20 sessions per calendar year.
- D. Occupational therapy is limited to conditions resulting from traumatic brain injury, spinal cord injury, hand injury, congenital anomalies or developmental disabilities causing neurodevelopmental deficits, or CVA (treatment must begin within 90 days of the incident). Other conditions are not covered.
- E. Occupational therapy in the home is a benefit for EPSDT members and pregnant women when the home is the most appropriate and cost effective place for the service to be provided.

6 Billing

Refer to the provider manual, *Section I: General Information*, for detailed billing instructions.

6-1 Prior Authorization

Prior authorization (PA) may be required for certain services. Failure to obtain prior authorization can result in payment denial by Medicaid. Providers must determine if prior authorization is necessary and obtain authorization *before* providing services. Exceptions may be made, with appropriate documentation, if the service provided is emergent or the beneficiary is retro-eligible for the dates of service requested.

Prior authorization information is provided in the provider manual, *Section I: General Information*. Code specific coverage and prior authorization requirements are provided on the Medicaid website, Coverage and Reimbursement Lookup Tool at: <https://medicaid.utah.gov>.

Prior authorization is not required for the first twenty (20) physical therapy or the first twenty (20) occupational therapy services (The evaluation for either PT or OT is not counted as one of the 20 sessions). The first twenty (20) services per calendar year, per member, per service are reimbursable without prior authorization. Prior authorization is required for more than 20 sessions per calendar year.

Services are authorized based on the documented diagnosis, history, and goals of the plan of treatment (not to exceed one PT session per day and one OT session per day).

Note: The evaluation and the first treatment may be billed on the same date of service.

Prior Authorization Criteria

Prior authorization requests for treatment are reviewed and approved or denied based on the information submitted to the Prior Authorization Unit.

The Provider must include in the request for treatment (post payment review):

- Prior Authorization Request Form (found at: <https://medicaid.utah.gov>, Forms)
- Written plan of treatment for the member or a document which includes:

- The diagnosis and the severity of the medical disorder or disability
- The prognosis for progress within a reasonable and predictable time to an identified level (Refer to the Physical Therapy and Occupational Therapy Decision Tables attachment for guidelines.)
- The expected goals and objectives for the member
- A plan that explicitly states the method(s) of treatment to be used and the discharge goals
- The start and anticipated end date of therapy, number of treatment sessions requested and frequency of treatment sessions.
- Relevant documentation showing recent patient progress (i.e., sufficient recent clinic notes or a summary of recent patient progress).

6-2 Billing Procedure

Billing Codes

- Physical Therapy HCPCS T1015 with “GP” modifier
- Occupational Therapy HCPCS T1015 with “GO” modifier

Evaluation

- Physical Therapy 97001
- Occupational Therapy 97003

Reevaluation

- Physical Therapy 97002
- Occupational Therapy 97004

Note: CPT codes for physical medicine are to be used only when the physician directly performs the service and bills Medicaid with the physicians’ provider number

7 References

American Physical therapy Association guidelines

American Occupational therapy Association guidelines

Utah Administrative Code, Title:

- R156-24b, Physical Therapy Practice Act Rule
- R156-42a, Occupational Therapy Practice Act Rule
- R414-1, Utah Medicaid Program
- R414-14, Home Health Services
- R414-510, Intermediate Care Facility for Persons with Intellectual Disabilities Transition Program
- R432-100, General Hospital Standards

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