



Easy Choice Health Plan

Harmony Health Plan of Illinois

Missouri Care

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona

OneCare (Care1st Health Plan Arizona, Inc.)

Staywell of Florida

WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

WellCare Texan Plus (Medicare – Dallas & Houston markets)

Pediatric Skilled Therapy Services for Developmental Delay

**(includes Occupational, Physical, Respiratory
and Speech-Language Pathology Therapies)**

Policy Number: HS-201

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**Revised Date(s): 6/7/2012; 9/6/2012;
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2/4/2016; 4/7/2016; 12/8/2016; 1/12/2017;
5/26/2017; 7/9/2017; 5/3/2018**

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

POSITION STATEMENT AND MARKET SPECIFIC CRITERIA

The following policies are also available:

HS 158: *Altered Auditory Feedback Device (SpeechEasy®) for the Treatment of Stuttering*

HS 205: *Augmentative and Alternative Devices for Developmental Delay*

HS 260: *Florida Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Therapy*

HS 188: *Oral Function Therapy for Feeding Disorders*

HS 281: *Speech Therapy for Adults*

Applicable To:

- Medicaid – All Markets (excluding Florida)*
- Medicare – All Markets (excluding Florida)*

* HS 260: *Florida Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Therapy*

NOTE: Refer authorizations to vendor, as applicable. In addition, authorizations (including those by a vendor contracted by WellCare) must follow a specialty-specific review process for reviewing pediatric therapy cases. For example, therapy cases must be reviewed by the same specialty (e.g., OT cases are to be reviewed by and OT, PT cases are to be reviewed by PT except in cases when a Psychiatrist (PM&R) can review such cases. In Florida, initial therapy evaluations generally can only be initiated by a PT or OT or SLP as part of their scope of practice. **Medicaid does not reimburse for evaluations performed by therapy assistants.**

NOTE: Please note diagnosis codes and procedure codes may not be all inclusive. Please refer to specific state manuals.

NOTE: Items specific to speech therapy are immediately below this section.

Physical and Occupational Therapy

Initial Review for PT and OT

Coverage

Pediatric rehabilitation and therapy is provided to children \leq age 21 with at least **one** of the following:

- Autism Spectrum Disorder; **OR**
- Developmental Delay; **OR**
- Nonprogressive CNS Disorders; **OR**
- Musculoskeletal Impairment (e.g., contracture release, joint replacement, spasticity management, torticollis, plagiocephaly).

In addition, rehab potential and prognosis for clinical and functional improvement should be realistic and attainable based on assessment of the patient's prior level of function, severity of illness, and the extent of impairment(s). A progressive therapy program should include:

1. Instruction in the child's home and should include the child, parent(s), guardian(s) or caregiver(s).
2. Inclusion of **two** of the following treatment components:
 - Therapeutic exercise for strength / endurance / balance / ROM
 - ADL training / Structured social play
 - Cognitive / Pragmatic / Memory recall / Safety skills training
 - Speech / Language / Communication therapy
 - Transfer / Gait training / Functional mobility
 - Balance / Coordination skill development
 - Sensory integration / Stimulation / Sensory training
 - Positioning / Splinting
3. Goals that are measureable and achievable to address areas of impairment and activity limitations (progress should be addressed and documented at regular intervals):
 - Improve function and reduce limitation
 - Consistent follow through **with** home treatment program
 - Maximize functional independence with **one or more** of the following:
 - Gross / Fine motor skills / ROM
 - ADLs
 - Cognition / IADLs / Role function
 - Speech / Language / Communication
 - Sensory / Perceptual processing

4. **Authorization is allowed** for the following when disability in speech and language due to mis-/articulation is defined as intelligibility to unfamiliar listener of:
- < 25 percent from age 18–23 months
 - < 50 percent from age 24–35 months
 - < 75 percent from age 36–47 months
 - < 100 percent older than 48 months

Developmental disability is defined as an inability to perform age-appropriate functional skills as indicated by standard test scores less than 85, scaled score less than 7, percentile less than 16, Z-score less than -1.00 or developmental quotient (DQ) less than 80.2.

- $DQ = \text{developmental age/chronological age} \times 100$
- Standardized testing should be adjusted for preterm birth before 37 weeks of gestation in the first 24 months of life.

Note: Reports must reference chronological age minus (37 minus birth gestational age in weeks)

Functional impairment visits are defined by the standard medical necessity criterion utilized for authorizations; refer to the criteria for *Outpatient Rehabilitation and Chiropractic Criteria for Pediatric Rehabilitation* for specific criteria based on limitations of the patient.

Ongoing Review for PT and OT

Ongoing treatment is provided for pediatric rehabilitation and therapy to children \leq age 21 with at least **one** of the conditions aforementioned. In addition, rehab potential and prognosis for clinical and functional improvement must continue to be achieved as well as a progressive therapy program (including the items aforementioned), and continuation of in-home education for the child, parent(s), guardian(s) or caregiver(s).

Speech Therapy (ST)

Additional information for ST may be found in *Augmentative Alternative Communication Devices for Developmental Delay (E/I)*: HS-205.

Coverage

For initial and ongoing ST services, the following elements should be included in the medical necessity review: In addition, criteria is met and visits are approved according to the following scores:

- **Mild (-1 to -1.5 standard deviation from the mean [or a score of 85 to 78]).** Approval of 1 visit weekly up to 26 weeks.
- **Moderate (-1.5 to -2 standard deviation from the mean [or a score of 77 to 71]).** Approval of 2 visits weekly up to 26 weeks.
- **Severe and Profound (>2 standard deviation from the mean [or a score of 70 or below]).** Approval of 3 visits weekly up to 26 weeks.

In addition, members who have been receiving speech therapy services for ≥ 18 months must undergo a secondary medical necessity review by a medical director.

MARKET SPECIFIC CRITERIA

GEORGIA ¹

Therapy services for children with chronic conditions **are considered medically necessary** when the following criteria are met:

- **For children ≤ 3 years old:**

- A current copy of the child's Individual Family Service Plan (IFSP) must be submitted for review with any initial or extension request for services.
- Therapy services are provided as part of a multidisciplinary evaluation and plan of care (POC). A request for a therapy evaluation must be accompanied by a signed order or referral from a physician (PCP or specialist). The POC should:
 - Outline the current level of function, the appropriate services, frequencies and goals for each therapy modality for the child; **AND**,
 - Be current within the six months prior to the request; **AND**,
 - Express the level of function as a percentile rank on a standard functional assessment; **AND**,
 - Include a description of the modality (if not a standard therapy), frequency, and duration; **AND**,
 - Requested therapy services should be outlined in the IFSP to the treating provider listed.
- Additional criteria includes:
 - Services should include caregiver education for therapy at home; **AND**,
 - For continuation of services the clinical information must document progress toward goals; **AND**,
 - There shall be no more than two evaluations per year (for all therapies) unless significant changes in clinical condition necessitate more frequent evaluation.

NOTE: Please see Definitions section for description of Plan of Care.

- **For children ages 3 up to and including age 20:**

- A copy of the Individual Family Service Plan (IFSP) or Individual Education Program (IEP), as appropriate, must be submitted for review with any initial or extension request for services.
- Provider Attestation. In addition to the Ancillary Services Authorization Request form and POC or Written Service Plan, providers seeking authorization for therapy services for children must include a Provider Attestation documenting that the child does not have an IEP or IFSP.
- A request for a therapy evaluation must be accompanied by a signed order or referral from a physician (PCP or specialist).
- Therapy services are provided as part of a multidisciplinary evaluation and the POC should:
 - The POC has been evaluated and signed by the child's PCP; **AND**,
 - Outline the current level of function, the appropriate services, frequencies and goals for each therapy modality for the child; **AND**,
 - Be current within the six months prior to the request; **AND**,
 - Express the level of function as a percentile rank on a standard functional assessment; **AND**,
 - Include a description of the modality (if not a standard therapy), frequency, and duration; **AND**,
- Additional criteria:
 - Services should include caregiver education for therapy at home; **AND**,
 - For continuation of services the clinical information must document progress toward goals; **AND**,
 - There shall be no more than two evaluations per year (for all therapies)

NOTE: Please see Definitions section for description of Plan of Care.

Criteria for Services¹

Services may be provided in the practitioner's office, the member's home, or child care setting or other community setting. In the provision of services, the child should be seen in the context of the family and the family should be assisted in understanding the special needs of the child in order to enhance the child's development.

Additional Information

- **Plan of care (POC).** A multidisciplinary assessment; it is evaluated and signed by the child's PCP.
- **IEP / IFSP.** If there is no IEP/IFSP, providers must indicate in detail the reason for the lack of IEP/IFSP (i.e., child is home-schooled, private school attendance or parent declined services). The IFSP must be reviewed and resigned every 6 months. The IEP must be reviewed yearly.
- **Standardized Tests.** Results will NOT be used as the sole determinant as to the medical necessity of the requested services. Standard tests will not be required when such test is inappropriate due to the condition of the patient or when no such standardized test is generally available to evaluate the condition for which therapy services are requested.

Covered Services¹

The following services are covered but not limited to:

Occupational Therapy

- Activities of daily living;
- Sensory or perceptual motor development and integration;
- Neuromuscular and musculoskeletal status (muscle strength and tone, reflex, joint range of motion, postural control, endurance);
- Gross and fine motor development;
- Feeding or oral motor function;
- Adaptive equipment assessment;
- Adaptive behavior and play development
- Prosthetic or orthotic training; and
- Fabrication or observation of orthotic devices.

Physical Therapy

- Neuromotor or neurodevelopmental assessment;
- Musculoskeletal status (including muscle strength and tone, posture, joint range of motion);
- Gait, balance, and coordination skills;
- Postural control;
- Cardio-pulmonary function;
- Activities of daily living;
- Sensory motor and related central nervous system function;
- Oral motor assessment;
- Adaptive equipment assessment;
- Gross and fine motor development;
- Fabrication and observation of orthotic devices; and
- Prosthetic or orthotic training.

Speech-Language Pathology

- Expressive language;
- Receptive language;
- Auditory processing, discrimination, perception, and memory;
- Vocal quality;
- Resonance patterns;
- Phonological;
- Pragmatic language;
- Rhythm or fluency;

- Feeding and swallowing assessment;
- Hearing screening;
- Articulation therapy;
- Language therapy;
- Augmentative communication treatment or instruction;
- Voice therapy; and
- Oral motor dysfunction, swallowing therapy.

The following are non-covered services consisting of those provided :

- To Early Intervention (Babies Can't Wait) eligible children without an authorized current IFSP.
- In a school setting.
- To children who do not have a physician written service plan.
- In excess of or other than those indicated on the IFSP or physician written service plan without prior approval.
- To a child who has been admitted to a hospital or other institutional setting as an inpatient.
- In a manner which is non-compliant or inconsistent with the provisions of the policies and procedures manual for Children's Intervention Services (see Chapter 900, Section 902).
- For temporary disabilities which would reasonably be expected to improve spontaneously as the member gradually resumes normal activities.
- By individuals other than the enrolled licensed practitioner of the healing arts. Note that OTA, PTA, Students, Clinical Fellows, etc. are not allowed to provide services under the CIS Program.

In addition, per Chapter 904 the following services are considered non-covered when:

- Experimental or research in nature.
- In excess of those deemed medically necessary by DCH, its agents or the federal government, or for services not directly related to the child's diagnosis, symptoms or medical history.
- Failed appointments or attempts to provide a home visit when the child is not at home.
- Not described in Chapter 900 of the policies and procedures manual for Children's Intervention Services.
- Normally provided free of charge to indigent patients.
- Audiology services that are a part of the Health Check screen will not be reimbursable by the Children's Intervention Services Program.
- Universal hearing screenings for newborns which do not meet the recommendations established by the American Academy of Pediatrics.
- Group Therapy
- Billing for documentation time
- Co-treatment.
- Habilitative services that assist in acquiring, retaining and improving the self-help, socialization, and adaptive skills of the child.
- Co-teaching.

HAWAII ²

Occupational Therapy services are necessary and may include, but are not limited to, strokes, "accident" injuries, brain injury, spinal cord injury or any condition resulting in some paralysis. OT may be prescribed by a physician when medically necessary and when the following conditions are met:

- The services are considered under accepted standards of medical practice, to be a specific and effective treatment for the patient's condition;
- The services are of a level of complexity that requires that they be performed by a qualified occupational

therapist. Maintenance therapy for the purpose of maintaining function is not covered. Also, not covered are services that do not require the skills of a qualified occupational therapist and are not personally performed by the therapist;

- There is an expectation that the patient's condition will improve significantly in a reasonable period of time based on the assessment made by the physician of the patient's restoration potential, or the services are necessary to establish a safe and effective maintenance program required in connection with a specific disease state; and the amount, frequency and duration of services are reasonable (per Chapter 17.1.2 b).

Physical Therapy must be medically necessary and meet the following conditions (per Chapter 17.2.2 b):

- Services are of a level of complexity requiring services that can be performed only by a qualified therapist. Maintenance therapy for the purpose of maintaining function is not covered. Also, not covered are services that do not require the skills of a qualified physical therapist and are not personally performed by the therapist;
- There is an expectation that the patient's condition will improve significantly in a reasonable period of time based on the assessment made by the physician of the patient's restoration potential, or the services are necessary to establish a safe and effective maintenance program to be provided by caretakers in connection with a specific disease state; and
- The amount, frequency and duration of services are reasonable.

Occupational and/or Physical Therapy services are available without prior authorization within the following guidelines (per Chapter 17.3):

- The initial evaluation for physical or occupation therapy does not require prior authorization. Additionally, prior authorization is not required for a re-evaluation of the client's status/progress towards meeting quantifiable functional goals if it is performed to develop a plan of care for the additional services that have been deemed medically necessary by the client's physician. Clients are allowed up to 36 units or 12 visits of PT and/or OT as long as these services(s) does not/do not exceed 36 units, or 12 visits for PT and/or OT in a 12-day period.
- For modalities designated in 15-minute units, Medicaid will cover up to 3, 15-minute units per day (45 minutes) or total of 36 units.
- For modalities designated on a per visit basis, Medicaid will cover up to 12 visits. If based on the therapist's re-evaluation and recommendations, the physician determines that a Medicaid recipient needs more than the initial 36 units or 12 PT and/or OT visits, the following must be done:
- Submit and 1144 form no earlier than 2 months (60days) from the start date of therapy or after at least 8 initial therapy visits have been completed.
- Write on the top of the 1144 form "EXCEEDS LIMITS".
- Submit the specific CPT code (s) with the appropriate modifier; "GP" for PT and "GO" for OT services.
- Submit the initial comprehensive evaluation reflecting the medical necessity for the initial PT and/or OT service, and the re-evaluation justifying the need for additional therapeutic services.
- All authorization requests must specifically and clearly address the following:
 - 1) Diagnosis
 - 2) Current physical functional ability level and improvements in the patient's functional abilities that are expected at the completion of treatment,
 - 3) Include a description of procedures; specific modalities and exercises to be used in treatment: the frequency and estimated duration of the services; and the number of session/ visits being requested).
 - 4) For chronic cases, the above information is required plus a plan of care containing short term and long-term goals that are expected to relieve pain and restore the patient to the maximum possible level of function and a reasonable estimate of when the goals will be reached. A new Form 1144 and Form CMS 701(11-91) must be submitted for each extension requested
- The quantity is based on the description of the procedure code with 15 minutes equaling one unit.

- Initial occupational therapy evaluations may be performed without medical authorization if done to assess the medical need for therapy and/or to formulate a plan of care.

The following chart shows **daily and unit limitations** for administer therapies before authorization is necessary.

PT / OT NO PA REQUIRED			
Code	Description	Limit	Comments
97001	PT evaluation	1 per 120 days	Initial evaluation including assessment and development of the treatment plan and establishment of goals.
97002	PT re-evaluation	1 per 90 days	Re-evaluation, including assessment of treatment plan and progress to-ward goals and modifications of the treatment plan.
97003	OT evaluation	1 per 120 days	See 97001
97004	OT re-evaluation	1 per 90 days	See 97002
97005	Physical performance test or measurement with written report, each 15 minutes	6 units per 12 months	This code does not require PA when performed as a comprehensive wheelchair assessment. Any other use of this code requires a PA.
97010-97140; 97530-97535; 97542	Modalities and Therapies	12 visits or 36 therapy and or modality units per 120 days for PT and OT	PTs and OTs may sometimes use the same codes. Thus, no PA is required for 12 PT and/or 12 OT visits per 120 days. Codes 97039 and 97799 require reports. GP and GO mods must be used on these codes.
PT / OT PA REQUIRED		PT / OT NON COVERED	
97545,97546	Work hardening	97150	Group PT
97597-97606	Active wound care management	97537	Community/work reintegration (shopping, money-management, etc.).
97755	Assistive technology assessment	97005,97006	Athletic, training evaluation and re-evaluation.

Speech Therapy²

All recommended speech evaluations shall require prior authorization by the department's medical consultants according to the following procedures:

- For evaluation**, information indicating diagnosis, age, and duration of the clinical condition; and
- For therapy**, information indicating the evaluation and results of standardized objective tests and a plan of therapy with goals and time frames.

Requests for evaluations must indicate the patient's diagnosis, age, and duration of the clinical condition. Requests for therapy should include an evaluation using a standard test (i.e., Porch, Minnesota AphasiX Test) and a plan of therapy with goals and time frames. Speech therapy requests for speech delay must include non-language developmental age, including social and motor developmental age.

ILLINOIS³

For therapy services, the basic record must include:

- Current physician's order signed by a physician (MD, DO), advanced practice nurse or physician assistant;
- Clinical diagnoses, if not included in the physician's order;
- Patient's name, member identification number (RIN) and address;

- Initial assessment and treatment plan;
- Progress reports; and
- Approved prior authorization requests, if applicable.

Therapy Services Provided in a Hospital Setting. PT provided by a salaried therapist in an outpatient setting or hospital-based clinic setting does not require prior approval.

KENTUCKY 4,5,6,7

Any provider (including physicians, nurse practitioners, registered nurses, physician assistants and medical residents) who provide EPSDT screening services are responsible for:

- Providing all needed initial, periodic and inter-periodic EPSDT health assessments, diagnosis and treatment to all eligible members in accordance with Kentucky Medicaid administrative regulation 907 KAR 1:034 and the periodicity schedule provided by the American Academy of Pediatrics (AAP);
- Referring the member to an out-of-network provider for treatment if the service is not available within WellCare's network;
- Providing vaccines and immunizations in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines;
- Providing vaccinations in conjunction with EPSDT/Well Child visits. Providers are required to use vaccines available without charge under the Vaccines for Children (VFC) program for Medicaid children 18 years old and younger;
- Addressing unresolved problems, referrals and results from diagnostic tests including results from previous EPSDT visits;
- Requesting a prior authorization for medically necessary EPSDT special services in the event other health care, diagnostic, preventive or rehabilitative services, treatment or other measures described in 42 U.S.C. 1396d(a) are not otherwise covered under the Kentucky Medicaid Program;
- Monitoring, tracking and following up with members:
 - Who have not had a health assessment screening; and
 - Who miss appointments to assist them in obtaining an appointment;
- Ensuring members receive the proper referrals to treat any conditions or problems identified during the health assessment including tracking, monitoring and following up with members to ensure they receive the necessary medical services; and
- Assisting members with transition to other appropriate care for children who ageout of EPSDT services.

Except as otherwise noted by WellCare or in 907 KAR Chapter 1 or 3, an EPSDT diagnosis or treatment or an EPSDT special service which is not otherwise covered by the Kentucky Medicaid Program shall be covered subject to prior authorization if the requirements of subsections (1) and (2) of Section 9 of 907 KAR 11:034 are met.

Requests for services will be reviewed to determine medical necessity without regard to whether the screen was performed by a Kentucky Medicaid provider or a non-Medicaid provider.

Providers will be sent a monthly membership list which specifies the health assessment eligible children who have not had an encounter within 120 days of joining WellCare or who are not in compliance with the EPSDT program.

The provider's compliance with member monitoring, tracking and follow-up will be assessed through random medical record review audits conducted by the WellCare Quality Improvement Department. Corrective action plans will be required for providers who are below 80% compliance with all elements of the review.

A service shall meet the standard of medical necessity for EPSDT if the following applicable criteria are met:^{4,5}

- To correct or ameliorate a defect, physical or mental illness, or condition;
- Be medical or remedial in nature;
- Individualized and consistent with the member's medical needs;

- Shall not be requested for the convenience of the member, family, physician or another provider of services;
- Shall not be unsafe or experimental;
- If an alternative medically accepted mode of treatment exists, the service shall be the most cost-effective and appropriate service for the child;
- A request for a diagnosis or treatment service in a community-based setting:

A service may not be approved if the costs would exceed those of equivalent services at the appropriate institutional level of care; and shall be individually assessed for appropriateness in keeping with the standards of medical necessity and the best interest of the child. The service to be provided shall be:⁶

- Recognized by the appropriate medical profession as an accepted modality of medical practice or treatment;
- Within the authorized scope of practice of the provider; and
- An appropriate mode of treatment for the medical condition of the member. In addition, scientific evidence, if available, shall be submitted consisting of:
 - Well designed and well conducted investigations published in peer-review journals, demonstrating that the service is intended to produce measurable physiological outcomes;
 - In the case of psychological or psychiatric services, measurable psychological outcomes, concerning the short and long-term effects of the proposed service on health outcomes;
 - Opinions and evaluations published by national medical organizations, consensus panels and other technology evaluation bodies supporting provision of the benefit, shall also be considered if available;
 - The predicted beneficial outcome of the service shall outweigh potential harmful effects;
 - The services improve the overall health outcomes as much as, or more than, established alternatives.

Coverage includes:

- Physician
- EPSDT
- Occupational, physical, or speech therapy
- Durable medical equipment
- Genetic screening and counseling
- Audiological, dental, vision, psychological
- Case management
- Laboratory and x-ray
- Hemophilia treatment and related services.

EPSDT special services shall include other health care, diagnostic services, preventive services, rehabilitative services, treatment, or other measures described in 42 U.S.C. 1396d(a), that are not otherwise covered under the Kentucky Medicaid Program and that are medically necessary, as defined in Section 9 of 907 KAR 11:034, to correct or ameliorate a defect, physical or mental illness, or condition of a member.^{4,5}

Therapy services (physical, occupational and speech) performed through a **home health service** shall be:⁷

- Medically necessary* and adequate for the needs of the member;
- Be provided pursuant to a plan of care; and
- Be provided in a member's place of residence.

MISSOURI ⁸

Physical therapy (PT), occupational therapy (OT), and speech/language therapy (ST) includes evaluation and treatment services. Physical therapy services must be prescribed by a MO HealthNet-enrolled primary care provider. The prescription must include the primary care provider's NPI number. Therapy under this program is only a covered service when the need is discovered during the course of an HCY/EPSDT screen **and** the service regimen is incorporated into a plan of care.

Evaluations for PT, OT, and ST do not require prior authorization. Four (4) hours of evaluation per discipline for a child (per provider) are covered within a 12-month period. Providers may provide services in accordance with the plan of care; however, limits apply. Intensive therapy may be provided when medically necessary.

PT, OT, and ST treatment services that exceed one (1) hour and 15 minutes or five (5) hours weekly are intensive therapy treatment services and require that the provider document the medical necessity of the intensive therapy treatment service(s). When billing one (1) hour and 30 minutes (6 units) or more of therapy per day or more than five (5) hours (21 or more units) of therapy per week, the provider must have documentation that justifies the need for intensive therapy services. The following documentation must be available for each date of service that exceeds the limitations:

- Therapy current evaluation; **AND**
- Treatment plan (plan of care), specifying frequency and duration; **AND**
- For PT or OT, a MO HealthNet-enrolled primary care provider's prescription; **OR**
- For ST, a MO HealthNet-enrolled primary care provider's written referral.

NEBRASKA⁹

Speech pathology and audiology services must be covered when all of the following criteria are met:

- Member is under the age of 21 years old;
- The services are ordered by a license physician;
- The services are medically necessary;
- The services or condition of the member is so complex and sophisticated that only a licensed speech pathologist or audiologist could safely and effectively perform the service
- The speech pathologist or audiology service meets at least one of the conditions listed at 471 NAC 23-003.01 or 23-003-02.

NEW JERSEY¹⁰

Please see "Definitions" below.

NEW YORK^{11,12}

Services available include physical therapy, speech pathology and occupational therapy. Restorative or long term physical and/or occupational therapy services are considered medically necessary when:

- Therapy services require the skills of, and are delivered by, a qualified practitioner; and
- Member has been evaluated or reevaluated for continuation of therapy services, and has an established treatment plan with reasonable and attainable goals that can be objectively measured by the use of standardized or non-standardized measures and tools; and
- Member has an identifiable clinical condition/diagnosis, is symptomatic, and the therapeutic interventions are directed at preventing disability and/or regression, improving, adapting, or restoring functions impaired or lost as a result of a specific illness, injury, neurodevelopmental disease or condition, surgery, loss of a body part, or congenital abnormality; and
- Therapeutic benefit has not been reached and the therapeutic interventions are for conditions that require the unique knowledge, skills, and judgment of a qualified practitioner and cannot or have not been met by a comprehensive maintenance services program or home program; and
- There is reasonable expectation that the therapeutic interventions, based on a member's rehabilitation potential, will result in objective/measurable functional outcomes within a reasonable and predictable period of time and the outcomes are documented in the member's file; and

In addition, treatments are considered medically necessary when they are not:

- Routine education, training, conditioning, or fitness and the member's function could not reasonably be expected to improve as they gradually resume normal activities;
- Duplicate therapy;
- Solely recreational (such as hobbies and/or arts and crafts);
- Refused by the member.

A **physical or occupational therapy** treatment session should be based on the member's specific medical condition and be supported in the treatment plan. A treatment session may include:

- Reassessment of the member's deficits, progress, rehabilitation potential, plan, and goals;
- Therapeutic exercise, including neuromuscular reeducation, coordination, and balance;
- Functional skills development and training;
- Manual therapy techniques (e.g., soft tissue mobilization, joint mobilization, manual lymphatic drainage);
- Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices, orthotics, and prosthetic devices;
- Airway clearance techniques;
- Integumentary repair and protection techniques;
- Electrotherapeutic modalities, physical agents and mechanical modalities when used in preparation for other skilled treatment procedures;
- Training of the member, caregivers, and family in home exercises, activity programs, and the development of a comprehensive maintenance program.

NOTE: For evaluation and reevaluation requirements, refer to the Definitions section of this document.

SOUTH CAROLINA ¹³

The South Carolina Department of Health and Human Services (SCDHHS) will apply limits to this procedure code. A maximum combined total of 105 hours (420 units) will be permitted for speech-language pathology, occupational, and physical therapies per state fiscal year for each beneficiary. Providers must start counting the beneficiary's hours of service at the beginning of the state fiscal year. This requirement is for the fee-for-service Medicaid population. The state fiscal year begins July 1st and ends June 30th of each year.

The Evaluation must occur prior to the provision of the Rehabilitative Therapy Service. It must be completed by the enrolled Medicaid provider of services after receiving the referral from another Licensed Practitioner of the Healing Arts (LPHA): the evaluation must be signed and dated by the provider of service. Evaluations must result in the development of an Individualized Treatment Plan (ITP) in order to be reimbursed by Medicaid. The Medicaid-covered treatment services (if determined necessary) should be indicated on the ITP. If the evaluation findings do not indicate the need for provision of Medicaid treatment services, then the results of the evaluation must be indicated on the ITP or the evaluation instrument in order to be reimbursed by Medicaid.

A re-evaluation is performed subsequently to an initial evaluation and relates to the disorder. A re-evaluation must be conducted annually (every 12 months) for each beneficiary. A re-evaluation must be completed when enough time has passed to accurately assess the beneficiary's progress. This service may be performed twice a year. Signature and date of signature on the evaluation and re-evaluation are mandated requirements.

Exception for School Districts. Private Therapists/Audiologists who wish to treat children referred by a school district still must obtain the seven-digit prior authorization number (beginning with "ED") from the referring school district, and still must enter this number in field 23 on the CMS-1500 claim form.

Hearing Aids. Hearing aids may be provided for individuals under the age of 21 when the medical need is established through an audiological evaluation. The attending Audiologist may send a request for a hearing aid or

aids, along with a physician's statement completed within the last six months indicating that there is no medical contraindication to the use of a hearing aid. This information should be sent to the South Carolina Department of Health and Environmental Control's (DHEC) local Children's Rehabilitative Services (CRS) office. DHEC will arrange for the requested hearing aids. Children from birth to 21 years of age should be enrolled in the CRS program. Requests for hearing aids for children birth to 21 years of age should be sent to: CRS Central Office, Robert Mills Complex, PO Box 101106, Columbia, SC 29211. For more information, call CRS at (803) 898-0784.

The South Carolina Department of Health and Human Services (SCDHHS) provides Medicaid reimbursement for medically necessary services provided to Medicaid-eligible individuals. This includes, but is not limited to, children under the age of 21 who have or are at risk of developing sensory, emotional, behavioral, or social impairments, physical disabilities, medical conditions, intellectual disabilities or related disabilities, and developmental disabilities or delays, as well as individuals (any age) covered under the Head and Spinal Cord Injury Waivers (HASCI).

To meet eligibility criteria for Private Rehabilitative Therapy and Audiological Services, an individual must meet one:

- Be a Medicaid beneficiary under the age of 21 whose need for services is identified through an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) examination; **OR**,
- Be a Medicaid beneficiary under the age of 21 and covered under the HASCI Waiver Program; **OR**,
- Be a Medicaid beneficiary under the age of 21 who has a current and valid ITP that identifies the need for rehabilitative therapy or audiology services, when appropriate; **OR**,
- Be a Qualified Medicare Beneficiary (QMB) eligible for payment of the Medicare cost sharing for services that are covered by Medicare without regard to whether the service is covered by SC Medicaid.

Medicaid reimbursement is available for services that conform to accepted methods of diagnosis and treatment for the following Private Rehabilitative Therapy and Audiological Services:

- Speech-Language Pathology
- Audiology
- Physical Therapy
- Occupational Therapy

Reimbursement **is not available** for services:

- Provided in an inpatient hospital or other institutional care facility.
- Determined to be unproven, experimental or research-oriented, in excess of those deemed medically necessary to treat the client's condition, or not directly related to the client's diagnosis, symptoms, or medical history.
- Where time was spent documenting services or traveling to or from services, or for cancelled visits and missed appointments.

DEFINITIONS

GEORGIA

Please see above for Market Specific information for the State of Georgia.

HAWAII ²

Occupational therapy restores, maintains or improve the patient's function (per Chapter 17.1.1).

Medicaid covers occupational therapy services, which provide maximum reduction of a physical disability and restoration of the patient to the best possible functional level. Services should be directed toward restoring a disabled person to self-care and possible independent living or gainful employment or maximizing the person's functional status. Services must be included in a plan of care and must be prescribed by a physician. Necessary supplies and equipment used in the therapy shall be included as part of the service (per Chapter 17.1.2 a).

Physical therapy restores or improves the patient's function. Services are considered under accepted standards of medical practice, to be a specific and effective treatment for the patient's condition (per Chapter 17.2.1). Medicaid covers physical therapy, which provides maximum reduction of a physical disability and restoration of the patient to the best possible functional level. Services should be directed toward restoring a disabled person to self-care and possible independent living or gainful employment. Services must be included in a plan of care and must be prescribed by a physician. Necessary supplies and equipment shall be included as part of the service (per Chapter 17.2.2 a).

Speech therapy restores, maintains or improves the patient's function. ST is covered if it is directed toward evaluation and treatment of disorders that impair speech, voice, language or swallowing (per Chapter 17.4.1).

Services for individuals with a speech disorder(s) means diagnostic, screening, preventive or corrective services provided by, or under the direction of a speech pathologist to whom a patient is referred by a physician. Necessary supplies and equipment shall be included. A physician may prescribe services for patients with speech disorders who are expected to improve in a reasonable period of time with therapy (per Chapter 17.4.2).

Maintenance and long term speech pathology services aimed at maintaining rather than improving function are not covered. Group speech therapy is not covered (per Chapter 17.4.3).

Rehabilitative services for children 0-6 years old. Guidelines were developed in joint cooperation between the Medical Consultants and the Child Development Committee of the State Planning Council on Developmental Disabilities. All children for whom therapy is requested must have a determination of functional level clearly stated in the plan of care and based on one of the two suggested grading schemes; for more information, see Appendix 6 of the Hawaii Medicaid Manual. Reimbursement for evaluations that conform to the above mentioned guidelines will be at a flat rate per 15 minutes not to exceed one hour and a half (a total of six 15 minute periods) per evaluation. Only one extensive evaluation will be reimbursed every six months per therapeutic service (per Chapter 17.4.5).

For information regarding therapy through a home health agency or in a long term care facilities, refer to the *Medicaid Provider Manual, Chapter 17 Rehabilitative Therapy Services* available [here](#).

ILLINOIS ³

Occupational Therapy services include medically necessary evaluations and treatment when required because an illness, disability or infirmity limits functional performance **and** OT will improve functional skills performance. Covered services include, but are not limited to, activities of daily living, when OT will increase independence and/or decrease the need for other support services. Services must be provided in accordance with a definite plan of care established by the therapist, for the purpose of attaining maximum reduction of a physical disability and restoration of the client to an acceptable functional level. (Chapter J-203.1).

Physical Therapy services include medically necessary evaluations and treatment when services are required because an illness, disability or infirmity limits functional performance **and** PT will improve functional skills performance. Covered services include, but are not limited to, activities of daily living, when PT will increase independence and/or decrease need for other support services. (Chapter J-203.2).

Speech and Language Therapy are covered services when provided according to established program guidelines and with prior approval as appropriate. Services must be provided in accordance with a definite plan of care established by the therapist or clinical fellow, for the purpose of attaining maximum reduction of a physical disability and restoration of the client to an acceptable functional level. (Chapter J-203.3).

KENTUCKY ^{4,5,6,7}

Early periodic screening, diagnosis and treatment services (EPSDT) may be preventive, diagnostic or treatment, or rehabilitative. Examples of therapy services covered through the EPSDT Special Services include

speech therapy, occupational therapy or physical therapy when the therapy does not meet the criteria for the Medicaid Home Health Program, and substance abuse treatment. *All EPSDT special services require prior authorization.*

Note: Children who pay the KCHIP III Premium are not eligible for EPSDT Special Services or non-emergency transportation.

Physical therapy goals of the patient-physical therapy unit include, but are not limited to: maintaining health, preserving functional capacity, and in the presence of impairment, developing or reestablishing function through carefully planned, and implemented programs. In order to reach these objectives, the physical therapist provides consultation, evaluates patients, identifies problems, plans programs, and provides direct treatment. Adequate, effective, and efficient patient care is the ultimate goal of physical therapy. The physical therapist evaluates each patient, and determines those ways in which he can contribute to total health management. He then plans and implements a treatment program, reevaluating and making modifications as necessary. A physical therapist shall refer to a licensed physician or dentist any patient whose medical condition should, at the time of evaluation or treatment, be determined to be beyond the scope of practice of the physical therapist. When basis for treatment is referral, the physical therapist may confer with the referring physician, podiatrist, dentist, or chiropractor.

Occupational therapy and **Speech-Language therapy** are not addressed specifically with respect to clinical and coverage items by the Kentucky Legislature.

Medically necessity determination of whether a covered benefit or service is medically necessary shall:

- Be based on an individualized assessment of the member's medical needs; and
- Comply with the requirements established in this paragraph. To be considered a medical necessity, a covered benefit shall be:
 - Reasonable and required to identify, diagnose, treat, correct, cure, palliate, or prevent a disease, illness, injury, disability, or other medical condition, including pregnancy;
 - Appropriate in terms of the service, amount, scope, and duration based on generally-accepted standards of good medical practice;
 - Provided for medical reasons rather than primarily for the convenience of the individual, the individual's caregiver, or the health care provider, or for cosmetic reasons;
 - Provided in the most appropriate location, with regard to generally-accepted standards of good medical practice, where the service may, for practical purposes, be safely and effectively provided;
 - Needed, if used in reference to an emergency medical service, to exist using prudent layperson standard;
 - Provided in accordance with EPSDT requirements established in 42 U.S.C. 1396d(r) and 42 C.F.R. Part 441 Subpart B for individuals under twenty-one (21) years of age; and
 - Provided in accordance with 42 C.F.R. 440.230.

MISSOURI ⁸

Physical therapy (PT) is a specifically prescribed program directed toward the development, improvement, or restoration of neuro-muscular or sensory-motor function, relief of pain, or control of postural deviations to attain maximum performance. PT services include the evaluation and treatment related to range of motion, muscle strength, functional abilities, and the use of adaptive/therapeutic equipment. Activities include, but are not limited to, rehabilitation through exercise, massage, the use of equipment, and therapeutic activities.

Occupational therapy (OT) is the provision of services that address the developmental or functional needs of a child related to the performance of self-help skills, adaptive behavior, and sensory, motor, and postural development. Evaluation and treatment services are available to correct or ameliorate physical and/or emotional deficits. Typical activities related to OT are: perceptual motor activities, exercises to enhance functional performance, kinetic movement activities, guidance in the use of adaptive equipment, and other techniques related to improving motor development.

Speech/Language therapy (ST) is the evaluation and provision of treatment for the remediation and development of age appropriate speech, expressive and receptive languages, oral motor and communication skills. ST includes activities that stimulate and facilitate the use of effective communication skills. Speech/language therapy includes treatment in one or more of the following areas: articulation, language development, oral motor/feeding, auditory rehabilitation, voice disorders, and augmentative communication modes.

NEW JERSEY ¹⁰

Physical therapy is a service prescribed by a physician and provided to a Medicaid/NJ FamilyCare beneficiary by or under the direction of a qualified physical therapist. Physical therapy does not include therapy which is purely palliative, such as the application of heat in any form; massage, routine calisthenics; group exercises; assistance in any activity; use of a simple mechanical device; or other services not requiring the special skill of a licensed physical therapist.

A qualified physical therapist is an individual who is licensed by the State of New Jersey as a physical therapist in accordance with N.J.A.C. 13:39A; and

- A graduate of a program of physical therapy approved by both the Committee on Allied Health Education and Accreditation of the American Medical Association and the American Physical Therapy Association or its equivalent; **AND**
- If treatment or services are provided in a state other than New Jersey, the physical therapist shall meet the requirements of that state, including licensure if applicable, and all applicable Federal requirements.

Occupational therapy is a service prescribed by a physician and provided to a Medicaid/NJ FamilyCare beneficiary by or under the direction of a qualified occupational therapist and includes the necessary supplies and equipment. Occupational therapy shall be reimbursed when provided in a physician's office or settings other than a physician's office. A qualified occupational therapist is an individual who is registered by the American Occupational Therapy Certification Board (AOTCB); or

- A graduate of a program in occupational therapy approved by the Committee on Allied Health Education of the American Medical Association and engaged in the supplemental clinical experience required before registration by the American Occupational Therapy Association (AOTA); **AND**
- If treatment or services are provided in a state other than New Jersey, the occupational therapist shall meet the requirements of that state, including licensure if applicable, and all applicable Federal requirements.

Speech-language pathology services and audiology services are diagnostic, screening, preventive, or corrective services prescribed by a physician and provided to a Medicaid/NJ FamilyCare beneficiary by or under the direction of a speech-language pathologist or audiologist. They include necessary supplies and equipment. A speech-language pathologist or audiologist is an individual who is licensed by the State of New Jersey as a speech-language pathologist or audiologist, in accordance with N.J.A.C. 13:44C, and who meets all applicable Federal requirements including:

- A certificate of clinical competence in Speech-Language Pathology or Audiology from the American Speech-Language-Hearing Association; or
- Completion of the equivalent educational requirements and work experience necessary for the certificate(s); or
- Completion of the academic program and is in the process of acquiring supervised work experience in order to qualify for the certificate(s); **AND**
- If treatment or services are provided in a state other than New Jersey, the speech-language pathologist or audiologist shall meet the requirements of that state, including licensure if applicable, and all applicable Federal requirements.

NEW YORK ^{11,12}

Duplicate Therapy - The same therapy service(s) and/or treatment(s) provided by more than one therapy type (e.g., both physical and occupational therapy, or both occupational and speech therapy); OR the same discipline in different settings (e.g., school and home based). Each specific discipline or same discipline in a different setting should, absent of unique circumstances documented in the medical record, have a unique and specific evaluation, treatment plan, goals, and therapeutic interventions.

Evaluation - An assessment of the member's physical and functional status used to determine if PT or OT services are medically necessary, gather baseline data including objective findings, and establish a treatment plan with reasonable and attainable goals within a defined period of time. Evaluations are administered with appropriate and relevant assessments using objective measures and/or tools. An evaluation is required prior to implementing any treatment plan.

Long Term Therapy Services - Physical and/or occupational therapy services, that due to a member's unique physical, cognitive or psychological status; require the knowledge or expertise of a licensed practitioner in order to maintain their physical and/or functional status. Outcomes must be functional, individualized, relevant, and transferrable to the current or anticipated environment. Therapeutic goals must meet at least one of the following characteristics: prevent deterioration and sustain function; provide interventions that enable the member to live at their highest level of independence in the case of a chronic or progressive disability; and/or provide treatment interventions for a member who is progressing, but not at a rate comparable to the expectations of restorative care.

Maintenance Services - A repetitive service that does not require the knowledge or expertise of a qualified practitioner and that does not meet the requirements for covered restorative therapy and/or long term therapy services. Maintenance services begin when the therapeutic goals of a treatment plan have been achieved or when no additional medical benefit is apparent or expected.

Qualified Practitioner - A therapist who has passed the necessary national examination, obtained state licensure, and performs within the scope of licensure as regulated by federal and state governments and as defined by the appropriate professional organization (i.e.: APTA, AOTA). Physical Therapy (PT) or Occupational Therapy (OT) assistants may provide services under the direction and supervision of their respective Physical or Occupational Therapist. Aides, athletic trainers, exercise physiologists, life skills trainers and rehabilitation technicians do not meet the definition of a qualified practitioner regardless of the level of supervision. Physicians, physician assistants and nurse practitioners, practicing within their scope of practice and scope of competence are also considered qualified practitioners.

Reevaluation - An assessment done to evaluate progress or to modify or redirect therapy services when there are new clinical findings, a rapid change in status, or failure to respond to the therapeutic interventions.

Rehabilitation Potential - The amount of improvement anticipated in a member in relation to the extent and duration of the therapy service provided. It includes consideration of previous functional status and the effects of the current condition or disease process.

Restorative Therapy - Physical and/or Occupational therapy services that require the knowledge or expertise of a licensed practitioner. Services include diagnostic evaluation and therapeutic intervention designed to improve, develop, correct, or rehabilitate physical functions that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital abnormalities, or injuries.

Therapy Services - Medically necessary therapeutic activities and/or treatments provided by a qualified practitioner as defined above.

Evaluation and Documentation

The following should not be considered an all-inclusive list, but rather a general guideline, of documentation required for evaluations, re-evaluations, and treatment sessions. In addition, documentation should be done in

accordance with the clinician's professional organization (i.e. APTA or AOTA) standards.

The **evaluation** should include:

- Prior functional level;
- Specific standardized and non-standardized tests, assessments, and tools;
- Summary of baseline findings;
- Objective, measurable, and functional descriptions of the member's specific deficits;
- Summary of clinical reasoning with recommendations;
- Plan of care with specific treatment techniques and/or activities to be used in treatment sessions;
- Frequency and duration of treatment plan; functional, measurable, and time-framed long term and short term goals based on the member's relevant evaluation data. The goals should be reasonable and attainable based on the member's specific condition;
- Rehabilitation prognosis, including level or degree of improvement expected;
- Discharge plan initiated at the start of treatment.

A **reevaluation** includes 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).

Documentation of a **treatment session** should include:

- Date of treatment;
- Specific treatment(s) provided that match the procedure codes billed;
- Total treatment time;
- Member's response to treatment;
- Progress towards goals;
- Any problems or changes to the plan of care;
- Name and credentials of the treating clinician.

SOUTH CAROLINA ¹⁴

Medical Necessity is defined as a service directed toward the maintenance, improvement, or protection of health or toward the diagnosis and treatment of illness or disability.

Occupational Therapy Services are prescribed by a Physician or other Licensed Practitioner of the Healing Arts within the scope of his or her practice under state law and provided to a beneficiary by or under the direction of a qualified Occupational Therapist. It includes any necessary supplies and equipment. Occupational therapy services are channels to improve or restore functional abilities for maximum reduction of physical or mental disability and restoration of a beneficiary to his/her best possible functional level (per 42 CFR 440.110(b)(1)).

Occupational Therapy Services are for member's that are limited by a physical injury, illness, or other dysfunctional condition and related to:

- Self-Help Skills
- Adaptive Behavior
- Fine/Gross Motor

- Visual
- Sensory Motor
- Postural
- Emotional Development

Physical Therapy Services include physical therapy means services prescribed by a Physician or other Licensed Practitioner of the Healing Arts (LPHA) within the scope of his or her practice under state law and provided to a beneficiary by or under the direction of a qualified Physical Therapist. It includes any necessary supplies and equipment. Physical Therapy Services involve evaluation and treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems for maximum reduction of physical or mental disability and restoration of a beneficiary to his/her best possible functional level. Specific services rendered: Physical Therapy Evaluation and Individual Therapy. Physical Therapy Services are provided by or under the direction of a Physical Therapist and involve the use of physical agents, mechanical means, and other remedial treatment to restore normal physical functioning following illness or injury (per 42 CFR 440.110(a))

Speech-Language Pathology Services include diagnostic, screening, preventive, or corrective services provided by or under the direction of a Speech-Language Pathologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law; included are any necessary supplies and equipment. Evaluative tests and measures utilized in the process of providing SLP services and must represent standard practice procedures. Only standard assessments (i.e., Curriculum-Based Assessments, Portfolio Assessments, Criterion Referenced Assessments, Developmental Scales, and Language Sampling Procedures) may be used. Tests or measures described as “teacher-made” or “informal” are not acceptable for purposes of Medicaid reimbursement. SLP services involve the evaluation and treatment of speech and language disorders for which medication or surgical treatments are not indicated.

SLP services include preventing, evaluating, and treating disorders of verbal and written language, articulation, voice, fluency, mastication, deglutition, cognition / communication, auditory and/or visual processing and memory, and interactive communication, as well as the use of augmentative and alternative communication systems (e.g., sign language, gesture systems, communication boards, electronic automated devices, and mechanical devices) when appropriate. SLP disorders include:

- Developmental Language Disorder
- Acquired Language Disorder
- Articulation Disorder
- Phonological Disorder
- Fluency Disorder
- Voice Disorder
- Resonance Disorder
- Dysphagia

CODING

GEORGIA

Georgia Covered CPT® Codes – *This list may not be all inclusive.*

Georgia Physical Therapy (PT)

Limitations – 8 units per calendar month or combination of 8 units per calendar (1 unit = 15 minutes)

CODE Mod 1 Mod 2 DESCRIPTION OF SERVICE

97022 HA	Application of a modality to or more areas; whirlpool
97024 HA	Application of a modality to or more areas; diathermy
97032 HA	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97035 HA	Application of a modality to or more areas; ultrasound
97110 HA	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112 HA	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities

97113 GP	HA	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116 HA		Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
97124 HA		Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97140 GP	HA	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, 1 unit = 15 minutes
97161 HA		Physical therapy evaluation: low complexity; 1 per year
97162 HA		Physical therapy evaluation: moderate complexity; 1 per year
97163 HA		Physical therapy evaluation: high complexity; 1 per year
97164 HA		Re-evaluation of physical therapy established plan of care; 1 every 80 days
97530 GP	HA	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), 1 unit = 15 minutes
97542 GP	HA	Wheelchair management ; assessment of type/size and/or training of proper wheelchair skills
97750 GP	HA	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, 1 unit = 15 minutes
97761 GP	HA	Prosthetic training, upper and/or lower extremity(s), 1 unit = 15 minutes
97762 GP	HA	Checkout for orthotic/prosthetic use, established patient, 1 unit = 15 minutes

Georgia Occupational Therapy (OT)

Limitations – 8 units per calendar month or combination of 8 units per calendar (1 unit = 15 minutes)

CODE Mod 1 Mod 2 DESCRIPTION OF SERVICE

97113 GO	HA	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97140 GO	HA	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, 1 unit = 15 minutes
97165 HA		Occupational therapy evaluation, low complexity; 1 per year
97166 HA		Occupational therapy evaluation, moderate complexity; 1 per year
97167 HA		Occupational therapy evaluation, high complexity; 1 per year
97168 HA		Re-evaluation of occupational therapy established plan of care; 1 every 180 days
97530 GO	HA	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), 1 unit = 15 minutes
97533 GO	HA	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-to-one) patient contact, 1 unit = 15 minutes
97535 HA		Self-care/home mgmt training (e.g. activities of daily living [ADL] and compensatory training, meal prep, safety procedures, and instructions in use of adaptive equipment) direct one-on-one contact by provider; 1 unit = 15 minutes
97537 HA		Community/work reintegration training (e.g. shopping, transportation, money mgmt, avocational activities and/or work environment/modification analysis, work task analysis). Direct one-on-one contact by the provider; 1 unit = 15 minutes
97542 GO	HA	Wheelchair management ; assessment of type/size and/or training of proper wheelchair skills
97750 GO	HA	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, 1 unit = 15 minutes
97760 HA		Orthotic(s) management and training (including assessment & fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, 1 unit = 15 minutes
97761 GO	HA	Prosthetic training, upper and/or lower extremity(s), 1 unit = 15 minutes
97762 GO	HA	Checkout for orthotic/prosthetic use, established patient, 1 unit = 15 minutes

Georgia Speech-Language Pathology Services (ST)

Limitations are provided with the code descriptions below (1 unit = 1 visit; 1 unit = 15 minutes)

CODE Mod 1 Mod 2 DESCRIPTION OF SERVICE

92507 GN	HA	Treatment - speech, language, voice, communication, &/or auditory processing disorder; individual 8 visits per calendar month; 1 unit per visit
92521 HA		Evaluation of speech fluency
92522 HA		Evaluation of speech sound production

92523 HA		Evaluation of speech sound production with evaluation of language comprehension and expression
92524 HA		Behavioral and qualitative analysis of voice and resonance
92526 HA		Treatment- swallowing dysfunction and/or oral function for feeding; <i>8 visits per calendar month; 1 unit per visit</i>
92567 GN	HA	Tympanometry <i>4 units per calendar year</i>
92597 HA		Evaluation of voice prosthesis or augmentative communication; <i>1 unit per calendar year</i>
92601 GN	HA	Diagnostic analysis of cochlear implant, patient younger than age 7; with programming; <i>1 unit/calendar year</i>
92602 GN	HA	Diagnostic analysis of cochlear implant, patient under age 7; subsequent re-programming; <i>7 units/calendar yr.</i>
92603 GN	HA	Diagnostic analysis of cochlear implant, patient age 7 or older; with programming; <i>1 unit per calendar year</i>
92604 GN	HA	Diagnostic analysis of cochlear implant, patient age 7 or older, subsequent re-programming; <i>7 units per calendar year</i>
92607 HA	U1	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with patient; first hour; <i>2 units per calendar year. 1 unit = 1 visit; bill only 1 unit per visit; 1 unit per 180 days</i>
92609 HA	U1	Therapeutic service for use of speech-generating device; programming & modification; <i>8 visits per month</i>
92609 HA		Therapeutic service for use of speech-generating device; programming & modification; <i>8 visits per month</i>
92610 HA		Evaluation of oral and pharyngeal swallowing function; <i>2 units per calendar year. 1 unit = 1 visit; bill only 1 unit per visit; 1 unit per 180 days</i>
96105 HA		Assessment of Aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report; <i>2 units per calendar year. 1 unit = 1 visit; bill only 1 unit per visit; 1 unit per 180 days</i>
96110 HA		Development testing, with interpretation and report, per standardized instrument form; <i>2 units per calendar year. 1 unit = 1 visit; bill only 1 unit per visit</i>
96111 HA		Developmental testing (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized development instruments) with interpretation & report; <i>2 units per calendar year. 1 unit = 1 visit; bill only 1 unit per visit</i>
97532 HA		Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training) direct (one-on-one) member contact by the provider; <i>8 units per calendar month or combination of 8 units per calendar month</i>
97533 GN HA		Sensory integrative techniques to enhance sensory processing & promote adaptive responses to environmental demands, direct (one-on-one) member contact by the provider; <i>8 units per calendar month or combination of 8 units per calendar month</i>

ICD-10-PCS Codes – No applicable codes.

HAWAII

Hawaii Pediatric Skilled Therapy Services Limitations *1 unit = 1 visit; 1 unit = 15 minutes*

- 36 units or 12 visits of PT and/or OT as long as these services(s) does not/do not exceed 36 units
- 12 visits for PT and/or OT in a 12-day period.
- Modalities in 15-minute units are covered up to 3, 15-minute units per day (45 minutes) or total of 36 units.
- *For modalities designated on a per visit basis, procedure codes: 97012, 97014, 97018, & 97022 are cover up to 12 visits. If based on the therapist's re-evaluation and recommendations, the physician determines that a Medicaid recipient needs more than the initial 36 units or 12 PT and/or OT visits, prior authorization will be required.

Hawaii Covered CPT® Codes – *This list may not be all inclusive.*

Hawaii Occupational Therapy & Physical Therapy Codes *1 unit = 1 visit; 1 unit = 15 minutes*

97001	PT Evaluation	1 per 120 days
97002	PT Re-Evaluation	1 per 90 days
97003	OT Evaluation	1 per 120 days
97004	OT Re-Evaluation	1 per 90 days
97005	when billed only for Comprehensive Wheelchair Assessment, each 15 minutes (6 units per 12 months)	
97010	Application of a modality to one or more areas; hot or cold packs	
97012*	Application of a modality to one or more areas; traction, mechanical (12 visits)	
97014*	Application of a modality to one or more areas; electrical stimulation (unattended) (12 visits)	

- 97016** Application of a modality to one or more areas; vasopneumatic devices
- 97018*** Application of a modality to one or more areas; paraffin bath (12 visits)
- 97022*** Application of a modality to one or more areas; whirlpool (12 visits)
- 97024** Application of a modality to one or more areas; diathermy (eg, microwave)
- 97026** Application of a modality to one or more areas; infrared
- 97028** Application of a modality to one or more areas; ultraviolet
- 97032** Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
- 97033** Application of a modality to one or more areas; iontophoresis, each 15 minutes
- 97034** Application of a modality to one or more areas; contrast baths, each 15 minutes
- 97035** Application of a modality to one or more areas; ultrasound, each 15 minutes
- 97036** Application of a modality to one or more areas; Hubbard tank, each 15 minutes
- 97110** Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
- 97112** Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting
- 97113** Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
- 97116** Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
- 97140** Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
- 97530** Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
- 97532** Therapeutic activities, direct (one to one) patient contact by the provider (use of dynamic activities to improve functional performance) each 15 minutes
- 97533** Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one to one) patient contact by the provider, each 15 minutes
- 97535** Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
- 97542** Wheelchair management (eg, assessment, fitting, training), each 15 minutes

Hawaii Speech-Language Pathology Services (ST) *1 unit = 1 visit; 1 unit = 15 minutes*

- 92507** Treatment - speech, language, voice, communication, &/or auditory processing disorder; individual
- 92521** Evaluation of speech fluency
- 92522** Evaluation of speech sound production
- 92523** Evaluation of speech sound production with evaluation of language comprehension and expression
- 92524** Behavioral and qualitative analysis of voice and resonance
- 92526** Treatment- swallowing dysfunction and/or oral function for feeding;
- 92567** Tympanometry
- 92597** Evaluation of voice prosthesis or augmentative communication;
- 92601** Diagnostic analysis of cochlear implant, patient younger than age 7; with programming
- 92602** Diagnostic analysis of cochlear implant, patient under age 7; subsequent re-programming
- 92603** Diagnostic analysis of cochlear implant, patient age 7 or older; with programming
- 92604** Diagnostic analysis of cochlear implant, patient age 7 or older, subsequent re-programming
- 92609** Therapeutic service for use of speech-generating device; programming & modification;
- 92610** Evaluation of oral and pharyngeal swallowing function;
- 96105** Assessment of Aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report
- 96110** Development testing, with interpretation and report, per standardized instrument form
- 96111** Developmental testing (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized development instruments) with interpretation & report
- 97532** Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training) direct (one-on-one) member contact by the provider
- 97533** Sensory integrative techniques to enhance sensory processing & promote adaptive responses to environmental demands, direct (one-on-one) member contact by the provider

Hawaii Non-Covered CPT® Codes

97124 Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)

ICD-10-PCS Codes – No applicable codes.

ILLINOIS

Illinois Covered CPT® Codes – *This list may not be all inclusive.*

Illinois Occupational Therapy 1 unit = 15 minutes

CODE Mod 1 Mod 2 DESCRIPTION OF SERVICE

- 97110 GO** Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility Maximum 4 units
- 97165 GO** Occupational therapy evaluation, low complexity; Maximum 8 units
- 97166 GO** Occupational therapy evaluation, moderate complexity; Maximum 8 units
- 97167 GO** Occupational therapy evaluation, high complexity; Maximum 8 units

Illinois Physical Therapy 1 unit = 15 minutes

CODE Mod 1 Mod 2 DESCRIPTION OF SERVICE

- 97110 GP** Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility Maximum 4 units
- 97161 GP** Physical therapy evaluation: low complexity; Maximum 8 units
- 97162 GP** Physical therapy evaluation: moderate complexity; Maximum 8 units
- 97163 GP** Physical therapy evaluation: high complexity; Maximum 8 units

Illinois Speech Therapy 1 unit = 15 minutes

CODE Mod 1 Mod 2 DESCRIPTION OF SERVICE

- 31579 GN** Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy Maximum 1 unit
- 92507 GN** Treatment of speech, language, voice, communication, and/or auditory processing disorder; Individual; Maximum 4 units
- 92521 GN** Evaluation of speech fluency; maximum 8 units
- 92522 GN** Evaluation of speech sound production; maximum 8 units
- 92523 GN** Evaluation of speech sound production with evaluation of language comprehension and expression; maximum 8 units
- 92524 GN** Behavioral and qualitative analysis of voice and resonance; maximum 8 units

ICD-10-PCS Codes – No applicable codes.

KENTUCKY

Kentucky Covered CPT® Codes – *This list may not be all inclusive.*

Kentucky Occupational Therapy 1 unit = 15 minutes

- 97110** Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
- 97112** Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting
- 97116** Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
- 97165** Occupational therapy evaluation, low complexity, 30 min
- 97166** Occupational therapy evaluation, moderate complexity, 45 min
- 97167** Occupational therapy evaluation, high complexity, 60 min
- 97168** Re-evaluation of occupational therapy established plan of care
- 97530** Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
- 97532** Therapeutic activities, direct (one to one) patient contact by the provider (use of dynamic activities to improve functional performance) each 15 minutes

- 97535** Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
- 97537** Community/work integration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes
- 97542** Wheelchair management (eg, assessment, fitting, training), each 15 minutes

Kentucky Physical Therapy 1 unit = 15 minutes

- 97032** Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
- 97035** Application of a modality to one or more areas; ultrasound, each 15 minutes
- 97110** Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
- 97112** Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting
- 97116** Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
- 97161** Physical therapy evaluation: low complexity, 20 min
- 97162** Physical therapy evaluation: moderate complexity, 30 min
- 97163** Physical therapy evaluation: high complexity, 45 min
- 97164** Re-evaluation of physical therapy established plan of care
- 97530** Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
- 97535** Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
- 97542** Wheelchair management (eg, assessment, fitting, training), each 15 minutes

Kentucky Speech Therapy 1 unit = 15 minutes

- 92507** Individual Treatment of speech, language, voice, communication, and/or auditory processing disorder
- 92508** Group, 2 or more - Treatment of speech, language, voice, communication, and/or auditory processing disorder
- 92521** Evaluation of speech fluency
- 92522** Evaluation of speech sound production
- 92523** Evaluation of speech sound production with evaluation of language comprehension and expression
- 92524** Behavioral and qualitative analysis of voice and resonance
- 92526** Treatment of swallowing dysfunction and/or oral function for feeding
- 92610** Evaluation of oral and pharyngeal swallowing function
- 96105** Assessment of Aphasia

ICD-10-PCS Codes – No applicable codes.

NEBRASKA

Nebraska Covered CPT® Codes – *This list may not be all inclusive.*

Nebraska Physical and Occupational Therapy 1 unit = 15 minutes

- 97012** Application of a modality to one or more areas; traction, mechanical
- 97014** Application of a modality to one or more areas; electrical stimulation (unattended)
- 97016** Application of a modality to one or more areas; vasopneumatic devices
- 97018** Application of a modality to one or more areas; paraffin bath
- 97022** Application of a modality to one or more areas; whirlpool
- 97024** Application of a modality to one or more areas; diathermy (eg, microwave)
- 97026** Application of a modality to one or more areas; infrared
- 97028** Application of a modality to one or more areas; ultraviolet
- 97032** Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
- 97033** Application of a modality to one or more areas; iontophoresis, each 15 minutes
- 97034** Application of a modality to one or more areas; contrast baths, each 15 minutes
- 97035** Application of a modality to one or more areas; ultrasound, each 15 minutes

- 97036** Application of a modality to one or more areas; Hubbard tank, each 15 minutes
- 97110** Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
- 97112** Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting
- 97113** Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
- 97116** Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
- 97124** Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
- 97140** Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
- 97150** Therapeutic procedure(s), Group (2 or more individuals)
- 97161** Physical therapy evaluation: low complexity, typically 20 min
- 97162** Physical therapy evaluation: moderate complexity, typically 30 min
- 97163** Physical therapy evaluation: high complexity, typically 45 min
- 97164** Re-evaluation of physical therapy established plan of care, typically 20 min
- 97165** Occupational therapy evaluation, low complexity, typically 30 min
- 97166** Occupational therapy evaluation, moderate complexity, typically 45 min
- 97167** Occupational therapy evaluation, high complexity, typically 60 min
- 97168** Re-evaluation of occupational therapy established plan of care, typically 30 min
- 97542** Wheelchair management (eg, assessment, fitting, training), each 15

Nebraska Speech Therapy 1 unit = 30 minutes

- 92507** Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
- 92521** Evaluation of speech fluency
- 92522** Evaluation of speech sound production
- 92523** Evaluation of speech sound production with evaluation of language comprehension and expression
- 92524** Behavioral and qualitative analysis of voice and resonance
- 92590** Hearing aid examination and selection; monaural
- 92591** Hearing aid check; binaural
- 92592** Hearing aid check; monaural

NEW JERSEY

New Jersey Covered CPT® Codes – This list may not be all inclusive.

New Jersey Physical and Occupational Therapy 1 unit = 15 minutes

- 97110** Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility; Maximum 4 units per day, 420 per fiscal year of combined therapy
- 97113** Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
- 97161** Physical therapy evaluation: low complexity; 1 evaluation every 12 months
- 97162** Physical therapy evaluation: moderate complexity; 1 evaluation every 12 months
- 97163** Physical therapy evaluation: high complexity; 1 evaluation every 12 months
- 97164** Re-evaluation of physical therapy established plan of care; 1 re-evaluation every 12 months
- 97165** Occupational therapy evaluation, low complexity; 1 evaluation every 12 months
- 97166** Occupational therapy evaluation, moderate complexity; 1 evaluation every 12 months
- 97167** Occupational therapy evaluation, high complexity; 1 evaluation every 12 months
- 97168** Re-evaluation of occupational therapy established plan of care; 1 re-evaluation every 12 months
- 97530** Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), Maximum 4 units per day, 420 per fiscal year of combined therapy

New Jersey Speech Therapy 1 unit = 15 minutes

- 92507** Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
- 92521** Evaluation of speech fluency; 1 evaluation per lifetime
- 92522** Evaluation of speech sound production; 1 evaluation per lifetime
- 92523** Evaluation of speech sound production w/ evaluation of language comprehension & expression; 1 eval. per lifetime
- 92524** Behavioral and qualitative analysis of voice and resonance; 1 evaluation per lifetime
- 92610** Evaluation of oral and pharyngeal swallowing function; 1 evaluation per lifetime

NEW YORK

New York Pediatric Skilled Therapy Services Limitations

CPT codes are either **timed or untimed**.

- **Timed codes** require the entry of units. 1 unit = 15 minutes
- **Untimed codes** are used on a one-per-session/per day basis. With one exception, providers should not report more than one physical medicine and rehabilitation therapy service for the same 15 minute time period. The only exception involves a “supervised modality” defined by CPT codes 97010-97028 which may be reported for the same 15 minute time period as other therapy services.

New York Covered CPT® Codes (See limitations above) – *This list may not be all inclusive.*

New York Occupational Therapy & Physical Therapy 1 unit = 15 minutes

- 97530** Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes (Up to a maximum of 2 hours)
- 97542** Wheelchair management (eg, assessment, fitting, training), each 15 minutes (Up to a maximum of 2 hours)

New York Speech Therapy 1 unit = 30 minutes

- 92507** Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
- 92521** Evaluation of speech fluency
- 92522** Evaluation of speech sound production
- 92523** Evaluation of speech sound production with evaluation of language comprehension and expression
- 92524** Behavioral and qualitative analysis of voice and resonance

New York ICD-10-PCS Codes – No applicable codes.

SOUTH CAROLINA

South Carolina Covered CPT® Codes – *This list may not be all inclusive*

CPT codes limited to 4 units per day (1 hour), up to 420 units per state fiscal year (420 hours), and combined total for therapies (92507,92508, 97110-GP, 97113-GP, 97530-GO, and 97113-GO)

South Carolina Physical and Occupational Therapy 1 unit = 15 minutes

- 97110** Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility; Maximum 4 units per day, 420 per fiscal year of combined therapy
- 97113** Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
- 97161** Physical therapy evaluation: low complexity; 1 evaluation every 12 months
- 97162** Physical therapy evaluation: moderate complexity; 1 evaluation every 12 months
- 97163** Physical therapy evaluation: high complexity; 1 evaluation every 12 months
- 97164** Re-evaluation of physical therapy established plan of care; 1 re-evaluation every 12 months
- 97165** Occupational therapy evaluation, low complexity; 1 evaluation every 12 months
- 97166** Occupational therapy evaluation, moderate complexity; 1 evaluation every 12 months
- 97167** Occupational therapy evaluation, high complexity; 1 evaluation every 12 months
- 97168** Re-evaluation of occupational therapy established plan of care; 1 re-evaluation every 12 months
- 97530** Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), Maximum 4 units per day, 420 per fiscal year of combined therapy

South Carolina Speech Therapy 1 unit = 15 minutes

- 92507** Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
- 92521** Evaluation of speech fluency; 1 evaluation per lifetime
- 92522** Evaluation of speech sound production; 1 evaluation per lifetime
- 92523** Evaluation of speech sound production with evaluation of language comprehension and expression; 1 evaluation per lifetime
- 92524** Behavioral and qualitative analysis of voice and resonance; 1 evaluation per lifetime
- 92590** Hearing aid examination and selection; monaural; 1 evaluation, 6 every 12 months
- 92592** Hearing aid check; monaural; 1 analysis, 6 every 12 months
- 92610** Evaluation of oral and pharyngeal swallowing function; 1 evaluation per lifetime

Covered HCPCS Codes

- S9152** Speech Therapy Re-evaluation; 1 re-evaluation per, 2 every 12 months - *NOTE: Any evaluation performed subsequent to the evaluation conducted as the result of the initial speech disorder is considered a re-evaluation and should be billed under this code.*
- V5011** Fitting/orientation/checking of hearing aid; 1 orientation per, 6 every 12 months
- V5090** Dispensing fee, unspecified hearing aid; 1 fee, 6 every 12 months

South Carolina ICD-10-PCS Codes – No applicable codes.

Applicable Coding

Hearing aid examination and selection; monaural. History of hearing loss and ears are examined, medical or surgical treatment is considered if possible, and the appropriate type of hearing aid is selected to fit the pattern of hearing loss. This service may be performed six times every 12 months.

Hearing aid check; monaural. The audiologist inspects the hearing aid and checks the battery. The aid is cleaned and the power and clarity are checked using a special stethoscope, which attaches to the hearing aid. This service may be performed six times every 12 months.

Hearing aid check; monaural recheck. The audiologist inspects the hearing aid and checks the battery. The aid is cleaned and the power and clarity are checked using a special stethoscope, which attaches to the hearing aid. This service may be performed six times every 12 months.

Fitting/orientation/checking of hearing aid. Includes hearing aid orientation, hearing aid checks, and electroacoustic analysis. The service may be provided six times every 12 months.

Dispensing fee, unspecified hearing aid. The dispensing fee is time spent handling hearing aid repairs. This service may be performed six times every 12 months.

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

1. Georgia Department of Community Health. (2012, April). Part II policies and procedures for Children's Intervention Services: Chapter 900, Section 901 and 902. Retrieved from <http://www.mmis.georgia.gov>.
2. Medicaid provider manual: rehabilitative therapy services (chapter 17). Quest Hawai'i Web site. <https://medquest.hawaii.gov/en/plans-providers/fee-for-service/provider-manual.html>. Published February 2011. Accessed April 11, 2018.
3. Handbook for providers of therapy services: chapter J-200, policy and procedures for therapy services. Illinois Department of Healthcare and Family Services Web site. <http://www.hfs.illinois.gov/assets/j200.pdf>. Published January 2009. Accessed April 11, 2018.
4. Early periodic screening, diagnosis and treatment services (EPSDT) – special services program. Kentucky Cabinet for Health and Family Services Web site. <http://chfs.kv.gov/dms/epsdt+special+services.htm>. Published August 2011. Accessed April 11, 2018.
5. 907 KAR 11:034 - early and periodic screening, diagnosis, and treatment services and early and periodic screening, diagnosis, and treatment special services. Kentucky Legislature Web site. <http://www.lrc.ky.gov/kar/907/011/034.htm>. Published 2011. Accessed April 11, 2018.
6. 907 KAR 3:030 medical necessity and clinically appropriate determination basis. Kentucky Legislature Web site. <http://www.lrc.state.ky.us/kar/907/003/130.htm>. Published 2011. Accessed April 11, 2018.
7. 907 KAR 1:030 home health agency services. Kentucky Legislature Web site. <http://www.lrc.state.ky.us/kar/907/001/030.htm>. Published 2011. Accessed April 11, 2018.
8. Therapy manual. State of Missouri HealthNet Website. <http://manuals.momed.com/>. Published February 2016. Accessed April 11, 2018.
9. Provider manuals. Nebraska Department of Health and Human Services Web site. http://dhhs.ne.gov/medicaid/Pages/med_ph.aspx. Accessed April 11, 2018.
10. NJAC 10:54-5.36 Rehabilitative Services – Physical Therapy (Title 10 Human Services, Chapter 54 Physician Services). New Jersey Administrative Code Web site. Published 2001. Accessed April 11, 2018. <https://www.njmms.com/hospitalinfo.aspx>
11. New York State Department of Health. (2011). New York State Medicaid Program: information for all providers – general policy. Retrieved from <https://www.emedny.org/ProviderManuals/index.aspx>. Published 2011. Accessed April 11, 2018.
12. New York State Medicaid Program: rehabilitation services policy guidelines. New York State Department of Health Web site. <https://www.emedny.org/ProviderManuals/index.aspx>. Published 2010. Accessed April 11, 2018.
13. Private Rehabilitative Therapy and Audiological Services Manual: Section 2 – Policies and Procedures. Published January 1, 2017. Accessed June 20, 2017.
14. Provider Manuals. Healthy Connections South Carolina Medicaid Web site. <https://www.scdhhs.gov/provider-manual-list>. Accessed April 11, 2018.
15. Medical Review Institute of America. Statement of efficacy pertaining to appeals case. Published January 15, 2013. Accessed April 11, 2018.
16. Millichap, J.G. (2003). Evaluation of global developmental delay. *American Academy of Pediatrics Grand Rounds*, 9(6), 62-63.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
5/3/2018	<ul style="list-style-type: none"> Approved by MPC. No changes.
7/9/2017	<ul style="list-style-type: none"> Approved by MPC. Added South Carolina verbiage.
5/26/2017	<ul style="list-style-type: none"> Approved by MPC. No longer applicable to the Florida market; see HS-260. Updated items for Kentucky.
1/12/2017	<ul style="list-style-type: none"> Approved by MPC. Inclusion of additional Nebraska language and coding.
12/8/2016	<ul style="list-style-type: none"> Approved by MPC. Inclusion of Nebraska language and coding.
4/7/2016	<ul style="list-style-type: none"> Approved by MPC. Inclusion of medical necessity review items in Position Statement.
2/4/2016	<ul style="list-style-type: none"> Approved by MPC. No changes.
2/5/2015	<ul style="list-style-type: none"> Approved by MPC. Changes for Florida market.
10/2/2014	<ul style="list-style-type: none"> Approved by MPC. No changes.
10/3/2013	<ul style="list-style-type: none"> Approved by MPC. Added criteria related to South Carolina.
3/7/2013	<ul style="list-style-type: none"> Approved by MPC. Statement added regarding non-coverage of therapies for stuttering.
9/6/2012	<ul style="list-style-type: none"> Approved by MPC. Updated information with workgroup recommendations.
6/7/2012	<ul style="list-style-type: none"> Approved by MPC. Statement to review InterQual prior to reviewing market specific criteria.
5/3/2012	<ul style="list-style-type: none"> Approved by MPC. New guideline; consolidated CCGs for FL, GA, OH w/ other markets.