



REIMBURSEMENT POLICY STATEMENT OHIO MEDICAID

Original Issue Date		Next Annual Review		Effective Date	
11/01/2017		11/01/2018		11/01/2017-10/22/2020	
Policy Name				Policy Number	
Occupational and Physical Therapy				PY-0030	
Policy Type					
Medical	Administrative	Pharmacy	REIMBURSEMENT		

Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

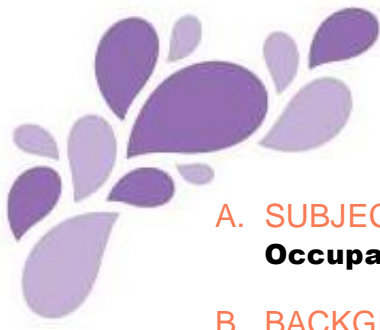
In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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A. SUBJECT

Occupational and Physical Therapy

B. BACKGROUND

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Occupational and Physical therapy services help improve the lives of patients through comprehensive evaluations, recommendations for adaptive equipment and training in its use, and guidance and education for family members and caregivers.

Occupational therapy (OT) focuses on adapting the environment of the member to fit their needs. This includes helping people regain skills after an injury, supporting older adults that have experienced a physical or mental change and teaching children with disabilities how to increase participation in school and social activities.

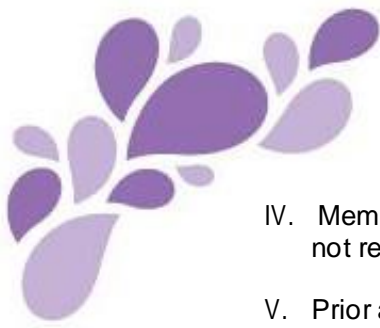
Physical therapy (PT) focuses on increasing the member's physical ability to participate in their environment. This includes helping people regain physical strength, function and independence and to reduce pain after an injury or mental change. PT teaches members how to manage their physical condition, prevent further injury and achieve long-term health benefits.

C. DEFINITIONS

- **Medically necessary** – health products, supplies or services that are necessary for the diagnosis or treatment of disease, illness, or injury and meet accepted guidelines of medical practice. Place OH MCD definition
- **Physical Therapy** - is a health profession that helps patients reduce pain and improve or restore mobility to achieve independence in their activities of daily living.
- **Occupational therapy** - is a health profession that helps patients develop skills in order to achieve independence in their activities of daily living.

D. POLICY

- I. CareSource members over 21 years of age may receive up to 30 visits for outpatient physical therapy services per calendar year (January 1 – December 31st) without prior authorization, if the provider is a participating provider with CareSource. Additional visits beyond 30 require a prior authorization.
- II. CareSource members over 21 years of age may receive up to 30 visits for outpatient occupational therapy services per calendar year (January 1 – December 31st) without prior authorization, if the provider is a participating provider with CareSource. Additional visits beyond 30 require a prior authorization.
- III. If the CareSource member is under 21 years of age, AND the provider is a participating provider with CareSource, there is no prior authorization required and there is no limit to the amount of visits for OT/PT services when medically necessary.



- IV. Members receiving therapy in the home (place of service 12) from a participating provider do not require a prior authorization and do not have a limit to the number of visits.
- V. Prior authorization is required for all non-participating providers for therapy services
- VI. Reimbursement is based off of Ohio Administrative Code 5160-8-33 skilled therapy: documentation of services and Ohio Administrative Code 5160-8-32 skilled therapy: coverage. For further information please refer to: <http://codes.ohio.gov/oac/5160-8-33> and <http://codes.ohio.gov/oac/5160-8-32>
- VII. Physical and Occupational therapy services:
 - A. Includes aquatic and massage therapy
 - B. Must be medically necessary and, under accepted standards of medical practice, be considered specific and effective treatment for the patient's condition.
 - C. A clinical evaluation and assessment of the member's need for OT/PT therapy services must include the following elements:
 - 1. An appropriate diagnosis of the disorder or a description of the physical or sensory functionality deficit.
 - 2. A current review of the individual's physical, auditory, visual, motor, and cognitive status.
 - 3. A case history, including the individual's development and capacity to participate in therapy and if appropriate, their family's perspectives
 - 4. The outcomes of standardized tests, non-standardized tests or other test results and interpretation that use age-appropriate developmental criteria.
 - 5. An evaluation justifying the need for OT/PT therapy services, which may be expressed as one of two prognoses of the patient's rehabilitative or developmental potential:
 - 5.1 The patient's functionality is expected to improve within sixty (60) days after the evaluation because of the initiation of therapy services or the patient's functionality is expected to improve within six months after the evaluation due to OT/PT therapy services, and the patient is expected to attain full functionality or make significant progress toward expected goals within twelve months; or
 - 5.2 The patient is not expected to attain full functionality or make significant progress toward the expected goals within twelve months, but a safe and effective maintenance program may be established; and
 - 6. Any recommendations for further appraisal, follow-up, or referral.
- VIII. Ophthalmologists may bill for code 97110 and 97530 for vision therapy, however Optometrists' reimbursement is based on the provider's specific contract and codes 97110 and 97530 may not be reimbursable. To confirm whether your contract reimburses for these codes, please contact your Health Partner representative.
- IX. Reimbursement is based on submitting a claim with the appropriate ICD-10 diagnosis code to match the OT/PT therapy service CPT code. See attached PDF.
- X. If the appropriate ICD-10 diagnosis code is not submitted with the CPT code, the claim will be denied.
- XI. Non-Covered Services
 - A. Evaluations, in the absence of signs and symptoms, are not covered.
 - B. Reevaluation may be covered, if necessary, because of a change in the member's condition, new clinical findings or failure to respond to the therapeutic interventions outlined in the plan of care.



Note: Although occupational and physical therapy services do not require a prior authorization for the first 30 visits and has no limit for CareSource members under 21 years of age, CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

XII. CareSource follows the federal, state and contract guidelines related to the provision of EPSDT Preventive Services & EPSDT Special Services (other necessary health services deemed medically necessary/ diagnostic services/ treatment services)

E. CONDITIONS OF COVERAGE

Reimbursement is dependent on, but not limited to, submitting Ohio Medicaid approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the Ohio Medicaid fee schedule <http://medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/App-DD.pdf>

- **The following PDF list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates. Please refer to the above referenced source for the most current coding information.**

F. RELATED POLICIES/RULES

G. REVIEW/REVISION HISTORY



DATE		ACTION
Date Issued	11/01/2017	New Policy.
Date Revised		
Date Effective	11/01/2017	
Date Archived	10/22/2020	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy

H. REFERENCES

1. Appendix DD to rule 5160-1-60. (2017, January 1). Retrieved 3/23/2017 from <http://medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/App-DD.pdf>
2. Medically Necessary - HealthCare.gov Glossary | HealthCare.gov. (2017, March 14). Retrieved 3/14/17 from <https://www.healthcare.gov/glossary/medically-necessary/>
3. About Occupational Therapy. (2017). Retrieved 4/5/2017 from <http://www.aota.org/About-Occupational-Therapy.aspx>
4. Who Are Physical Therapists? (2017). Retrieved 4/5/2017 from <http://www.apta.org/AboutPTs/>
5. Lawriter - OAC - 5160-8-33 Skilled therapy: documentation of services. (2014, January 1). Retrieved 3/27/17 from <http://codes.ohio.gov/oac/5160-8-33>
6. Lawriter - OAC - 5160-8-32 Skilled therapy: coverage. (2014, January 1). Retrieved 3/27/17 from <http://codes.ohio.gov/oac/5160-8-32>
7. Ohio Department of Medicaid - Covered Services. (2017, March 27). Retrieved 3/27/17 from <http://medicaid.ohio.gov/FOROHIOANS/CoveredServices.aspx#652244-occupational-therapy>
8. Ohio Department of Medicaid - Covered Services. (2017, March 27). Retrieved 3/27/17 from <http://medicaid.ohio.gov/FOROHIOANS/CoveredServices.aspx#652243-physical-therapy>

The Payment Policy Statement detailed above has received due consideration as defined in the Payment Policy Statement Policy and is approved.