CHAPTER 515 OCCUPATIONAL THERAPY AND PHYSICAL THERAPY

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BACKGROUND

West Virginia covers occupational therapy and physical therapy (OT/PT) services provided to Medicaid members admitted to an acute care hospital, a critical access hospital, outpatient setting or in the member's home. Therapy services must be provided by a Medicaid enrolled occupational or physical therapists who meets the qualifications specified in regulations at 42 CFR 440.110 and licensed pursuant to West Virginia State law.. In collaboration with this policy, OP/PT benefits will also be administered in accordance with Medicaid State Plan Amendment (SPA) 19-002

POLICY

515.1 COVERED SERVICES

Covered occupational and/or physical therapy services include, but are not limited to:

- Initial evaluation – Limited to one per calendar year
- Re-evaluation – Limited to two per calendar year
- Visits – Frequency and duration of visits must be included in the treatment plan of care for prior authorization review
- Continuation of initial approval of therapy services

Physical therapy modalities – Types, frequency and duration of modalities must be included in the treatment plan of care. These modalities are massage, mechanical stimulation, heat, cold, light, air, water, electricity, sound and exercises, limited wound care management, including mobilization of the joints and training in functional activities, and the performance of neuromuscular skeletal tests and measurements as an aid in diagnosis, evaluation or determination of the existence of and the extent of any body malfunction.

Occupational therapy modalities – Types, frequency and duration of modalities must be included in the treatment plan of care. Occupational therapy modalities are treatment and aid in diagnosis of problems interfering with functional performance in persons impaired by physical illness or injury, emotional disorder, congenital or developmental disability, or the aging process in order to achieve optimum functioning and for prevention and health maintenance. Specific occupational therapy services include, but are not limited to, activities of daily living (ADL), sensorimotor activities; the use of specifically designed crafts; guidance in the selection and use of adaptive equipment; therapeutic training; and consultation concerning the adaption of physical environments for the challenged. West Virginia State Code Chapter 30, Article 28.

Services are limited to a combined total of 20 visits per event of physical therapy, occupational therapy, osteopathic manipulation, Chronic Pain Management programs, and chiropractic treatment. All services beyond the initial 20 treatments require prior authorization.

Progress/improvement must be documented for continuing coverage of therapy. The therapists must document the member's compliance or noncompliance and the home regimen plan. Continuation of services may be considered when an exacerbated episode is clearly documented. If additional visits are deemed medically necessary, the therapist must submit additional clinical documentation and an Individualized

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Education Program (IEP) (if applicable) to the utilization management contractor (UMC) for a prior authorization review

For members with the Alternative Benefits Plan, a maximum total of 30 visits per calendar year, combined OT/PT may be available. Visit totals include OT/PT combined for rehabilitative and habilitative services.

The OT/PT rehabilitative and habilitative services are allowed in any combination not to exceed the total visits allowed as established by the base benchmark benefit limitations. Refer to *Chapter 400, Member Eligibility* for additional information. *Note: Prior authorization requirements apply as set forth in this policy.*

515.1.1 School Services vs. Services Provided by Private Practitioners

Parents have the freedom to choose services from Medicaid providers outside the school system. However, West Virginia cannot cover this duplication of services, that is, pay claims for the same services provided in the school system and also outside the school system by private practitioners for the same Medicaid member. Therefore, the parent/guardian must notify the school district to not seek Medicaid reimbursement for the relevant services. Please refer to *Chapter 538, School-Based Health Services* for additional information.

When school is not in session, continuation of therapy services, if necessary, is to be coordinated with a therapist in private practice. The written IEP established by the school system must include the continuation of the treatment plan by the private practitioner.

515.1.2 Birth-to-Three

The Birth-to-Three Program must coordinate the treatment plan of care between the providing therapists and the program providers to avoid duplication of occupational and/or physical therapies. The Program must also coordinate the member's transition to the school system after the age of three years.

515.1.3 Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

Any service required in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or Psychiatric Residential Treatment Facility (PRTF) by the member is reimbursed as an all-inclusive rate. However, if the ICF/IID or PRTF does not provide the required service(s) on-site, such as occupational and/or physical therapies, a written agreement between the ICF/IID or PRTF and an outside source must be developed and implemented to provide these services.

The ICF/IID or PRTF is responsible for reimbursement of therapy services to the provider. Services provided by outside source(s) are included in the ICF/IID or PRTF rate and must not be billed separately. Refer to *Chapter 511, Intermediate Care Facility for Individuals with Intellectual Disabilities* or *Chapter 531, Psychiatric Residential Treatment Facility* for more information.

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515.1.4 Nursing Facility

Occupational and/or physical therapy services are not eligible for reimbursement as a direct billing to Medicaid if the Medicaid member is a resident of a nursing facility at the time the therapy services are provided. Refer to *Chapter 514, Nursing Facility Services*, for additional information.

515.1.5 Inpatient Hospital

Occupational and/or physical therapy services by employed therapists may be provided to Medicaid members who are inpatients of acute care and critical access hospitals. Reimbursement of occupational and/or physical therapy for inpatients is included in the Diagnostic-Related Group (DRG) or hospital's per diem rate and will not be reimbursed separately; nor will these services require prior authorization under the DRG.

515.1.6 Home Health

Home health occupational and physical therapy services must be reasonable and necessary for the diagnosis and treatment of the illness or injury within the context of the member's unique medical condition. Refer to *Chapter 508, Home Health Services.*

515.2 OCCUPATIONAL AND PHYSICAL THERAPY ASSISTANTS AND AIDES

Occupational and physical therapy assistants or aides are not eligible to enroll individually or receive direct reimbursement for services provided to a Medicaid member.

515.3 PRIOR AUTHORIZATION

All requests for covered services requiring prior authorization must be submitted to the UMC for medical necessity determination. Nationally accredited, evidence-based, medically appropriate criteria, such as InterQual, or other medical appropriateness criteria approved by BMS, is utilized for reviewing medical necessity of services requested. Prior authorization is requested via the BMS UMC web-based portal.

Retrospective authorization is available by the UMC in the following circumstances:

- A procedure/service denied by the member's primary payer, providing all requirements for the primary payer have been followed, including appeal processes; or
- Retroactive West Virginia Medicaid eligibility.

Refer to *Chapter 100, General Information* for additional information.

515.4 NON-COVERED SERVICES

Non-covered services include but are not limited to:

- OT/PT services in excess of 20 visits provided for chronic conditions, such as arthritis, cerebral palsy, and developmental delay.
- OT/PT services in excess of 30 visits provided to members in the Alternative Benefit Plan.

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- Physical therapy does not include the use of radiology and radium for diagnostic and therapeutic purposes, or the use of electricity for surgical purposes, including cauterization;
- Experimental/investigational services/procedures for research purposes;
- Services provided to persons who are not eligible for Medicaid;
- Services provided by individuals who have not met the Medicaid enrollment requirements;
- Services that are covered under Workers Compensation or Division of Vocational Rehabilitation Services;
- Services for members who have reached maximum rehabilitation potential;
- Services when members are non-compliant with the documented treatment plan of care; and,
- Separate payment for bundled procedure codes.

Non-covered services are not eligible for West Virginia Department of Human Services (DoHS) Fair Hearings or Provider Desk/Document Reviews.

GLOSSARY

Definitions in *Chapter 200, Definitions and Acronyms* apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

Direct Supervision: The supervising/teaching therapist must be present at the outpatient site where Medicaid covered services are provided.

Evaluation: An initial assessment to determine the need for therapy services and develop a plan of care.

General Supervision: Requires the initial direction and periodic inspection/review of the actual activity or services.

Indirect Supervision: The therapist is on the premises when the Medicaid covered services are rendered and is available for any emergency or questions that may arise.

Individualized Education Program (IEP): A written statement for each child with a disability that is developed, reviewed and revised.

Modality: Any physical agent supplied to produce therapeutic changes to biologic tissue; includes but is not limited to thermal, acoustic, light, mechanical or electric charge.

Occupational Therapist: A graduate of an occupational therapy curriculum accredited jointly by the Accreditation Council for Occupational Therapy Education (ACOTE) and the American Occupational Therapy Association and is licensed in the State in which they practice.

Occupational Therapy: The evaluation, treatment and aid in diagnosis of problems interfering with functional performance in persons impaired by physical illness or injury, emotional disorder, congenital or developmental disability, or the aging process in order to achieve optimum functioning.

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Occupational Therapy Aide: A person who assists in the practice of occupational therapy while working under the direct supervision of an occupational therapist and the occupational therapy assistant. West Virginia State Code Chapter 30, Article 28.

Occupational Therapy Assistant: An Associate of Arts graduate employed by and under the general supervision of an occupational therapist and is licensed by the Board of Occupational Therapy in the State in which they practice.

Physical Therapy: The therapeutic treatment of any person by the use of massage, mechanical stimulation, heat, cold, light, air, water, electricity, sound and exercise, including mobilization of the joints and training in functional activities for the purpose of correcting or alleviating any physical or mental condition or preventing the development of any physical disability, and the performance of neuro-muscular-skeletal tests and measurements as an aid in diagnosis, evaluation or determination of the existence of and the extent of any body malfunction.

Physical Therapist: A graduate of a program of physical therapy approved by the American Physical Therapy Association and the Commission on Accreditation in Physical Therapy Education (CAPTE) and is licensed in the State in which they practice.

Physical Therapy Aide: A person, other than a physical therapy assistant, who assists a licensed physical therapist in the practice of physical therapy under the direct supervision of such licensed physical therapist. The actual physical presence of the physical therapist in the immediate treatment area where the treatment is being rendered is required. West Virginia State Code Chapter 30, Article 20.

Physical Therapy Assistant: A person who assists in the practice of physical therapy by performing patient-related activities delegated to him or her by a licensed physical therapist and performed under the general supervision of a licensed physical therapist. West Virginia State Code Chapter 30, Article 20.

Plan of Care: A written document that outlines the progression of therapy and modalities that will be used in the course of treatment.

Re-Evaluation: A subsequent evaluation/examination of a member for the purpose of assessing the effectiveness of prior treatment and the plan of care.

Visit: The date of service that therapy is provided. (For example: A visit includes all modalities provided on the specific date of service and must be billed as "1" visit on the claim form. Modalities provided on the date of service must also be documented on the claim form).

REFERENCES

West Virginia State Plan references OT/PT services at sections 3.1-A(11)(a) and (b), 3.1-B(11)(a), supplement 2 to attachments 3.1-A and 3.1-B(11)(a) and (b) and reimbursement at 4.19-B(11)(a) and (b). Attachment 3.1-L addresses benefits for the adult expansion population under the alternative benefits plan.

West Virginia State Code Chapter 30, Article 20.

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West Virginia State Code Chapter 30, Article 28.

CHANGE LOG

REPLACE	TITLE	EFFECTIVE DATE
Entire Chapter	515 Occupational Therapy and Physical Therapy	July 1, 2019
515.1	Added language to specifically call out services that are included in the calculation of the 20-visit service limit.	April 1, 2020
Entire Chapter	Updated Hyperlinks	September 1, 2024

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