

## MEDICAID STATE PLAN 1915 (B)

### SERVICE NAME/AUTHORIZATION LEVEL:

Occupational Therapy (Evaluations and All Occupational Therapy Services)/Level 1 Services

### SERVICE DESCRIPTION:

#### Evaluation:

**Physician-prescribed** activities provided by an occupational therapist currently registered by the State of Michigan to determine the beneficiary's need for services and to recommend a course of treatment, where there is **anticipated significant interference with functional performances**.

#### Therapy:

It is anticipated that therapy will result in a functional improvement that is significant to the beneficiary's **ability to perform daily living tasks appropriate to their chronological developmental or functional status**. These functional improvements should be able to be **achieved in a reasonable amount of time (must be obtainable) and should be durable (maintainable)**. **\*\*Therapy to make changes in components of function that do not have an impact on the beneficiary's ability to perform age-appropriate tasks is NOT covered.**

Therapy must be skilled, meaning it is **requiring the skills, knowledge and education of a registered occupational therapist and could not be performed by another entity (i.e.: teacher, nurse, family member, etc.)** Therapy may involve direct contact or consultation with beneficiaries in an **individual or group setting** for the purpose of treatment and education. In addition, **all occupational therapy services MUST be prescribed by a Physician,.**

### STANDARD PROCEDURE CODES and UNITS OF MEASURE:

- \* 97003 Occupational Therapy Evaluation/Encounter
- \* 97004 Occupational Therapy Re-Evaluation/Encounter
- \* 97110 OT/PT Strength ROM—Individual (Must be Face-to-Face)/15 minute increments: therapeutic exercises to develop strength and endurance, range of motion, and flexibility
- \* 97150 OT/PT Group/Encounter (Must be Face-to-Face)
- \* 97530 OT/PT Individual Therapeutic Activities (Must be Face-to-Face)/15 minute increment: The development of **Cognitive skills to improve attention, memory, and problem solving**.
- \* 97533 OT/PT Individual Sensory Integrative Techniques (Must be Face-to-Face)/15 minute increment: **designed to enhance sensory processing and promote adaptive responses to environmental demands**.

- \* 97537 OT/PT Community/Work Integration Training (Must be Face-to-Face)/15 minute increment: **includes shopping, transportation, money management, work environment/modification analysis, and work task analysis**
- \* 97542 OT/PT Wheelchair Management/Propulsion Training/15 minute increment

## **ELIGIBILITY CRITERIA AND SERVICE PRIORITIES:**

1. Beneficiary is experiencing a severe mental illness, severe emotional disturbance, or a developmental disability and meets eligibility requirements for specialty services, as defined in the Population Specific Practice Guidelines/Eligibility Chapter of this manual.
2. This service has been determined to meet Medical Necessity Criteria (see section on “Medical Necessity” for specific criteria, located in The Thumb Alliance Guiding Principles Chapter)
3. Beneficiary has an **identified functional need** (as defined above) where they are **unable to manage without education and/or monitoring**
4. Beneficiary is **unable to have those functional needs appropriately addressed by another entity** (as detailed above)
5. Beneficiary has some **physical impairments, which may cause further disability and impaired functioning.**

## **PROVIDER QUALIFICATIONS:**

- \* **For an Evaluation:** Must be completed by an Occupational Therapist and May **NOT** be completed by an Occupational Therapy Assistant
- \* **For Therapy:**  
May be performed by the following three disciplines under the specified conditions:
  1. **Occupational Therapist:** individual who is registered by the State of Michigan to practice as an Occupational Therapist
  2. **Occupational Therapy Assistant:** individual who is registered by the State of Michigan to practice as an occupational therapy assistant **and** who is Supervised by a qualified Occupational Therapist. The Occupational Therapist, however, does **Not need to be on-site to supervise** the Occupational Therapy Assistant; rather, supervision with regard to the beneficiary’s progress must take place. All **documentation must be reviewed and signed by the appropriately credentialed supervising Occupational Therapist.**

3. **Occupational Therapy Aide:** someone who has received on the job training **and** must be supervised by an on-site qualified occupational therapist. All documentation must be reviewed and signed by the appropriately credentialed supervising Occupational Therapist.

### **TYPICAL SERVICE UTILIZATION PATTERN:**

- \* **Physician Prescription will determine service utilization for Both Evaluation and Therapy Services. Physician's orders must be evident in the beneficiary's chart.**
- \* The typical length of time to complete an Occupational Therapy Evaluation is 2 hours, which includes all reporting documentation and should not be offered more than once/year, unless there have been **significant changes** in previous functioning, where a re-evaluation would take place.
- \* Beneficiary may receive up to 4 hours per month of Individual OT Services **OR** up to 4 encounters per month of group services in combination with up to 1 hour per month of other OT services.
- \* **Occupational Services should be time-limited, obtaining very specific daily living tasks and then services should STOP.**
- \* **Documentation in the beneficiary's chart should indicate the following:**
  - > How OT services could **NOT** be obtained from another funding source/entity
- \* How assessments support the use of OT services and is outlined in the individual/family plan of service
- \* Why the particular level of OT services is necessary (frequency/expected duration)
- \* Criteria for when OT services should be reduced or extinguished
- \* **Ongoing analysis/review of effectiveness of this service and rationale for any continued needs; due to this being a time-limited service, review of progress/service effectiveness should occur at least once per quarter.**

## **ASSOCIATED OUTCOMES:**

- \* Increased ability to perform daily living tasks **appropriate to the beneficiary's chronological, developmental, or functional status**
- \* **Beneficiary and their support system** will have increased the adaptive practices into their activities of daily living.
- \* Maximize Independence
- \* Stabilization of skills associated with areas of work, leisure, and activities of daily living, to prevent further deterioration
- \* Maximized health/safety