

34 Therapy

Medicaid therapy providers render speech, occupational, physical or respiratory therapy services to eligible Nevada Medicaid recipients.

Speech and language pathology services are those services necessary for the diagnosis and treatment of speech and language disorders that result in communication disabilities and for the diagnosis and treatment of swallowing disorders (dysphagia), regardless of the presence of a communication disability.

Occupational therapy is purposeful activity in the evaluation, teaching and treatment of patients who are handicapped by age, physical injury or illness, psychosocial dysfunction, developmental or learning disability, poverty or aspects of culture.

Physical therapy assists in the prevention of disability and physical rehabilitation of persons having congenital or acquired disabilities.

Respiratory therapy includes therapeutic and diagnostic use of medical gases, humidity and aerosols and the maintenance of associated apparatus; administration of drugs and medications to the cardiopulmonary system; provision of ventilator assistance and control; postural drainage and percussion and breathing exercises; and cardiopulmonary resuscitation and maintenance of natural airways and the insertion and maintenance of artificial airways;

Covered Services

Medicaid provides coverage for physical, occupational, respiratory, speech or hearing therapy services rendered to eligible Medicaid recipients as an outpatient or home as well as in a long term or intermediate care facility. Therapy services must be determined to be reasonable and necessary and must meet Medicaid's requirements for medical necessity.

Medicaid provides coverage for up to twenty four (24) one-hour therapy visits per discipline, per condition, per calendar year. (Includes combined individual and group sessions, not 24 of each.) Exceptions to the 24 session limit must be requested through the prior authorization process and must meet the medical necessity criteria.

Therapy is limited to a maximum of one (1) hour each visit unless prior authorized for additional time.

For all therapies listed above, Medicaid provides coverage for the initial screening and evaluation.

Providers may refer children aged 20 years and younger for therapy evaluation through a Healthy Kids Screening examination.

Non-Covered Services

If an individual's expected potential for restoration is insignificant in relation to the extent and duration of therapy services required to achieve such potential, the therapy would not be considered reasonable and necessary.

If at any point in the treatment of an illness it is determined that therapy expectations will not materialize, the services will no longer be considered reasonable and necessary and may be excluded from coverage.

Student therapists are persons in training, supervised by a qualified physical therapist. Their services are not a covered benefit with Medicaid.

Prior Authorization Requirements

See the Outpatient Services Authorization list on the web at <http://nevada.fhsc.com> for additional prior authorization requirements.

Physicians, Physician Assistant's and Advanced Nurse Practitioners must initiate all orders for therapy

Initial evaluations and supplies do not require prior authorization.

Re-evaluations may be reimbursed without an authorization when there is a break in service greater than 90 days. A re-evaluation done during the course of therapy is considered part of the treatment plan and is reimbursed as one of the authorized therapy sessions limited to a maximum of one hour.

Physical therapy for the initial evaluation and three (3) subsequent visits if ordered by a physician for the treatment of a medical illness or injury do not require prior authorization. All subsequent visits do require prior authorization.

Children (0-20) may be referred (considered the order) for the therapy evaluation through a Healthy Kids Screening. Medically necessary physical, occupational and speech therapy for children with chronic special health care needs must be prior authorized. Requests for any prior authorization extensions must reflect continued "restorative" benefit and not for "maintenance" purposes.

Therapy for children with the following diagnoses are covered with a single prior authorization for up to six (6) months in a calendar year: Anoxic Brain Damage/Near Drowning, Cerebral Palsy, Muscular Dystrophy, Pediatric CVA, Chronic, Spina Bifida and Traumatic Brain Injury.

Notes

Nevada Medicaid defines a therapy visit as up to four fifteen minute units inclusive of one to four modalities. Modalities not defined as a timed service will be counted as one

unit. A group (comprised of 2-4 individuals) therapy visit is defined as a single session or unit, which is not based on time.

Physicians, Physician Assistant's and Advanced Nurse Practitioners must initiate all orders for therapy.

Refer to the Nevada Medicaid Services Manual, Chapter 1700 for additional information.

The following table lists Nevada Medicaid covered therapy codes.

CPT Code	Description of Code	Covered Medicaid Benefit	Program Limitations	PA Required
92506	Speech Evaluation	Yes	One unit is the evaluation rate to initiate service	No
92507	Speech Therapy	Yes	One unit is the session rate	Yes
92508	Group Therapy, Speech	Yes	One unit is the session rate	Yes
97001	Pt Evaluation	Yes	One evaluation to initiate PT service	No
97002	Pt Re-Evaluation	Yes	One every three months if medically necessary	No
97003	OT Evaluation	Yes	One evaluation to initiate OT service	No
97004	OT Re-Evaluation	Yes	One every three months if medically necessary	No
97010	Hot Or Cold Packs Therapy	Yes	One unit may be used in conjunction with other modalities which do not exceed a max of one hr.	Yes
97022	Whirlpool Therapy	Yes	One unit may be used in conjunction with other modalities which do not exceed a max of one hr.	Yes
97032	Electrical Stimulation	Yes	One unit may be used in conjunction with other modalities which do not exceed a max of one hr.	Yes

CPT Code	Description of Code	Covered Medicaid Benefit	Program Limitations	PA Required
97035	Ultrasound Therapy	Yes	One unit may be used in conjunction with other modalities which do not exceed a max of one hr.	Yes
97110	Therapeutic Exercises	Yes	May use 4 units alone or in combination with other modalities which do not exceed a max of one hr	Yes
97112	Neuromuscular Reeducation	Yes	One unit may be used in conjunction with other modalities which do not exceed a max of one hr.	Yes
97116	Gait Training Therapy	Yes	One unit may be used in conjunction with other modalities which do not exceed a max of one hr.	Yes
97139	Physical Medicine Procedure	Yes	May use for the treatment of lymphedema conditions only	Yes
97150	Group Therapeutic Procedures	Yes	PT or OT Group of 2 + individuals requires constant attendance of therapist. One unit = one encounter. (Code no longer paid based on time)	Yes
97520	Prosthetic Training	Yes	May use 4 units alone or in combination with other modalities that do not exceed a max of one hr. with Dx of new amputation. (Use within 4 mos. of surgery.)	Yes
97535	OT Self Care Management Training	Yes	May use 4 units alone or in combination with other modalities which do not exceed a max of one hr.	Yes
97601	Wound(S) Care Selective	Yes	One unit per session for wound care	Yes
97602	Wound Care Non-Selective	Yes	One unit per session for wound care	Yes

CPT Code	Description of Code	Covered Medicaid Benefit	Program Limitations	PA Required
92510	Aural Rehab, Post Cochlear	Yes	One unit per session; Must be Dx related	Yes
92601	Cochlear Implant Dx Analysis For Child Under Age 7; With Programming	Yes	ST/Audiology; One unit per session	Yes
92602	Cochlear Implant Dx Analysis For Child Under Age 7; Subsequent Reprogramming	Yes	ST/Audiology; One unit per session	Yes
92603	Cochlear Implant Dx Analysis For Child Over Age 7; With Programming	Yes	ST/Audiology; One unit per session	Yes
92604	Cochlear Implant Dx Analysis For Child Over Age 7; Subsequent Reprogramming	Yes	ST/Audiology; One unit per session	Yes