



Provider Relations Outreach Specialist

203.210

Physician's Role in the Occupational, Physical and Speech Therapy Program

1-1-09

Medicaid covers occupational therapy, physical therapy and speech therapy services when provided to eligible Medicaid beneficiaries under age 21 in the Child Health Services (EPSDT) Program by qualified occupational, physical or speech therapy providers. Occupational evaluations and occupational therapy services are payable only to a qualified occupational therapist. Speech therapy evaluations may be performed by the physician; however, treatment for speech-language therapy disorders must be referred to a qualified speech therapist. Physical therapy evaluations may be performed by the physician and physical therapy sessions may be performed by the qualified physician. Physical therapy treatment may also be referred to a qualified physical therapist.

Speech therapy services ONLY are covered for beneficiaries in the ARKids First-B Program benefits.

All occupational, physical and speech therapy evaluations and services must be medically necessary and require a referral from the beneficiary's primary care physician (PCP) or the attending physician if the beneficiary is exempt from PCP Managed Care Program requirements. Therapy treatment services also require a prescription written by the physician who refers the patient to the therapist for specified services. For beneficiaries under age 21, form DMS-640 must be used for the initial referral for evaluation and a separate DMS-640 is required for the prescription. [View or Print form DMS-640.](#) **An electronic signature is accepted provided it is compliance with Arkansas Code 25-31-103.** The physician must maintain the original Occupational, Physical and Speech Therapy for Medicaid Eligible Beneficiaries Under Age 21 Prescription/Referral form–DMS-640–for each prescription in the beneficiary's medical records. The therapy provider must retain a copy of the DMS-640 in their established beneficiary medical chart/record. After the initial referral using the form DMS-640 and initial prescription utilizing a separate form DMS-640, subsequent referrals and prescriptions for continued therapy may be made at the same time using the same DMS-640.

Therapy services for individuals over age 21 are only covered when provided through the following Medicaid Programs: Developmental Day Treatment Clinic Services (DDTCS), Hospital/Critical Access Hospital (CAH), Rehabilitative Hospital, Home Health, Hospice and Physician. Refer to these Medicaid provider manuals for conditions of coverage and benefit limits.