214.000 Occupational, Physical and Speech Therapy Services 7-1-18

A. Occupational, physical and speech therapy services require a referral from the beneficiary's primary care physician (PCP) unless the beneficiary is exempt from PCP Program requirements. If the beneficiary is exempt from the PCP process, referrals for therapy services are required from the beneficiary's attending physician. All therapy services for beneficiaries under the age of 21 years require referrals and prescriptions be made utilizing the "Occupational, Physical and Speech Therapy for Medicaid Eligible Beneficiaries Under Age 21" form DMS-640.

B. Occupational, physical and speech therapy services also require a written prescription signed by the PCP or attending physician, as appropriate.

1. Providers of therapy services are responsible for obtaining renewed PCP referrals at least once every twelve (12) months even if the prescription for therapy is for one year.
2. A prescription for therapy services is valid for the length of time specified by the prescribing physician, up to one year.

C. When a school district is providing therapy services in accordance with a child's Individualized Education Program (IEP), a PCP referral is required at the beginning of each school year. The PCP referral for the therapy services related to the IEP can be for the 9-month school year.

D. The PCP or attending physician is responsible for determining medical necessity for therapy treatment.

1. The individual's diagnosis must clearly establish and support that the prescribed therapy is medically necessary.
2. Diagnosis codes and nomenclature must comply with the coding conventions and requirements established in **International Classification of Diseases Clinical Modification** in the edition Medicaid has certified as current for the patient's dates of service.
3. Please note the following diagnosis codes are not specific enough to identify the medical necessity for therapy treatment and may not be used. (View ICD codes.)

E. Therapy services providers must use form DMS-640 – "Occupational, Physical and Speech Therapy for Medicaid Eligible Beneficiaries Under Age 21 Prescription/Referral" – to obtain the PCP referral and the written prescription for therapy services for any beneficiary under the age of 21 years. View or print form DMS-640. Exclusive use of this form will facilitate the process of obtaining referrals and prescriptions from the PCP or attending physician. A copy of the prescription must be maintained in the beneficiary's records. The original prescription is to be maintained by the physician. Form DMS-640 must be used for the initial referral for evaluation and a separate DMS-640 is required for the prescription. 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. Instructions for completion of form DMS-640 are located on the back of the form. Medicaid will accept an electronic signature provided that it is compliance with Arkansas Code 25-31-103. When an electronic version of the DMS-640 becomes part of the physician or provider's

electronic health record, the inclusion of extraneous patient and clinic information does not alter the form.

To order copies from the Arkansas Medicaid fiscal agent use Form MFR-001 – Medicaid Forms Request. View or Print the Medicaid Form Request MFR-001.

F. A treatment plan developed and signed by a provider who is credentialed and licensed in the prescribed therapy or by a physician is required for the prescribed therapy.

1. The plan must include goals that are functional, measurable, and specific for each individual child.
2. Services must be provided in accordance with the treatment plan, with clear documentation of service rendered. Refer to Section 204.000, part D, of this manual for more information on required documentation.

G. Make-up therapy sessions are covered in the event a therapy session is canceled or missed if determined medically necessary and prescribed by the beneficiary's PCP. Any make-up therapy session requires a separate prescription from the original prescription previously received. Form DMS-640 must be used by the PCP or attending physician for any make-up therapy session prescriptions.

H. Therapy services carried out by an unlicensed therapy student may be covered only when the following criteria are met:

1. Therapies performed by an unlicensed student must be under the direction of a licensed therapist, and the direction is such that the licensed therapist is considered to be providing the medical assistance.
2. To qualify as providing the service, the licensed therapist must be present and engaged in student oversight during the entirety of any encounter that the provider expects Medicaid to cover.

I. Refer to Section 260.000 of this manual for procedure codes and billing instructions and Section 216.100 of this manual for information regarding extended therapy benefits.