



OCCUPATIONAL THERAPY

This document is subject to change. Please check our web site for updates.

This provider manual outlines policy and claims submission guidelines for claims submitted to the North Dakota Health Enterprise MMIS.

This document covers services provided by an occupational therapist who is enrolled with North Dakota (ND) Medicaid.

An occupational therapist is an individual who has graduated from an approved program and is registered by the American Occupational Therapy Association as an occupational therapist, meets licensing requirements and is licensed to practice occupational therapy in the state in which the services are provided.

COVERED SERVICES

Occupational therapy services encompass evaluation and re-evaluation of an individual's deficits in occupational performance, consultation, motor skills, cognitive skills, sensory integrative skills, preventive skills, therapeutic adaptations, and activities of daily living.

Occupational therapy services must relate directly and specifically to a written treatment regimen that is reviewed and revised as medically necessary by the member's physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and meet the primary care provider requirements, if applicable.

The following must be documented in the member's plan of care:

- The member's medical diagnosis and any contraindications to treatment;
- A description of the member's functional status;
- The objectives of the rehabilitative and therapeutic service;
- A description of the member's progress toward the objectives.

Occupational therapy services must be prescribed and a plan of care must be signed by the member's physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law. Recertification of the treatment plan must

occur within 60-days from the date of the initial evaluation or encounter. Subsequent recertification must occur at 60-day intervals throughout the course treatment. ND Medicaid requires a copy of the recertification when the provider is requesting encounters which are over the service limits. In all situations, a copy of the recertification must be kept by the provider for auditing purposes.

Occupational therapy services must be of a level of complexity and sophistication, or the condition of the member must be of a nature that requires the judgment, knowledge, and skills of a qualified occupational therapist.

Services must be directly and specifically related to an active written treatment plan prescribed by a physician. The services must be anticipated to progress toward or achieve the objectives in the member's treatment plan within a relatively short amount of time, not likely to exceed 90 days.

Occupational therapy provided on an ongoing basis for members who have a condition due to congenital abnormality, trauma, deprivation, or diseases that interrupt or delay the sequence and rate of normal growth, development, and maturation is a covered service unless it is considered maintenance. The therapy must be medically necessary to prevent the loss or digression of the member's functional level. The member must have one of the following:

- Spasticity or severe contractures that interfere with the member's activities of daily living or the completion of routine nursing care;
- A chronic condition that results in physiological deterioration and that requires specialized rehabilitative therapy services or equipment to maintain strength, range of motion, endurance movement patterns, activities of daily living, or positioning necessary for completion of the member's activities of daily living;
- An orthopedic condition that may lead to physiological deterioration and require therapy intervention by a physical or occupational therapist to maintain strength, joint mobility and cardio graphic function;
- Chronic pain that interferes with functional status and is expected by the physician to respond to therapy; or
- Skin breakdown that requires a therapy procedure other than a rehabilitative nursing service.

Occupational therapy is limited to 20 visits per calendar year, and one (1) evaluation per year. Prior authorization is required for visits exceeding this limit.

The following is a list of ND Medicaid covered CPT codes for restorative and rehabilitative services:

97003	Occupational therapy evaluation	1 unit
97004	Occupational therapy re-evaluation	1 unit

97010	Application of a modality to one or more areas; hot or cold packs	1 unit
97022	Application of a modality to one or more areas; whirlpool	1 unit
97032	Application of modality to one or more areas; electrical stimulation (manual), each 15 minutes	15 min./1 unit
97035	Application of modality to one or more areas; ultrasound, each 15 minutes	15 min./1 unit
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15 min./1 unit
97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	15 min./1 unit
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	15 min./1 unit
97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)	15 min./1 unit
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	15 min./1 unit
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	15 min./1 unit
G0152	Services of occupational therapist in home health setting, each 15 minutes	15 min / 1 unit
All other services for physical therapy and rehabilitation are non-covered by ND Medicaid.		

SERVICE AUTHORIZATIONS

A service authorization is required for services exceeding the limit of 20 visits per calendar year. The provider must complete and submit **SFN 481** to ND Medicaid, prior to the member's receipt of additional services. The form is available at www.nd.gov/dhs/services/medicalserv/medicaid/online-forms.html.

Information needed is:

- Prior short-term goals;
- Prior long-term goals;
- Progress since previous update;
- New short-term goals;
- New long-term goals.

Upon receipt of the information, ND Medicaid will evaluate the treatment plan for the following:

- Accomplishment of prior goals;

- Progress;
- Reasonable new goals;
- Maintenance care.

If the services are determined necessary to sustain a level of function or the member's condition would digress, the services would be covered by ND Medicaid. The services must be medically necessary and physician ordered.

ND Medicaid will not cover services that are provided without submitting required information.

NON-COVERED SERVICES

- Occupational therapy that is provided without a prescription from a physician;
- Services for contracture that are not severe and do not interfere with the member's functional status;
- Ambulation of a member who has an established gait pattern;
- Services for conditions of chronic pain that do not interfere with the member's functional status and that can be maintained by routine nursing measures;
- Services for activities of daily living when performed by the therapist, therapist assistant, or therapy aide;
- Bowel and bladder retraining programs;
- Arts and crafts activities for the purpose of recreation;
- Services that are not medically necessary;
- Services that are not documented in the member's health care record;
- Services that are not part of the member's plan of care or are specified in a plan of care that is not reviewed and revised as medically necessary by the member's attending physician;
- Services that are not designed to improve or maintain the functional status of a member with a physical impairment;
- Services by more than one provider of the same type for the same diagnosis unless the service is provided by the school district as specified in the member's individualized education plan;
- A rehabilitative and therapeutic service that is denied Medicare payment because of the provider's failure to comply with Medicare requirements;
- Occupational therapy services provided in a nursing facility or ICF/MR. Medicaid pays for those service through the rate established for the facility;

- Maintenance therapy.

BILLING GUIDELINES

Providers must bill for services using the North Dakota Web Portal using the electronic claims submission web pages or Electronic Data Exchange transaction. The claim must include a valid National Provider Identification number (NPI) and taxonomy code.