



Arkansas Department of Health and Human Services

Division of Medical Services



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TO: Arkansas Medicaid Health Care Providers – Developmental Day Treatment Clinic Services

DATE: October 1, 2007

SUBJECT: Provider Manual Update Transmittal # 92

<u>REMOVE</u>		<u>INSERT</u>	
Section	Date	Section	Date
----	----	201.200	10-01-07
220.110	11-01-06	220.110	10-01-07
220.120	11-01-06	220.120	10-01-07
220.210	11-01-05	220.210	10-01-07
262.110	11-1-06	262.110	10-1-07

Explanation of Updates

This Provider Manual update serves to add an explanation of requiring addition of form DMS-0663 and instructions for use by individual therapy providers that provide employee related therapy services through Developmental Day Treatment Clinic Services (DDTCS); the addition of an additional acceptable diagnostic test in each of the three therapy types; a correction to the modifier for code 97150 for group physical therapy by a physical therapy assistant; and add definitions wording to indicate codes that are billed by a therapist.

Section 201.200 contains explanation of need for additional form DMS-0663 for therapy providers employed by a DDTCS facility.

Section 220.110 contains addition of Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2) as a Medicaid acceptable test for Occupational Therapy.

Section 220.120 contains addition of Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2) as a Medicaid acceptable test for Physical Therapy.

Section 220.210 contains the addition of Receptive-Expressive Emergent Language Test, Third Edition (REEL-3) as a Medicaid acceptable test for Speech Language Therapy and the change of section title for manual consistency.

Section 262.110 contains a correction to the modifiers by deleting the U1 modifier formerly associated with procedure code 97150. This modifier is not required for correctly billing code 97150 as a physical therapy assistant providing group physical therapy. Also, an addition to definitions wording to indicate codes that are billed by a therapist is included.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 (TDD only).

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

TOC required

201.200 DDTCS Providing Occupational, Physical, or Speech Therapy

10-1-07

Optional services available through DDTCS include occupational, physical and speech therapy and evaluation as an essential component of the plan of care for an individual accepted for developmental disabilities services. Therapy services are not included in the core services and are provided in addition to the core services (see section 214.210 and 215.200, of this manual, for additional requirements for provision of therapy services).

If a DDTCS provider **contracts** with an individual qualified therapist or speech-language pathologist, the criteria for group providers of therapy services apply (See section 201.100 of the Occupational, Physical, Speech Therapy Services manual). The qualified individual is considered the provider of therapy services and must complete an application and contract with the Division of Medical Services. The individual provider will not bill Arkansas Medicaid for services as they are contracted through the DDTCS Provider, however Medicaid participation will be indicated by the provider identification number indicated as a performing provider when the facility bills for services.

Therapists directly **employed** by a facility will not bill Arkansas Medicaid for services nor indicate their individual Medicaid provider identification number for services provided as an employee of the billing facility. Therefore, the individual therapist's Medicaid participation will appear inactive to the Medicaid enrollment system. EDS will annually notify all providers, at the address currently on file with Arkansas Medicaid for the individual's enrollment, that no activity with the Medicaid program for the calendar year will inactivate their individual provider participation. It will be necessary for each individual therapy provider-employee to complete and return form DMS-0663 ([View or print form DMS-0663](#)) on an annual basis to have their enrollment remain active and not purged due to inactivity. All forms are located in Section V of each manual.

220.110 Accepted Tests for Occupational Therapy

10-1-07

Tests used must be norm referenced, standardized, age appropriate and specific to the therapy provided. The following list of tests is not all-inclusive. When using a test not listed here, the provider must include additional documentation to support the reliability and validity of the test. This additional information will be used as reference information if the chart is ever selected by Medicaid for review. An explanation of why a test from the approved list could not be used to evaluate the child must also be included. The *Mental Measurement Yearbook (MMY)* is the standard reference to determine the reliability and validity of the test(s) administered in an evaluation. Providers should refer to the *MMY* for additional information regarding specific tests.

Definitions:

STANDARD: Evaluations that are used to determine deficits.

SUPPLEMENTAL: Evaluations that are used to justify deficits and support other results. These should not "stand alone."

CLINICAL OBSERVATIONS: All clinical observations are supplemental but should be included with every evaluation, especially if standard scores do not qualify the child for therapy. They will be considered during reviews for medical necessity.

- A. Fine Motor Skills – Standard
 - 1. Peabody Developmental Motor Scales (PDMS, PDMS2)

2. Toddler and Infant Motor Evaluation (TIME)
 3. Bruininks-Oseretsky Test of Motor Proficiency (BOMP)
 4. Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2)
 5. Test of Infant Motor Performance (TIMP)
- B. Fine Motor Skills – Supplemental
1. Early Learning Accomplishment Profile (ELAP)
 2. Learning Accomplishment Profile (LAP)
 3. Mullen Scales of Early Learning, Infant/Preschool (MSEL)
 4. Miller Assessment for Preschoolers (MAP)
 5. Functional Profile
 6. Hawaii Early Learning Profile (HELP)
 7. Battelle Developmental Inventory (BDI)
 8. Developmental Assessment of Young Children (DAYC)
 9. Brigance Developmental Inventory (BDI)
- C. Visual Motor – Standard
1. Developmental Test of Visual Motor Integration (VMI)
 2. Test of Visual Motor Integration (TVMI)
 3. Test of Visual Motor Skills
 4. Test of Visual Motor Skills – R (TVMS)
- D. Visual Perception – Standard
1. Motor Free Visual Perceptual Test
 2. Motor Free Visual Perceptual Test – R (MVPT)
 3. Developmental Test of Visual Perceptual 2/A (DTVP)
 4. Test of Visual Perceptual Skills
 5. Test of Visual Perceptual Skills (upper level) (TVPS)
- E. Handwriting – Standard
1. Evaluation Test of Children’s Handwriting (ETCH)
 2. Test of Handwriting Skills (THS)
 3. Children’s Handwriting Evaluation Scale
- F. Sensory Processing – Standard
1. Sensory Profile for Infants/Toddlers
 2. Sensory Profile for Preschoolers
 3. Sensory Profile for Adolescents/Adults
 4. Sensory Integration and Praxis Test (SIPT)
 5. Sensory Integration Inventory Revised (SII-R)
- G. Sensory Processing – Supplemental
1. Sensory Motor Performance Analysis
 2. Analysis of Sensory Behavior
 3. Sensory Integration Inventory
 4. DeGangi-Berk Test of Sensory Integration
- H. Activities of Daily Living/Vocational/Other – Standard
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1. Pediatric Evaluation of Disability Inventory (PEDI)

NOTE: The PEDI can also be used for older children whose functional abilities fall below that expected of a 7½ year old with no disabilities. In this case, the scaled score is the most appropriate score to consider.
 2. Adaptive Behavior Scale – School (ABS)
 3. Jacobs Pre-vocational Assessment
 4. Kohlman Evaluation of Daily Living Skills
 5. Milwaukee Evaluation of Daily Living Skills
 6. Cognitive Performance Test
 7. Purdue Pegboard
 8. Functional Independence Measure (FIM) 7 years of age to adult
 9. Functional Independence Measure – young version (WeeFIM)
- I. Activities of Daily Living/Vocational/Other – Supplemental
1. School Function Assessment (SFA)
 2. Bay Area Functional Performance Evaluation
 3. Manual Muscle Test
 4. Grip and Pinch Strength
 5. Jordan Left-Right Reversal Test
 6. Erhardy Developmental Prehension
 7. Knox Play Scale
 8. Social Skills Rating System
 9. Goodenough Harris Draw a Person Scale

220.120 Accepted Tests for Physical Therapy

10-01-07

Tests used must be norm referenced, standardized, age appropriate and specific to the therapy provided. The following list of tests is not all-inclusive. When using a test not listed here, the provider must include additional documentation to support the reliability and validity of the test. This additional information will be used as reference information if the chart is ever selected by Medicaid for review. An explanation of why a test from the approved list could not be used to evaluate the child must also be included. The *Mental Measurement Yearbook (MMY)* is the standard reference to determine the reliability and validity of the test(s) administered in an evaluation. Providers should refer to the *MMY* for additional information regarding specific tests.

- A. Norm Reference
1. Adaptive Areas Assessment
 2. Test of Gross Motor Development (TGMD-2)
 3. Peabody Developmental Motor Scales, Second Ed. (PDMS-2)
 4. Bruininks-Oseretsky Test of Motor Proficiency (BOMP)
 5. Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2)
 6. Pediatric Evaluation of Disability Inventory (PEDI)
 7. Test of Gross Motor Development – 2 (TGMD-2)
 8. Peabody Developmental Motor Scales (PDMS)
 9. Alberta Infant Motor Scales (AIM)

10. Toddler and Infant Motor Evaluation (TIME)
 11. Functional Independence Measure for Children (WeeFIM)
 12. Gross Motor Function Measure (GMFM)
 13. Adaptive Behavior Scale – School, Second Ed. (AAMR-2)
 14. Movement Assessment Battery for Children (Movement ABC)
 15. Test of Infant Motor Performance (TIMP)
 16. Functional Independence Measure (FIM) 7 years of age to adult
- B. Physical Therapy – Supplemental
1. Bayley Scales of Infant Development, Second Ed. (BSID-2)
 2. Neonatal Behavioral Assessment Scale (NBAS)
 3. Mullen Scales of Early Learning Profile (MSEL)
 4. Hawaii Early Learning Profile (HELP)
- C. Physical Therapy Criterion
1. Developmental assessment for students with severe disabilities, Second Ed. (DASH-2)
 2. Milani-Comparetti Developmental Examination
- D. Physical Therapy – Traumatic Brain Injury (TBI) – Standardized
1. Comprehensive Trail-Making Test
 2. Adaptive Behavior Inventory
- E. Physical Therapy – Piloted
Assessment of Persons Profoundly or Severely Impaired

220.210

Accepted Tests for Speech-Language Therapy

10-01-07

Tests used must be norm referenced, standardized, age appropriate and specific to the therapy provided. The following list of tests is not all-inclusive. When using a test not listed here, the provider must include additional documentation to support the reliability and validity of the test. This additional information will be used as reference information if the chart is ever selected by Medicaid for review. An explanation of why a test from the approved list could not be used to evaluate the child must also be included. The *Mental Measurement Yearbook (MMY)* is the standard reference to determine the reliability and validity of the test(s) administered in an evaluation. Providers should refer to the *MMY* for additional information regarding specific tests.

- A. Speech-Language Tests – Standardized
1. Preschool Language Scale, Third Ed. (PLS-3)
 2. Preschool Language Scale, Fourth Ed. (PLS-4)
 3. Test of Early Language Development, Third Ed. (TELD-3)
 4. Peabody Picture Vocabulary Test, Third Ed. (PPVT-3)
 5. Clinical Evaluation of Language Fundamentals – Preschool (CELF-P)
 6. Clinical Evaluation of Language Fundamentals, Third Ed. (CELF-3)
 7. Clinical Evaluation of Language Fundamentals, Fourth Ed. (CELF-4)
 8. Communication Abilities Diagnostic Test (CADeT)
 9. Test of Auditory Comprehension of Language, Third Ed. (TACL-3)
 10. Comprehensive Assessment of Spoken Language (CASL)

11. Oral and Written Language Scales (OWLS)
 12. Test of Language Development – Primary, Third Ed. (TOLD-P:3)
 13. Test of Word Finding, Second Ed. (TWF-2)
 14. Test of Auditory Perceptual Skills, Revised (TAPS-R)
 15. Language Processing Test, Revised (LPT-R)
 16. Test of Pragmatic Language (TOPL)
 17. Test of Language Competence, Expanded Ed. (TLC-E)
 18. Test of Language Development – Intermediate, Third Ed. (TOLD-I:3)
 19. Fullerton Language Test for Adolescents, Second Ed. (FLTA)
 20. Test of Adolescent and Adult Language, Third Ed. (TOAL-3)
 21. Receptive One-Word Picture Vocabulary Test, Second Ed. (ROWPVT-2)
 22. Expressive One-Word Picture Vocabulary Test, 2000 Ed. (EOWPVT)
 23. Comprehensive Receptive and Expressive Vocabulary Test, Second Ed. (CREVT-2)
 24. Kaufman Assessment Battery for Children (KABC)
 25. Receptive-Expressive Emergent Language Test, Third Edition (REEL-3)
- B. Speech Language Tests – Supplemental
1. Receptive/Expressive Emergent Language Test, Second Ed. (REEL-2)
 2. Nonspeech Test for Receptive/Expressive Language
 3. Rossetti Infant-Toddler Language Scale (RITLS)
 4. Mullen Scales of Early Learning (MSEL)
 5. Reynell Developmental Language Scales
 6. Illinois Test of Psycholinguistic Abilities, Third Ed. (ITPA-3)
 7. Social Skills Rating System – Preschool & Elementary Level (SSRS-1)
 8. Social Skills Rating System – Secondary Level (SSRS-2)
- C. Birth to Age 3:
1. - (minus) 1.5 SD (standard score of 77) below the mean in two areas (expressive, receptive) or a - (minus) 2.0 SD (standard score of 70) below the mean in one area to qualify for language therapy.
 2. Two language tests must be reported with at least one of these being a global norm-referenced standardized test with good reliability and validity. The second test may be criterion referenced.
 3. All subtests, components, and scores must be reported for all tests.
 4. All sound errors must be reported for articulation, including positions and types of errors.
 5. If phonological testing is submitted, a traditional articulation test must also be submitted with a standardized score.
 6. Information regarding the child's functional hearing ability must be included as a part of the therapy evaluation report.
 7. Non-school-age children must be evaluated annually.
 8. If the provider indicates that the child cannot complete a norm-referenced test, the provider must submit an in-depth functional profile of the child's functional communication abilities. An in-depth functional profile is a description of a child's communication behaviors that specifically notes where such communication behaviors are impaired and justifies the medical
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necessity of therapy. Standardized forms are available for the completion of an in-depth functional profile, but a standardized form is not required.

9. Children must be evaluated at least annually. Children (birth to age 2) in the Child Health Management Services (CHMS) Program must be evaluated every 6 months.

D. Ages 3 to 21:

1. - (minus) 1.5 SD (standard score of 77) below the mean in two areas (expressive, receptive, articulation) or a - (minus) 2.0 SD (standard score of 70) below the mean in one area (expressive, receptive, articulation).
2. Two language tests must be reported with at least one of these being a global norm-referenced standardized test with good reliability and validity. Criterion-referenced tests will not be accepted for this age group.
3. All subtests, components and scores must be reported for all tests.
4. All sound errors must be reported for articulation, including positions and types of errors.
5. If phonological testing is submitted, a traditional articulation test must also be submitted with a standardized score.
6. Information regarding child's functional hearing ability must be included as a part of the therapy evaluation report.
7. Non-school aged children must be evaluated annually.
8. School-age children must have a full evaluation every three years (a yearly update is required) if therapy is school related; outside of school, annual evaluations are required. "School related" means the child is of school age, attends public school and receives therapy provided by the school.
9. If the provider indicates the child cannot complete a norm-referenced test, the provider must submit an in-depth functional profile of the child's functional communication abilities. An in-depth functional profile is a description of a child's communication behaviors that specifically notes where such communication behaviors are impaired and justifies the medical necessity of therapy. Standardized forms are available for the completion of an in-depth functional profile, but a standardized form is not required.
10. IQ scores are required on all children who are school age and receiving language therapy. **Exception: IQ scores are not required for children under ten (10) years of age.**

262.110 Occupational, Physical and Speech Therapy Procedure Codes

10-01-07

DDTCS therapy services may be provided only outside the time DDTCS core services are furnished. The following procedure codes must be used for therapy services in the DDTCS Program for Medicaid beneficiaries of all ages.

A. Occupational Therapy Procedure Codes

Procedure Code	Required Modifier(s)	Description
97003	—	Evaluation for occupational therapy (30-minute unit; maximum of 4 units per state fiscal year, July 1 through June 30)

Procedure Code	Required Modifier(s)	Description
97150	U1, UB	Group occupational therapy by occupational therapy assistant (15-minute unit; maximum of 4 units per day, maximum of 4 clients per group)
97150	U2	Group occupational therapy by Occupational Therapist (15-minute unit; maximum of 4 units per day, maximum of 4 clients per group)
97530	—	Individual occupational therapy by Occupational Therapist (15-minute unit; maximum of 4 units per day)
97530	UB	Individual occupational therapy by occupational therapy assistant (15-minute unit; maximum of 4 units per day)

B. Physical Therapy Procedure Codes

Procedure Code	Required Modifier(s)	Description
97001	—	Evaluation for physical therapy (30-minute unit; maximum of 4 units per state fiscal year, July 1 through June 30)
97110	—	Individual physical therapy by Physical Therapist (15-minute unit; maximum of 4 units per day)
97110	UB	Individual physical therapy by physical therapy assistant (15-minute unit; maximum of 4 units per day)
97150	—	Group physical therapy by Physical Therapist (15-minute unit; maximum of 4 units per day, maximum of 4 clients per group)
97150	UB	Group physical therapy by physical therapy assistant (15-minute unit; maximum of 4 units per day, maximum of 4 clients per group)

C. Speech Therapy Procedure Codes

Procedure Code	Required Modifier(s)	Description
92506	—	Evaluation for speech therapy (maximum of four 30-minute units per state fiscal year, July 1 through June 30)
92507	—	Individual speech session by Speech Therapist (15-minute unit; maximum of 4 units per day)
92507	UB	Individual speech therapy by speech language pathology assistant (15-minute unit; maximum of 4 units per day)

Procedure Code	Required Modifier(s)	Description
92508	—	Group speech session by Speech Therapist (15-minute unit; maximum of 4 units per day, maximum of 4 clients per group)
92508	UB	Group speech therapy by speech language pathology assistant (15-minute unit; maximum of 4 units per day, maximum of 4 clients per group)
