

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2008

CATEGORICALLY NEEDED

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(14) RESERVED

(15) Physical Therapy and Related Services

a. Physical Therapy

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Effective for dates of service on or after October 1, 1999, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit will be provided if medically necessary.
- (3) Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.

A qualified physical therapist assistant may provide services under the supervision of a licensed physical therapist.

- (4) Effective for dates of service on or after October 1, 1999, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Extensions of the benefit limit will be provided if medically necessary.

SUPERSEDES: TN- 02-02

STATE <u>Arkansas</u>	A
DATE REC'D <u>11-30-07</u>	
DATE APPV'D <u>2-28-08</u>	
DATE EFF <u>1-1-08</u>	
HCFA 179 <u>07-20</u>	

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CATEGORICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found.
(Continued)

(15) Physical Therapy and Related Services (Continued)

b. Occupational Therapy

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Services must be prescribed by a physician and provided by or under the supervision of a qualified occupational therapist.

A qualified occupational therapist assistant may provide services under the supervision of a licensed occupational therapist.

- (3) Effective for dates of service on or after October 1, 1999, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit for the evaluation will be provided if medically necessary.
- (4) Effective for dates of service on or after October 1, 1999, individual and group occupational therapy are limited to four (4) units per day. One unit equals 15 minutes. Extensions of benefit limit will be provided if medically necessary.

c. Services for individuals with speech, hearing and language disorders (provided by or under the supervision of a speech pathologist or audiologist)

- (1) Speech language pathology services are limited to Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Speech pathology services must be referred by a physician and provided by or under the supervision of a qualified speech pathologist.

A qualified speech therapist assistant may provide services under the supervision of a licensed speech therapist.

- (3) Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One (1) unit equals 30 minutes. Extensions of the benefit limit for the evaluation will be provided if medically necessary.
- (4) Effective for dates of service on or after October 1, 1999, individual and group speech language pathology services are limited to four (4) units per day. One unit equals 15 minutes. Extension of the benefit limit will be provided if medically necessary.

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Individuals residing in hospitals and nursing care facilities are not eligible for occupational therapy, physical therapy and speech pathology services under the optional therapy program. These services are included as part of the institutional package of services.

Individuals residing in residential care facilities and supervised living facilities are eligible for these therapy services when provided on or off site from the facility.

SUPERSEDES: TN. 01-15

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

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CATEGORICALLY NEEDY

11. Physical Therapy and Related Services

Speech-Language Pathology services and qualified Speech-Language Pathologists meet the requirements set forth in 42 CFR 440.110. Speech-Language Pathology Assistants work under the supervision of the Speech-Language Pathologist in accordance with the State's licensing and supervisory requirements.

Physical Therapy services and qualified Physical Therapists meet the requirements set forth in 42 CFR 440.110. Physical Therapy assistants work under the supervision of the Physical Therapist in accordance with the State's licensing and supervisory requirements.

Occupational Therapy services and qualified Occupational Therapists meet the requirements set forth in 42 CFR 440.110. Occupational Therapy assistants work under the supervision of the Occupational Therapist in accordance with the State's licensing and supervisory requirements.

Audiology services and qualified Audiologists meet the requirements set forth in 42 CFR 440.110.

A. Occupational, Physical and Speech Therapy

1. Refer to Attachment 3.1-A, Item 4.b. (15) for therapy services for recipients under age 21.
2. For recipients over age 21, effective for dates of services on or after October 1, 1999, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes.

B. Speech Therapy

Augmentative Communication Device (ACD) Evaluation - Effective for dates of service on or after September 1, 1999, Augmentative Communication Device (ACD) evaluation is covered for eligible Medicaid recipients of all ages. One ACD evaluation may be performed every three years based on medical necessity. The benefit limit may be extended for individuals under age 21.

SUPERSEDES: TN- 99-14

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MEDICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(14) RESERVED

(15) Physical Therapy and Related Services

a. Physical Therapy

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- (2) For dates of service on or after October 1, 1999, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit will be provided if medically necessary.
- (3) Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.

A qualified physical therapist assistant may provide services under the supervision of a licensed physical therapist.

- (4) Effective for dates of service on or after October 1, 1999, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Effective Extensions of the benefit limit will be provided if medically necessary.

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SUPERSEDES: TN- 02-02

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MEDICALLY NEEDY

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(Continued)

(15) Physical Therapy and Related Services (Continued)

b. Occupational Therapy

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
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A qualified occupational therapist assistant may provide services under the supervision of a licensed occupational therapist.

- (3) Effective for dates of service on or after October 1, 1999, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit for the evaluation will be provided if medically necessary.
- (4) Effective for dates of service on or after October 1, 1999, individual and group occupational therapy are limited to four (4) units per day. One unit equals 15 minutes. Extensions of benefit limit will be provided if medically necessary.

c. Services for individuals with speech, hearing and language disorders (provided by or under the supervision of a speech pathologist or audiologist)

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SUPERSEDES: TN- 01-15

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MEDICALLY NEEDY

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Occupational Therapy services and qualified Occupational Therapists meet the requirements set forth in 42 CFR 440.110. Occupational Therapy assistants work under the supervision of the Occupational Therapist in accordance with the State's licensing and supervisory requirements.

Audiology services and qualified Audiologists meet the requirements set forth in 42 CFR 440.110.

A. Occupational, Physical and Speech Therapy

1. Refer to Attachment 3.1-B, Item 4.b. (15) for therapy services for recipients under age 21.
2. For recipients over age 21, effective for dates of services on or after October 1, 1999, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes.

B. Speech Therapy

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: January 1, 2008

5. Physicians' Services (Continued)

Supplemental Payment to Certain Professionals Employed by UAMS

SUPERSEDES: TN-02-17

(a) Effective January 1, 2008, certain medical professional providers employed by the University of Arkansas for Medical Sciences (UAMS) shall be eligible for a supplemental payment that equals the difference between the regular, base Medicaid rate and an estimate of the average commercial rate paid for each billing code.

Eligible professionals are:

- (i) Physicians, psychiatrists, psychologists, social workers, psychological examiners, speech therapists, advanced practice nurses, physician assistants, nurse anesthetists, occupational therapists, physical therapists, podiatrists, audiologists, opticians and nutritionists;
- (ii) Licensed by the State of Arkansas; and
- (iii) Employed by the UAMS College of Medicine.

(b) A supplemental payment will be made for services rendered by eligible professionals equal to the difference between the Medicaid payments otherwise made and payments at the Average Commercial Rate. This supplemental payment will, for the same dates of service, be reduced by any other supplemental payment for eligible professionals found elsewhere in the state plan. Payment will be made quarterly and will not be made prior to the delivery of services.

(c) The supplemental payment to eligible professionals will be determined as follows:

(i) **Compute the Average Commercial Fee Schedule:** Determine the average commercial allowed amount paid per procedure code by the top five payers with negotiated fee schedules. The State will develop separate Average Commercial Fee Schedules for services billed through UAMS, Area health Education Centers (AHECs) and Children's Hospital. Additionally, if there are any differences in payment on a per billing code basis for services rendered by different types of medical professionals, the State will calculate separate Average Commercial Fee Schedule(s) to reflect these differences. The data used to develop the Average Commercial Fee Schedule will be derived from the most recently completed state fiscal year.

Calculate the Average Commercial Payment Ceiling: For each quarter of the current fiscal year multiply the Average Commercial Fee Schedule as determined in 5(c)(i) above by the number of times each procedure code was paid in the quarter to eligible professionals on behalf of Medicaid beneficiaries as reported from the MMIS. The Average Commercial Payment Ceiling will be calculated separately for services billed through UAMS, Arkansas Children's Hospital and AHECs. If applicable, a separate payment ceiling will be set when payment for the same service differs according to the type of professional rendering the service.

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(d) The Supplemental Payment shall equal the difference between the Average Commercial Payment Ceiling for the quarter and the total Medicaid payments made for the quarter to eligible professionals for the procedure codes included in the calculation of the Average Commercial Fee Schedule in 5(c)(i) above, as reported from the MMIS.