

ITEM 2.a. OUTPATIENT HOSPITAL SERVICES

Emergency Care

Emergency Care shall be administered in accordance with 42 CFR 447.53(b)(4).

Rehabilitative Therapies

Outpatient therapy services, whether occupational therapy, physical therapy or speech pathology services, or any combination of therapies, are limited to thirty (30) therapy visits per calendar year. Exceptions to this limit must be prior approved.

All therapy providers meet the provider qualification described in 42 CFR 440.110.

Diagnostic Testing

Diagnostic testing is limited to those tests ordered by a physician for determining the nature and severity of an illness or medical condition. Administratively necessary or court ordered tests are not covered, unless they are medically necessary.

Psychiatric Partial Hospitalization

Psychiatric partial hospitalization is covered as a hospital service for those programs which have received and meet the conditions of a Certificate of Need for the Vermont Health Care Authority.

ITEM 7. HOME HEALTH SERVICES

Home health services are listed to those required on an intermittent basis. Covered home health services under this Plan are those that are provided by the staff of a Medicare certified and Medicare participating home health agency or visiting nurse association.

- A. Intermittent or part-time nursing ordered by and included in the Plan of treatment established by the physician.

An initial visit by a registered nurse or appropriate therapist for the assessment of the need for home health services by observation and evaluation of function may be covered either in the community or the hospital. If nursing care is ordered and provided during the visit, only one service (either the initial visit or the care) will be covered.

- B. Home health aide services must be documented in the Plan of treatment and supervised by the appropriate therapist or the registered nurse. Personal care services may be performed by the aide when they are incidental to the medical care being provided.
- C. Medical supplies are limited to those required to perform the services ordered by the physician. Routine small cost items (eg. cotton balls, tongue depressors, etc.) are covered in the visit or hourly rate paid to the agency. Agencies owning equipment may be reimbursed a rental fee for the loan of such equipment as meets the needs of the beneficiary as documented in the plan of treatment. Medicaid will not pay the agency for the purchase of equipment.
- D. Therapy services whether occupational therapy, physical therapy or speech pathology services, are limited to four months, after which prior authorization must be requested of and granted by the Medicaid Division for reimbursement to be made. Unless, the service may not be reasonably provided by the patient's support person(s) and the patient undergoes another acute care episode or injury, or experiences increased loss of function, or deterioration of the patient's condition requiring therapy is imminent and predictable, authorization will not be granted for more than one year from the start of treatment. Services requiring treatment which cannot be brought into the home, will be covered provided the agency has met the certifying standards for that service under their participation agreement with Medicare. Therapists must meet the qualifications in 42 CFR §440.110.

ITEM 10. DENTAL SERVICES

Limitations:

- ◆ Endodontia, not to exceed three teeth treated per beneficiary
- ◆ Crown build up (code 02950) is limited to endodontially treated teeth
- ◆ Certain services, such as third molar surgery, may require prior authorization
- ◆ The adult dental benefit is limited to \$475.00 per beneficiary per calendar year

Services not covered include:

- ◆ Bonding and sealants
- ◆ Single crowns
- ◆ Periodontal care and periodontal surgery
- ◆ Crown and bridge
- ◆ Orthodontia
- ◆ Elective and cosmetic care

SUPERSEDED

ITEM 11. PHYSICAL THERAPY AND RELATED SERVICES

A, B, & C Physical therapy, occupational therapy and services for individuals with speech, hearing, and language disorders are limited as follows:

- 1) to those provided in the outpatient department of a hospital\*\*, nursing facility\*or Medicare certified rehabilitation agency; by private practitioners who are active Medicaid providers; and by staff therapists of a home health agency;

\* PT, OT, and ST for an inpatient of the nursing facility are covered in the nursing facility per diem.

\*\* PT, OT and ST for outpatients of a hospital are covered as described in Item 2(iii)(c) on page 2a(1b) of Attachment 4.19-B.

- 2) thirty (30) therapy visits per calendar year and include any combination of physical therapy, occupational therapy and speech/language therapy. Exceptions to this limitation must be prior approved.

- 3) Analog or Digital hearing aids are limited to one hearing aid per ear every three years for specified degrees of hearing loss outlined below. Prior authorization is required for more frequent requests for a hearing aid. Hearing aid repairs are limited to one repair/modification per aid per year. Prior authorization is required when a second or subsequent repair/modification is requested within 365 days of a previous repair/modification. Hearing loss will have to meet one of the following conditions or if otherwise necessary under EPSDT; prior authorization is required for other degrees of hearing loss:

- a. Hearing loss in the better ear is greater than 30dB based on an average taken at 500, 1000, and 2000Hz.

- b. Unilateral hearing loss is greater than 30dB, based on an average taken at 500, 1000, and 2000Hz.

- c. Hearing loss in the better ear is greater than 40dB base on an average taken at 2000, 3000, and 4000Hz, or word recognition is poorer than 72 percent.

(Continued)

All therapy providers must meet the provider qualification described in 42 CFR 440.110. A physical therapist, occupational therapist, and speech language pathologist shall provide all of the therapeutic intervention that requires the expertise of a licensed therapist and shall determine the use of physical or occupational therapist assistants or therapy aides who provide for the delivery of care that is safe, effective and efficient, provided the assigned acts, tasks, or procedures do not exceed the person's education or training and provided:

- 1) A physical therapist assistant shall work under a physical therapist's supervision; an occupational therapist assistant shall work under an occupational therapist's supervision. A physical therapist or occupational assistant may document care pursuant to an existing treatment plan from the supervising therapist.
- 2) A licensed therapist may use aides for designated routine tasks. An aide shall work under the on-site supervision of a licensed therapist who is continuously on site and present at the facility, who is immediately available to assist the person being supervised in the services being performed, and who maintains continued involvement in appropriate aspects of each treatment session in which a component of treatment is assigned. The supervision by the licensed therapist may extend to off-site supervision of the aide only when the aide is accompanying and working directly with a physical or occupational assistant with a specific patient or when performing nonpatient-related tasks. Speech therapy assistants and any other person regardless of discipline working under the supervision of a licensed therapist (for example, a massage therapist, an athletic trainer, an exercise physiologist, a kinesiotherapist) shall be considered an aide in this circumstance, and is subject to the above supervision requirements. An aide is defined as a person, trained under the direction of a licensed therapist, who performs designated and supervised routine therapy tasks.
- 3) Students enrolled in accredited therapist/physical or occupational therapist assistant programs, while engaged in completing a clinical requirement for graduation must work under the direct line-of-site supervision and direction of a licensed therapist.