

ADMINISTRATIVE POLICY STATEMENT

Georgia Medicaid

Policy Name & Number	Date Effective
Outpatient Physical Therapy, Occupational Therapy, and Speech-Language Pathology-GA MCD-AD-0986	08/01/2024
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on illness, or injury of function, dysfunction of medical practice in the local provider. Medically Administrative Policy Statements, on or payment of (s) referenced in the plan contract (i.e., cost used to make the diagnosis and treatment of a condition that apply to medical conditions as covered under this policy.

Outpatient Physical Therapy, Occupational Therapy, and Speech-Language Pathology-

C. Definitions

- x Medically Necessary/Medical Necessity – Care based upon generally accepted medical practices in light of conditions at the time of treatment which are
 - o Appropriate and consistent with the diagnosis and the omission of which could adversely affect or fail to improve the eligible enrollee's condition.
 - o Compatible with the standards of acceptable medical practice in the US.
 - o Provided in a safe and appropriate setting given the nature of the diagnosis and the severity of the symptoms.
 - o Not provided solely for the convenience of the eligible enrollee or the convenience of the health care provider or hospital.
 - o Not primarily custodial care.
- x Home Exercise Program (HEP) – A 6-week program requiring a

2. The inherent complexity of, or risk posed by, the prescribed physical therapy, occupational therapy or speech-language pathology regimen is such that it can only be performed safely and effectively by or under the general supervision of skilled medical personnel in a hospital setting.
3. The individual's medical status requires enhanced monitoring beyond what would routinely be needed for physical therapy, occupational therapy, or speech-language pathology services.
4. The equipment for the size of the individual (eg, a very young or small child) is not available in a freestanding facility.
5. There is significant risk of sudden life-threatening changes in the individual's clinical condition and immediate access to specific services provided in a medical center/hospital setting is considered advisable (eg, access to
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The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.