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NEBRASKA DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

471 NAC 14

TITLE 471 NEBRASKA MEDICAL ASSISTANCE PROGRAM SERVICES

CHAPTER 14 OCCUPATIONAL AND PHYSICAL THERAPY SERVICES

001. SCOPE AND AUTHORITY. The regulations govern the services provided under Nebraska's Medicaid program as defined by Nebraska Revised Statute §§ 68-901 et seq.

002. DEFINITIONS.

002.01 INTERVENTION. A therapeutic procedure defined by the Current Procedural Terminology (CPT) manual of the American Medical Association.

002.02 MOBILIZATION OR MANUAL THERAPY. A group of techniques comprising a continuum of skilled passive movements to the joints or related soft tissues, or both, throughout the normal physiological range of motion that are applied at varying speeds and amplitudes, without limitation.

002.03 OCCUPATIONAL THERAPIST. A person holding a current license to practice occupational therapy.

002.04 OCCUPATIONAL THERAPY. The use of purposeful activity with individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, or the process of aging in order to maximize independent function, prevent further disability, and achieve and maintain health and productivity. Occupational therapy encompasses evaluation, treatment, and consultation and may include:

- (A) Remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes;
- (B) Adaptation of task, process, or the environment, or the teaching of compensatory techniques, in order to enhance performance;
- (C) Disability prevention methods and techniques which facilitate the development or safe application of performance skills; and
- (D) Health promotion strategies and practices which enhance performance abilities.

002.05 OCCUPATIONAL THERAPY ASSISTANT. A person holding a current license to assist in the practice of occupational therapy.

002.06 PHYSICAL AGENT MODALITIES. Modalities that produce a bio physiological response through the use of water, temperature, sound, electricity, or mechanical devices.

002.07 PHYSICAL THERAPIST. A person licensed to practice physical therapy.

002.08 PHYSICAL THERAPIST ASSISTANT. A person certified as a physical therapist assistant.

002.09 PHYSICAL THERAPY OR PHYSIOTHERAPY. Physical Therapy or Physiotherapy means:

- (A) Examining, evaluating, and testing individuals with mechanical, physiological, and developmental impairments, functional limitations, and disabilities or other conditions related to health and movement and, through analysis of the evaluative process, developing a plan of therapeutic intervention and prognosis while assessing the ongoing effects of the intervention;
- (B) Alleviating impairment, functional limitation, or disabilities by designing, implementing, or modifying therapeutic interventions, which does not include the making of a medical diagnosis, but which may include any of the following:
  - (i) Therapeutic exercise;
  - (ii) Functional training in home, community, or work integration or reintegration related to physical movement and mobility;
  - (iii) Therapeutic massage;
  - (iv) Mobilization or manual therapy;
  - (v) Recommendation, application, and fabrication of assistive, adaptive, protective, and supportive devices and equipment;
  - (vi) Airway clearance techniques;
  - (vii) Integumentary protection techniques;
  - (viii) Non-surgical debridement and wound care;
  - (ix) Physical agents or modalities;
  - (x) Mechanical and electrotherapeutic modalities; and
  - (xi) Patient-related instruction.
- (C) Purchasing, storing, and administering topical and aerosol medication in compliance with applicable rules and regulations of the Board of Pharmacy regarding the storage of such medication;
- (D) Reducing the risk of injury, impairment, functional limitation, or disability, including the promotion and maintenance of fitness, health, and wellness; and
- (E) Engaging in administration, consultation, education, and research.

002.10 TAKE HOME SUPPLIES. Expendable or specified reusable supplies required for care of a medical condition and used in the client's home.

002.11 WORK HARDENING. An occupational rehabilitation program that is focused on assisting the injured worker to return to the job while minimizing the risk of re-injury.

### 003. PROVIDER REQUIREMENTS.

003.01 GENERAL PROVIDER REQUIREMENTS. To participate in Nebraska Medicaid, providers of physical therapy and occupational therapy services must comply with all applicable provider participation requirements codified in 471 Nebraska Administrative Code (NAC) 2 and 3. In the event that provider participation requirements in 471 NAC 2 or 3 conflict with requirements outlined in this 471 NAC 14, the individual provider participation requirements in 471 NAC 14 will govern.

003.02 SPECIFIC PROVIDER REQUIREMENTS.

003.02(A) LICENSED OCCUPATIONAL THERAPIST (OT) ASSISTANTS AND CERTIFIED PHYSICAL THERAPIST (PT) ASSISTANTS. The Department does not enroll occupational therapy assistants (OTA) or physical therapy assistants (PTA) as providers. Services provided by an occupational therapy assistant (OTA) are covered by the Department when all requirements of 172 NAC 114 are met. Services provided by a physical therapy assistant (PTA) are covered by the Department when all requirements of 172 NAC 137 are met.

004. SERVICE REQUIREMENTS.

004.01 GENERAL SERVICE REQUIREMENTS.

004.01(A) MEDICAL NECESSITY. The Department incorporates the medical necessity requirements outlined in 471 NAC 1 as if fully rewritten herein. Services and supplies that do not meet the requirements in 471 NAC 1 are not covered.

004.01(B) SERVICE CRITERIA. The Department covers occupational therapy (OT) and physical therapy (PT) services when the following criteria are met. The service must be:

- (i) An evaluation;
- (ii) Restorative therapy with a medically appropriate expectation that the client's condition will improve significantly within a reasonable period of time; or
- (iii) Recommended in a Department-approved Individual Program Plan (IPP), and the client is receiving services through one of the following waiver programs:
  - (1) Developmental Disabilities (DD) Adult Comprehensive Services Waiver;
  - (2) Developmental Disabilities (DD) Adult Residential Services Waiver;
  - (3) Developmental Disabilities (DD) Adult Day Services Waiver;
  - (4) Community Supports Waiver; or
  - (5) Home and Community Based Services Waiver for Children with Developmental Disabilities and their Families.

004.01(C) SERVICES FOR INDIVIDUALS AGE 21 AND OLDER. For clients age 21 and older, the Department covers a combined total of 60 therapy sessions per fiscal year (July 1 through June 30). The combined total of 60 therapy sessions per fiscal year includes all occupational therapy (OT), physical therapy (PT), and speech therapy sessions provided to the client.

004.02 COVERED SERVICES. The Department covers occupational therapy (OT) or physical therapy (PT) services when the following criteria are met:

- (1) The services are ordered by a licensed physician or nurse practitioner;
- (2) The services are medically necessary; and
- (3) The services are such that only a licensed occupational therapist (OT) or physical therapist (PT) can safely and effectively perform the service.

004.02(A) MAINTENANCE PROGRAM. The occupational therapist (OT) or physical therapist (PT) must:

- (i) Evaluate the client's needs;
- (ii) Design a maintenance program; and
- (iii) Instruct the client, family members, or nursing facility staff in carrying out the program.

004.02(B) ORTHOTIC APPLIANCES AND DEVICES. The Department covers orthotic appliances and devices when medically necessary for the client's condition, and when the orthotic appliance or device is used during the therapy session.

004.02(C) SUPPLIES. The Department covers supplies used during the course of treatment that require application by the occupational therapist (OT) or physical therapist (PT) when they are not incidental to the procedure.

004.03 NON-COVERED OCCUPATIONAL THERAPY OR PHYSICAL THERAPY SERVICES. The Department does not cover occupational therapy (OT) or physical therapy (PT) services in the following situations:

- (A) Maintenance therapy provided by an occupational therapist (OT) or physical therapist (PT);
- (B) Therapy for work hardening, or vocational and prevocational assessment and training;
- (C) Therapy for functional capacity evaluations, educational testing, drivers training, training in non-essential self-help or recreational activities, training related to a learning disability or attention disorder, visual perception training, or treatment of psychological conditions;
- (D) In-service training for nursing facility staff which is not client specific;
- (E) Rental of equipment; or
- (F) Take home supplies.

005. BILLING AND PAYMENT FOR OCCUPATIONAL THERAPY AND PHYSICAL THERAPY SERVICES.

005.01 BILLING.

005.01(A) GENERAL BILLING REQUIREMENTS. Providers must comply with all applicable billing requirements codified in 471 NAC 3. In the event that individual billing requirements in 471 NAC 3 conflict with billing requirements outlined in this 471 NAC 14, the individual billing requirements in 471 NAC 14 will govern.

005.01(B) SPECIFIC BILLING REQUIREMENTS.

005.01(B)(i) BILLING INSTRUCTIONS. The provider must bill the Department using the appropriate claim form or electronic format.

005.01(B)(ii) USUAL AND CUSTOMARY CHARGE. The provider or the provider's authorized agent must submit the provider's usual and customary charge for each

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procedure code listed on the claim. Healthcare Common Procedure Coding System (HCPCS) procedure codes used by Medicaid are listed in the Nebraska Medicaid Practitioner Fee Schedule.

005.01(B)(iii) MEDICAL NECESSITY DOCUMENTATION. The provider must provide the following information when submitting a claim for occupational therapy (OT) or physical therapy (PT) services:

- (1) Date of illness or injury onset;
- (2) Date occupational therapy or physical therapy plan established;
- (3) Date occupational therapy or physical therapy started; and
- (4) Number of occupational therapy or physical therapy visits from onset.

005.02 PAYMENT.

005.02(A) GENERAL PAYMENT REQUIREMENTS. The Department will reimburse the Provider for services rendered in accordance with the applicable payment regulations codified in 471 NAC 3. In the event that individual payment regulations in 471 NAC 3 conflict with payment regulations outlined in this 471 NAC 14, the individual payment regulations in 471 NAC 14 will govern.

005.02(B) SPECIFIC PAYMENT REQUIREMENTS.

005.02(B)(i) PAYMENT FOR INDIVIDUAL PROVIDERS. The Department pays for covered occupational therapy (OT) or physical therapy (PT) services at the lower of:

- (1) The provider's submitted charge; or
- (2) The allowable amount for that Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) procedure code in the Nebraska Medicaid Practitioner Fee Schedule in effect on the date that the service was rendered.