

Occupational Therapy (OT), Physical Therapy (PT), Speech Therapy (ST) Specialty Training

Health First Colorado
(Colorado's Medicaid Program)

Training Overview

Enrollment
Requirements

Benefits

Billing and Coding

Requirements for Physical Therapists

- **Physical therapists** must be licensed by the [Colorado Department of Regulatory Agencies \(DORA\)](#) pursuant to Title 12 Article 41.106 and may supervise up to four individuals at one time who are not physical therapists, including certified nurse aides, to assist in the therapist's clinical practice. Supervision authority extends to the limits stated in the Physical Therapists Practice Act per section [C.R.S. § 12-41-113\(1\)](#).
- **Physical therapist assistants (PTA)** must be certified by DORA pursuant to Title 12 Article and must work under the supervision of a licensed physical therapist as defined in the Colorado Physical Therapy Practice Act (§ 12-41-203(2) C.R.S.) and accompanying rules as promulgated by the State Board of Physical Therapy.

Requirements for Occupational Therapists

- **Occupational therapists** must be registered by DORA pursuant to Title 12 Article 40.5.
- **Occupational therapy assistants (OTA)** must practice under the general supervision of a Colorado registered occupational therapist.

Requirements for Speech Therapists

- **Speech-language Pathologists**(SLPs, speech therapists) must have a current license pursuant to the [Speech-language Pathology Practice Act](#).
- **Speech-language Pathology Assistants** are support personnel who, following academic and/or on-the-job training, perform tasks prescribed, directed, and supervised by licensed speech-language pathologists. Speech-language pathologists must follow the ASHA guidelines on the training, use, and supervision of assistants. **Speech-language pathology assistants** must practice under the direct supervision of a Colorado licensed speech-language pathologist.
- **Clinical Fellows**, practicing under the general supervision of a licensed speech-language pathologist may provide speech therapy services.

Covered Services

Some services may not be covered. Please refer to the Physical and Occupational Therapies and Speech Therapy Billing Manuals for more information.

Not covered
benefits of fee-
for-service
PT/OT/ST for any
member,
regardless of age

- Education
- Personal need, convenience
- Comfort therapy
- Experimental
- Investigational
- Hippotherapy

General Policies

- Services must be ordered, prescribed or referred by a licensed Health First Colorado-enrolled **physician, physician assistant, or nurse practitioner**, or part of an approved **Individualized Family Service Plan (IFSP)** through the Early Intervention program.
- Services must be medically necessary.
- There must be an approved Plan of Care for the services provided.
- Most services require Prior Authorization from the Department's Utilization Management vendor before claims can be reimbursed.

Rehabilitative vs Habilitative

- Services must be classified as either Rehabilitative or Habilitative.
- "Rehabilitative" means therapy that treats acute injuries and illnesses which are non-chronic conditions. Rehabilitative is therefore short-term in nature.
- "Habilitative" means therapy that treats chronic conditions with the purpose of helping the member retain or improve skills and functioning that are affected by the chronic condition. Habilitative therapy may therefore be long-term in nature.

General Benefit Limitations for PT/OT

- A maximum of 5 units of service for each therapy type are allowed per date of service (5 units of PT, 5 units of OT).
- Members may receive up to 48 units of any combination of PT/OT services per rolling 12-month period *before* a Prior Authorization Request (PAR) is required. Evaluation and orthotic services are not included in this limit.
- There is no limit to the amount of services which may be covered with a Prior Authorization. However, Prior Authorizations may be partially approved or denied.

General Benefit Limitations for Speech Therapy

- A maximum of 5 units of service for each therapy type are allowed per date of service.
- There is no hard-limit to coverage amount.
- Coverage differs depending on the age and benefit plan of the member.

Therapy Type	Child (0-20)	Adult (21+)
Rehabilitative Speech Therapy	Covered	Covered
Habilitative Speech Therapy	Covered	Only covered for adults on the Alternative Benefits Plan (ABP)

Augmentative and Alternative Communication Therapy

- Adults with chronic conditions may qualify for augmentative and alternative communication services when justified and supported by medical necessity to allow the individual to achieve or maintain maximum functional communication for performance of Activities of Daily Living.
- All adults, regardless of benefit plan, have CPT 92609 and 92609+92507 covered if the above policy is met.

Medical Necessity

Medical necessity is determined in accordance with generally accepted standards of medical practice and must:

- Not be primarily for the convenience of the child, parent or legal guardian, physician or other health care provider
- Be clinically appropriate in terms of type, frequency and duration
- Be cost effective

Billing and Coding

Claims must be billed on the professional claim type

Units of Service

- Consult the Current Procedural Terminology (CPT) Manual for definitions for each coded service.
 - Some codes represent a treatment session without regard to its length of time (1 unit maximum).
 - Some codes may be billed incrementally as “timed” units.

Resources

Provider Contacts web page

<https://www.colorado.gov/hcpf/provider-help>

- Provider Services Call Center

Training web page

<https://www.colorado.gov/pacific/hcpf/provider-training>

Billing Manuals

- [Speech Therapy Billing Manual](#)
- [Physical and Occupational Therapies Billing Manual](#)

Thank you!