

Occupational Therapy	
<input type="checkbox"/> Original	Original Committee Approval: 12/3/08
<input checked="" type="checkbox"/> Revised	Last Committee Approval: 12/3/08
	Last Review: August 2008

Background:

Occupational therapy involves the use of purposeful activities to help people regain performance skills lost through injury or illness. The goal of such individualized programs is to improve a patient's quality of life by recovering competence, maximizing independence, and preventing injury or disability as much as possible. Services must be provided by a licensed occupational therapist.

Indications/Criteria:

***Community Health Plan uses the Milliman Care Guidelines for these services.**

***Note:** In all cases, therapy must be designed to achieve a specific diagnosis-related goal for a patient who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time. The treatment provided must be specific, effective, and reasonable for the patient's diagnosis and physical condition.

Additional Requirements for Referral

Plan of Care:

Occupational therapy must be provided in accordance with an ongoing and updated written plan of care/progress note. The referring provider and the therapist must sign the plan of care.

The Plan of Care must include:

- The date of onset or exacerbation of the disorder
- Specifics regarding both long-term and short-term goals
- Measurable objectives
- A reasonable estimate of the timelines for the specific goals
- Specifics regarding the treatment techniques and/or exercises to be employed

- The frequency and duration of treatment

This Plan of Care must be updated as the patient's condition changes, and must be re-certified by the referring provider after an initial 60 days. These updates must also meet the Milliman Care Guidelines criteria for continuation of therapy.

Limitations/Exclusions:

Healthy Options:	None
GA-U	None
Basic Health Plan:	Occupational therapy is only covered after reconstructive joint surgery. (Please see applicable benefit exceptions.)
Medicare Advantage	None

Required Approvals:

Prior authorization by the CHP Medical Director or his/her designee.