



Iowa Department of Human Services

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For Human Services use only:

General Letter No. 8-AP-413
Employees' Manual, Title 8
Medicaid Appendix

April 24, 2015

PHYSICAL THERAPY MANUAL TRANSMITTAL NO. 15-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **PHYSICAL THERAPY MANUAL**, Chapter III, **Provider-Specific Policies**, pages 2 and 4, revised.

Summary

The **PHYSICAL THERAPY MANUAL** is revised to:

- ◆ Add a link to the current cap information on the Centers of Medicare and Medicaid Services website.
- ◆ Update links due to the Department's new website.

Date Effective

Immediately.

Material Superseded

This material replaces the following pages from the **PHYSICAL THERAPY MANUAL**, which includes the following:

<u>Page</u>	<u>Date</u>
Chapter III 2, 4	April 1, 2014

Additional Information

The updated provider manual containing the revised pages can be found at:
<http://dhs.iowa.gov/sites/default/files/PhyTher.pdf>.

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.



B. COVERAGE OF PHYSICAL THERAPY SERVICES

Total Medicaid payment for combined services provided by an independently practicing physical therapist and speech-language pathologist shall not exceed the therapy cap as disclosed by the Centers of Medicare and Medicaid Services (CMS). Click <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8970.pdf> to view the current cap information.

For Medicaid purposes, physical therapy services are those services furnished a patient that meet all of the following conditions:

- ◆ The services are directly and specifically related to an active written treatment regimen that is:
 - Designed by the physician after any needed consultation with the qualified physical therapist, and
 - Included in the final treatment plan.
- ◆ The services are of such a level of complexity and sophistication or the condition of the patient is such that the judgment, knowledge, and skills of a qualified physical therapist are required.
- ◆ The services are in fact performed by or under the supervision of a qualified physical therapist, meaning that the qualified physical therapist:
 - Provides authoritative procedural guidance for the rendering of the services with initial direction and periodic inspection of the actual act, and
 - Is on the premises if the person performing the service does not meet the assistant-level qualifications.
- ◆ The services either:
 - Are provided with the expectation that the patient will improve significantly in a reasonable and generally predictable period of time, based on the physician's assessment of the patient's restorative potential after any needed consultation with a qualified physical therapist, or
 - Are necessary to the establishment of a safe and effective maintenance program required in connection with a specific disease state.
- ◆ The services are considered under accepted standards of medical practice to be specific and effective treatment for the patient's condition.
- ◆ The services are reasonable and necessary to the treatment of the patient's condition.



Iowa
Department
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Services

Provider and Chapter

Physical Therapy

Chapter III. Provider-Specific Policies

Page

4

Date

April 1, 2015

E. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS

Claims for Physical Therapy are billed on federal form CMS-1500, *Health Insurance Claim Form*.

Click [here](#) to view a sample of the CMS-1500.

Click [here](#) to view billing instructions for the CMS-1500

Refer to [Chapter IV. Billing Iowa Medicaid](#) for claim form instructions, all billing procedures, and a guide to reading the Iowa Medicaid Remittance Advice statement.

The Billing Manual can be located online at:
<http://dhs.iowa.gov/sites/default/files/All-IV.pdf>.