AHCCCS Arizona Health Care Cost Containment System

AHCCCS MEDICAL POLICY MANUAL

POLICY 310-X – ATTACHMENT A AHCCCS ADULT MEMBER (PERSONS AGE 21 AND OLDER) THERAPY BENEFIT TABLE

	ACUTE BENEFIT	ALTCS BENEFIT
OCCUPATIONAL THERAPY: INPATIENT	Covered when medically necessary	Covered when medically necessary
OCCUPATIONAL THERAPY: OUTPATIENT	 15 visits per benefit year (10/01—9/30) to restore a particular skill or function the individual previously had but lost due to injury or disease and maintain that function once restored; and, 15 visits per benefit year (10/01—9/30) to attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired. 	Covered when medically necessary
PHYSICAL THERAPY: INPATIENT	Covered when medically necessary	Covered when medically necessary
PHYSICAL THERAPY: OUTPATIENT	 15 visits per benefit year (10/01—9/30) to restore a particular skill or function the individual previously had but lost due to injury or disease and maintain that function once restored; and, 15 visits per benefit year (10/01—9/30) to attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired. 	 15 visits per benefit year (10/01—9/30) to restore a particular skill or function the individual previously had but lost due to injury or disease and maintain that function once restored; and, 15 visits per benefit year (10/01—9/30) to attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired.
SPEECH THERAPY: INPATIENT	Covered when medically necessary	Covered when medically necessary
SPEECH THERAPY: OUTPATIENT	Not a covered benefit	Covered when medically necessary

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