

STATE: MINNESOTA

ATTACHMENT 3.1-A

Effective: January 1, 2012

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Approved: **JUN 18 2012**

Supersedes: 10-16 (98-01, 94-07)

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6.c. Chiropractors' services.

- Coverage is limited to medically necessary evaluation and manual manipulation of the spine for treatment of incomplete or partial dislocations, and the x-rays that are needed to support a diagnosis of subluxation.
- Payment for manual manipulation of the spine of a recipient is limited to six manipulations per month and, effective January 1, ~~2011~~ 2012, ~~twelve~~ twenty-four manipulations per year unless prior authorization for a greater number of manipulations is obtained.
- Payment is limited to one annual evaluation unless prior authorization for additional evaluations is obtained.

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6.d.Other practitioners' services. (continued)

**C. Acupuncture Services**

Effective for services delivered on or after January 1, 2012, acupuncture coverage is limited to the treatment of chronic pain, which is pain with a documented duration of a least six consecutive months that has been unresponsive to other forms of therapy.

Qualified providers include licensed acupuncturists or other licensed practitioner for whom acupuncture is within the practitioner's scope of practice and who have specific acupuncture training or credentialing, including chiropractors, osteopaths and physicians.

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11.a. Physical therapy services.

Coverage is limited to:

- (1) Services prescribed by a physician or other licensed practitioner of the healing arts within the scope of the practitioner's practice under state law.
- (2) Services provided by a physical therapist or a physical therapist assistant who is under the direction of a physical therapist.
- (3) Services specified in a plan of care that is reviewed and revised as medically necessary by the recipient's attending physician or other licensed practitioner of the healing arts at least once every 60 days. If the service is a Medicare covered service and the recipient is eligible for Medicare, the plan of care must be reviewed at the intervals required by Medicare and the recipient must be visited by the physician or the physician's delegate as required by Medicare.
- (4) Services that are:
  - (A) Restorative therapy and are provided to a recipient whose functional status is expected by the physician or other licensed practitioner of the healing arts to progress toward or achieve the objectives in the recipient's plan of care within a 60-day period; or
  - (B) Specialized maintenance therapy is provided only to a recipient under 21 years of age. It is provided to a recipient whose condition cannot be maintained or treated only through rehabilitative nursing services or services of other care providers, or by the recipient because the recipient's medical condition(s) result in:
    - (i) Spasticity or severe contracture that interferes with the recipient's activities of daily living or the completion of routine nursing care, or decreased functional ability compared to the recipient's previous level of function.

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11.a. Physical therapy services. (continued)

- (ii) A chronic condition that results in physiological deterioration and that requires specialized maintenance therapy services or equipment to maintain strength, range of motion, endurance, movement patterns, activities of daily living, cardiovascular function, integumentary status, positioning necessary for completion of the recipient's activities of daily living, or decreased abilities relevant to the recipient's current environmental demands,  
or;

(iii) health and safety risks for the recipient.

Specialized maintenance therapy must meet at least one of the following:

- (i) prevents deterioration and sustains function;
- (ii) for a chronic or progressive medical condition, provides interventions that enable a recipient to live at his or her highest level of independence;  
or
- (iii) provides treatment interventions for a recipient who is progressing but not at a rate comparable to the expectations of rehabilitative and therapeutic care.

**Physical therapist** is defined as a graduate of a program of physical therapy approved by both the Committee on Allied Health Education and Accreditation of the American Medical Association and the American Physical Therapy Association or its equivalent. Physical therapists must meet state licensure requirements when they are developed. Physical therapy services and providers must meet the requirements of 42 CF 440.110. Physical therapy services are provided by or under the direction of a qualified physical therapist.

**Physical therapist assistant** is defined as one qualified under the rules of the Board of Medical Examiners. These rules define a physical therapist assistant as a skilled

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11.b. Occupational therapy services.

Coverage is limited to:

- (1) Services prescribed by a physician or other licensed practitioner of the healing arts within the scope of the practitioner's practice under state law.
- (2) Services provided by an occupational therapist or an occupational therapy assistant who is under the direction of an occupational therapist.
- (3) Services specified in a plan of care that is reviewed and revised as medically necessary by the recipient's attending physician or other licensed practitioner of the healing arts at least once every 60 days. If the service is a Medicare covered service and the recipient is eligible for Medicare, the plan of care must be reviewed at the intervals required by Medicare and the recipient must be visited by the physician or the physician's delegate as required by Medicare.
- (4) Services that are:
  - (A) Restorative therapy and are provided to a recipient whose functional status is expected by the physician or other licensed practitioner of the healing arts to progress toward or achieve the objectives in the recipient's plan of care within a 60-day period; or
  - (B) Specialized maintenance therapy is provided only to a recipient under 21 years of age. It is provided to a recipient whose condition cannot be maintained or treated only through rehabilitative nursing services or services of other care providers, or by the recipient because the recipient's medical conditions(s) result in:
    - (i) Spasticity or severe contracture that interferes with the recipient's activities of daily living or the completion of routine nursing care, or decreased functional ability compared to the recipient's previous level of function;

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11.b. Occupational therapy services. (continued)

(ii) A chronic condition that results in physiological deterioration and that requires specialized maintenance therapy services or equipment to maintain strength, range of motion, endurance, movement patterns, activities of daily living, cardiovascular function, integumentary status, positioning necessary for completion of the recipient's activities of daily living, or decreased abilities relevant to the recipient's current environmental demands, or;

(iii) health and safety risks for the recipient.

Specialized maintenance therapy must meet at least one of the following:

- (i) prevents deterioration and sustains function;
- (ii) for a chronic or progressive medical condition, provides interventions that enable a recipient to live at his or her highest level of independence; or
- (iii) provides treatment interventions for a recipient who is progressing but not at a rate comparable to the expectations of rehabilitative and therapeutic care.

**Occupational therapist** is defined as an individual certified by the National Board for Certification in Occupational Therapy who maintains state licensure as an occupational therapist. Occupational therapy services and providers meet the requirements of 43 CFR 440.110. Occupational therapy services are provided by or under the direction of a qualified occupational therapist.

**Occupational therapy assistant** is defined as an individual who has successfully completed all academic and field work requirements of an occupational therapy assistant program approved or accredited by the Accreditation Council for Occupational Therapy Education and who is currently certified by the National Board for Certification in Occupational Therapy as an occupational therapy assistant.

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11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist).

Coverage of **speech and language therapy services** is limited to:

- (1) Services provided upon written referral by a physician or licensed practitioner of the healing arts within the scope of the practitioner's practice under state law, or, in the case of a resident of a long-term care facility, on the written order of a physician as required by 42 CFR §483.45.
- (2) Services provided by a speech language pathologist or a person completing the clinical fellowship year required for certification as a speech-language pathologist under the supervision of a speech-language pathologist.
- (3) Services specified in a plan of care that is reviewed and revised as medically necessary by the recipient's attending physician or other licensed practitioner of the healing arts at least once every 60 days. If the service is a Medicare covered service and the recipient is eligible for Medicare, the plan of care must be reviewed at the intervals required by Medicare and the recipient must be visited by the physician or the physician's delegate as required by Medicare.
- (4) Services that are:
  - (A) Restorative therapy and are provided to a recipient whose functional status is expected by the physician or licensed practitioner of the healing arts to progress toward or achieve the objectives in the recipient's plan of care within a 60-day period; or
  - (B) Specialized maintenance therapy is provided only to a recipient under 21 years of age. It is provided to a recipient whose condition cannot be maintained or treated only through rehabilitative nursing services or services of other care providers, or by the recipient because the recipient's medical condition(s) result in:

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11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

- (i) Decreased functional ability compared to the recipient's previous level of function;
- (ii) Decreased abilities relevant to the recipient's current environmental demands; or
- (iii) Health and safety risks for the recipient.

Specialized maintenance therapy must meet at least one of the following:

- (i) prevents deterioration and sustains function;
  - (ii) for a chronic or progressive medical condition, provides interventions that enable a recipient to live at his or her highest level of independence; or
  - (iii) provides treatment interventions for a recipient who is progressing but not at a rate comparable to the expectations of rehabilitative and therapeutic care.
- (5) For long term care recipients, services for which there is a statement in the clinical record every 30 days that the nature, scope, duration, and intensity of the services provided are appropriate to the medical condition of the recipient. This statement is not required for an initial evaluation.

**Speech pathology services and providers** meet the requirements of 42 CFR 440.110. Speech pathology services are provided by or under the direction of a qualified speech pathologist.

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6.c. Chiropractors' services.

- Coverage is limited to medically necessary evaluation and manual manipulation of the spine for treatment of incomplete or partial dislocations, and the x-rays that are needed to support a diagnosis of subluxation.
- Payment for manual manipulation of the spine of a recipient is limited to six manipulations per month and, effective January 1, ~~2011~~ 2012, ~~twelve~~ twenty-four manipulations per year unless prior authorization for a greater number of manipulations is obtained.
- Payment is limited to one annual evaluation unless prior authorization for additional evaluations is obtained.

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6.d. Other practitioners' services. (continued)

**C. Acupuncture Services**

Effective for services delivered on or after January 1, 2012, acupuncture coverage is limited to the treatment of chronic pain, which is pain with a documented duration of a least six consecutive months that has been unresponsive to other forms of therapy.

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Coverage is limited to:

- (1) Services prescribed by a physician or other licensed practitioner of the healing arts within the scope of the practitioner's practice under state law.
- (2) Services provided by a physical therapist or a physical therapist assistant who is under the direction of a physical therapist.
- (3) Services specified in a plan of care that is reviewed and revised as medically necessary by the recipient's attending physician or other licensed practitioner of the healing arts at least once every 60 days. If the service is a Medicare covered service and the recipient is eligible for Medicare, the plan of care must be reviewed at the intervals required by Medicare and the recipient must be visited by the physician or the physician's delegate as required by Medicare.
- (4) Services that are:
  - (A) Restorative therapy and are provided to a recipient whose functional status is expected by the physician or other licensed practitioner of the healing arts to progress toward or achieve the objectives in the recipient's plan of care within a 60-day period; or
  - (B) Specialized maintenance therapy is provided only to a recipient under 21 years of age. It is provided to a recipient whose condition cannot be maintained or treated only through rehabilitative nursing services or services of other care providers, or by the recipient because the recipient's medical condition(s) result in:
    - (i) Spasticity or severe contracture that interferes with the recipient's activities of daily living or the completion of routine nursing care, or decreased functional ability compared to the recipient's previous level of function.

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11.a. Physical therapy services. (continued)

- (ii) A chronic condition that results in physiological deterioration and that requires specialized maintenance therapy services or equipment to maintain strength, range of motion, endurance, movement patterns, activities of daily living, cardiovascular function, integumentary status, positioning necessary for completion of the recipient's activities of daily living, or decreased abilities relevant to the recipient's current environmental demands,  
or;

- (iii) health and safety risks for the recipient.

Specialized maintenance therapy must meet at least one of the following:

- (i) prevents deterioration and sustains function;
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11.b. Occupational therapy services.

Coverage is limited to:

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- (3) Services specified in a plan of care that is reviewed and revised as medically necessary by the recipient's attending physician or other licensed practitioner of the healing arts at least once every 60 days. If the service is a Medicare covered service and the recipient is eligible for Medicare, the plan of care must be reviewed at the intervals required by Medicare and the recipient must be visited by the physician or the physician's delegate as required by Medicare.
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    - (i) Spasticity or severe contracture that interferes with the recipient's activities of daily living or the completion of routine nursing care, or decreased functional ability compared to the recipient's previous level of function;

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11.b. Occupational therapy services. (continued)

(ii) A chronic condition that results in physiological deterioration and that requires specialized maintenance therapy services or equipment to maintain strength, range of motion, endurance, movement patterns, activities of daily living, cardiovascular function, integumentary status, positioning necessary for completion of the recipient's activities of daily living, or decreased abilities relevant to the recipient's current environmental demands, or;

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11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist).

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- (2) Services provided by a speech language pathologist or a person completing the clinical fellowship year required for certification as a speech-language pathologist under the supervision of a speech-language pathologist.
- (3) Services specified in a plan of care that is reviewed and revised as medically necessary by the recipient's attending physician or other licensed practitioner of the healing arts at least once every 60 days. If the service is a Medicare covered service and the recipient is eligible for Medicare, the plan of care must be reviewed at the intervals required by Medicare and the recipient must be visited by the physician or the physician's delegate as required by Medicare.
- (4) Services that are:
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  - (B) Specialized maintenance therapy is provided only to a recipient under 21 years of age. It is provided to a recipient whose condition cannot be maintained or treated only through rehabilitative nursing services or services of other care providers, or by the recipient because the recipient's medical condition(s) result in:

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

- (i) Decreased functional ability compared to the recipient's previous level of function;
- (ii) Decreased abilities relevant to the recipient's current environmental demands; or
- (iii) Health and safety risks for the recipient.

Specialized maintenance therapy must meet at least one of the following:

- (i) prevents deterioration and sustains function;
  - (ii) for a chronic or progressive medical condition, provides interventions that enable a recipient to live at his or her highest level of independence; or
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- (5) For long term care recipients, services for which there is a statement in the clinical record every 30 days that the nature, scope, duration, and intensity of the services provided are appropriate to the medical condition of the recipient. This statement is not required for an initial evaluation.

**Speech pathology services and providers** meet the requirements of 42 CFR 440.110. Speech pathology services are provided by or under the direction of a qualified speech pathologist.

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6.d.Other practitioners' services. (continued)

**C. Acupuncture Services**

Acupuncture services are paid using the same methodology as item 5.a., Physicians' services.