Occupational Therapy

Adjudication Guideline

Rule Category:	Ref: No:	Version Control:	Effective Date:	Revision Date:
Medical	2022-MN-066	Version No.2.0	30/01/2023	31/12/2024

Approved by:	Responsible:	Related Adjudication Guidelines:
Daman	Medical Standards & Research	

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1. Abstract

For Members

Occupational therapy is defined as the therapeutic use of everyday life occupations with persons, groups, or populations (i.e., the client) for the purpose of enhancing or enabling participation. These services include acquisition and preservation of occupational identity for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction.

For Medical Professionals

Purpose of evaluation in occupational therapy

The purpose of an evaluation visit is to assess areas of function so that the occupational therapist can develop a treatment plan to meet the patient's specific needs. The areas assessed during an OT evaluation depend on the patient's age, diagnosis, and rehabilitation needs.

Purpose of Re-evaluation in occupational therapy

Re-evaluation is not a routine or a recurring service assessment of patient status, the documentation of the re-evaluation includes all the following elements:

1. An evaluation of progress toward current goals.
2. Making a professional judgment about continued care.
3. Making a professional judgment about revising/ modifying goals and/or treatment or terminating services.

An exacerbation or significant change in patient/client status or condition is documented.

2. Scope

This Adjudication Rule highlights the medical necessity, policy coverage and payment terms and requirements administered by Daman for Occupational therapy.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Eligibility / Coverage Criteria

1. An occupational therapist is responsible for all aspects of the evaluation, and re-evaluation process.
2. Group therapy will not be covered as it consists of simultaneous treatment of two or more patients who may or may not be doing the same activities.
3. The type of modalities such as heat/ cold packs, electrotherapy, heat therapy etc., depends on the condition of the patient and clinician's choice and are generally applied to reduce pain or improve functionality.
4. In case of a team therapy, the therapist cannot bill for his/her services and those of another therapist or a therapy assistant, when both provide the same or different services, at the same time, to the same patients.
5. When a physical and occupational therapist both provide services to one patient at the same time, only one therapist can bill for the entire service, or the PT and OT can divide the service units.
6. When re-evaluations are done for a significant change in condition, documentation must show a significant improvement, decline or change in the patient's diagnosis, condition or functional status that was not anticipated in the current plan of care.
7. A re-evaluation is not a routine, recurring service. Do not bill for routine re-evaluations, including those done for the purpose of completing an updated plan of care, a recertification report, a progress report, or a physician progress report.
8. These re-evaluation codes are untimed, billable as one unit.
9. Indications for a re-evaluation include new clinical findings, a significant change in the patient's condition or failure to respond to the therapeutic interventions outlined in the plan of care.
10. OT services must be ordered / referred by a specialist physician within the scope of specialty or other licensed health care practitioner and performed by a duly licensed and certified, if applicable, OT provider.
11. Occupational therapy services are considered medically necessary only if there is a reasonable expectation that OT will achieve measurable improvement in the member's condition in a reasonable and predictable period.

- **Purpose of evaluation in occupational therapy**

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- **Purpose of Re-evaluation in occupational therapy**

Re-evaluation is not a routine or a recurring service assessment of patient status, the documentation of the re-evaluation includes all of the following elements:

1. An evaluation of progress toward current goals.
2. Making a professional judgment about continued care.
3. Making a professional judgment about revising/ modifying goals and/or treatment or terminating services AND

An exacerbation or significant change in patient/client status or condition is documented.

1. Eligible clinician specialities:

Eligible clinician specialities
Occupational Therapist
Occupational Medicine
Occupational Therapy Technician
Senior Occupational Therapist

3.2 Requirements for Coverage

- Failure to submit, upon request or when requesting a clinical history, indication the need for testing will result in rejection of claim.
- Kindly code the ICD-10 and the CPT codes to the highest level of specificity.
- The ICD-10 codes that indicate the need for Trigger Point Injections are mandatory for the smooth flow of the claim from submission level to payment level.

3.3 Non-Coverage

1. Asymptomatic persons or in persons without an identifiable clinical condition is considered as preventive and not medically necessary.
2. Occupational Therapy will not be covered for Basic plan and Visitor's plan.
3. Autism spectrum disorders without Autism benefit, and Psychiatry related diagnosis without Psychiatry benefit.
4. If there is no Rehabilitation benefit.
5. Rehabilitation services under Direct billing for all plans other than Thiqa.
6. Multiple modalities procedures that have similar or overlapping physiologic effects.
7. Community or Group sessions.
8. Experimental, Investigational, Unproven services.
9. Driver's training.
10. A transient and easily reversible loss or reduction in function.

3.4 Payment and Coding Rules

- Please apply regulator payment rules and regulations and relevant coding manuals for ICD, CPT, etc. Kindly code the ICD-10 and the CPT codes to the highest level of specificity.
- Other Treatment modalities must precede Trigger Point Injections.

4. Denial Codes

Regulator denial codes with description are elaborated for reference. These are specialized codes directed by Regulator, that explains the reason of rejection of the service by DAMAN to the providers.

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service /supply may be appropriate, but too frequent
NCOV-003	Service(s) is (are) not covered
AUTH-001	Prior approval is required and was not obtained

5. Appendices

Questionnaire:

https://www.damanhealth.ae/main/pdf/support/Questionnaire/OccupationalTherapyForm.pdf

5.1 References

A. References

https://research.aota.org/ajot/article/75/Supplement_3/7513410030/23113/Standards-of-Practice-for-Occupational-Therapy
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https://practiceperfectemr.com/blog/how-to-count-performance-deficits-in-the-new-ot-evaluation-codes
https://www.mediclinic.ae/en/corporate/services-and-specialities/occupational-therapy.html
https://www.nhs.uk/conditions/occupational-therapy/
https://rcotss-ip.org.uk/what-is-occupational-therapy
https://www.aetna.com/cpb/medical/data/200_299/0250.html

5.2 Revision History

Date	Change(s)
30/01/2023	Release of V1.0
31/12/2024	Release of V2.0 New Template- References update