Outpatient therapy services **not** covered/reimbursed by the Division of Medicaid include, but are not limited to, the following:

- Services not certified/ordered by a physician, physician assistant, or nurse practitioner
- Services when the plan of care has not been approved and signed by the physician, physician assistant, or nurse practitioner, within established timeframes
- Services that do not meet medical necessity criteria
- Services that do not require the skills of a licensed therapist
- Services when documentation supports that the beneficiary has attained the therapy goals or has reached the point where no further significant practical improvement can be expected
- Services when documentation supports that the beneficiary has not reached therapy goals ~~but~~ and is unable to participate and/or benefit from skilled intervention, refuses to participate, or is otherwise noncompliant with the therapy regimen
- Services that the beneficiary can perform independently or with the assistance of unskilled personnel or family members
- Services that duplicate other concurrent therapy (example: occupational therapist and physical therapist providing the same treatment to the same beneficiary)
- Maintenance and/or palliative services which maintain function and generally do not involve complex procedures or the professional skill, judgment, or supervision of a licensed therapist
- Services for conditions that could be reasonably expected to improve spontaneously without therapy
- Services ordered daily or multiple times per day from the initiation of therapy through discharge, i.e., frequency should decrease as the beneficiary's condition improves
- Services provided in multiple settings for the same beneficiary (example: speech-language therapy services provided in both the school and the outpatient clinic).
- Services normally considered part of nursing care
- Services provided through a Comprehensive Outpatient Rehabilitation Facility (CORF)
- Separate fees for self care/home management training (beneficiary and caregiver education is inclusive in covered therapy services)
- Services which are related solely to employment opportunities (i.e., on-the-job training, work skills, or work settings)
- General wellness, exercise, and/or recreational programs

- Services provided by students
- Services provided by physical therapy assistants **except** in the outpatient department of a hospital
- Services provided by physical therapy aides
- Group therapy
- Co-therapy
- Services that are investigative or experimental
- Acupuncture or biofeedback
- Services outside the scope/and or authority of the therapist's specialty and/or area of practice
- Services and items requiring pre-certification if the pre-certification has not been requested and/or denied, or the pre-certification requirements have not been satisfied by the provider
- Services not specifically listed as covered by the Division of Medicaid
- Exclusions listed elsewhere in the Mississippi Medicaid Provider Manual, bulletins, or other Mississippi Medicaid publications