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Tara C. Alexander, OT/L, CPC  
Health Policy Analyst  
Reimbursement and Regulatory Policy  
American Occupational Therapy Association, Inc.  
4720 Montgomery Lane  
Bethesda, MD 20814-3425

Dear Ms. Alexander:

I am writing to acknowledge receipt of your letter of May 31<sup>st</sup> regarding Aetna Clinical Policy Bulletin (CPB) 250, *Occupational Therapy*. We will consider the input you have provided with the next scheduled update to the CPB. The schedule of CPB revisions is posted on Aetna's website at [www.aetna.com](http://www.aetna.com).

I also wanted to clarify the intent of Aetna's CPB. The CPB explains that most Aetna HMO-type plans contractually limit coverage of rehabilitative (e.g., physical, occupational, speech) therapy to short-term therapy when the member is likely to gain significant improvement from therapy applied over this period of time. Because of this short-term restriction, these plans do not cover ongoing rehabilitative therapy in the management of individuals with chronic diseases.

The CPB also explains that standard Aetna policies contractually exclude coverage for services, treatment, education testing, or training related to learning disabilities or developmental delays. Under plans with this exclusion, rehabilitative therapies are not covered when the primary or the only diagnosis for a member is mental retardation or a learning disability such as a perceptual handicap, brain damage not caused by accidental injury, minimal brain dysfunction, dyslexia, or developmental delay.

The Aetna CPB is not intended to provide comprehensive guidance regarding ongoing medical review in case management or patient management. Aetna relies on other resources (e.g., Milliman & Robertson, Interqual) for this guidance. Nor is the Aetna CPB intended to be a comprehensive guide to the scope of practice of occupational therapy providers. The scope of practice is defined by state laws, and varies from state to state.

We agree that CPT codes are not discipline-specific, and the four CPT codes that are listed in the CPB are not intended to be a comprehensive list of codes that occupational therapists may use. I will pass your suggestions on to the persons involved in developing the coding section of the CPB to add more CPT codes that are commonly used for occupational therapy services.

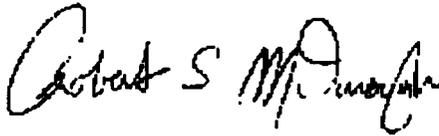
In addition, the list of ICD-9 codes are not intended to be a comprehensive list of diagnoses that occupational therapists may use. I will pass on your suggestion to add more ICD-9 codes to the coding section of the CPB. The ICD-9 codes listed as not covered relate to the standard benefit limitations described above, and are not meant to imply that occupational therapists may not treat persons with these conditions.

The inclusion in the background section of CPB 325 on *Physical Therapy Services* is not meant to imply that these services may solely be provided by physical therapists, or imply that these modalities are not within the scope of practice of occupational therapists or others. We will consider with the next update of the occupational therapy CPB adding to the background or coding section a description of some of the modalities commonly employed by occupational therapists.

Finally, the references at the end of the CPB are not intended to include the universe of literature that may be considered relevant to occupational therapy. We will consider adding some of the references you have suggested with the next update of Aetna's CPB.

Thank you for your interest.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert S. McDonough". The signature is written in a cursive style with a large initial "R" and "M".

Robert McDonough, M.D.