

Appendix C: Habilitative Services Benefit Data Elements

Table 1

Habilitative Services	Covered Inpatient	Covered Outpatient	Limits	Exclusions (incl. diagnosis exclusions)
Physical Therapy	Y/N	Y/N	Describe Limits	Describe Exclusions
Occupational Therapy	Y/N	Y/N	Describe Limits	Describe Exclusions
Speech-Language Pathology	Y/N	Y/N		Describe Exclusions
Other Services – <i>please list all other services covered</i>	Free text	Free text	Describe Limits	Describe Exclusions

Table 2

Habilitative Devices	Covered?	Limits	Exclusions (incl. diagnosis exclusions)
Durable Medical Equipment	Y/N	Describe Limits	Describe Exclusions
Prosthetics	Y/N	Describe Limits	Describe Exclusions
Orthotics	Y/N	Describe Limits	Describe Exclusions
Mobility Equipment	Y/N	Describe Limits	Describe Exclusions
Supplies	Y/N	Describe Limits	Describe Exclusions
Other Devices - <i>please list all other device types covered for habilitative purposes</i>	Describe additional Devices	Describe Limits	Describe Exclusions