

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Physical, Occupational, Speech Therapy
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EFFECTIVE DATE:	REVIEWED/REVISED: 9/14, 11/14; 10/15, 12/16, 8/17; 10/17
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: SC.UM.46

SCOPE:

Absolute Total Care Medical Management departments

PURPOSE:

To provide guidelines for Medical Necessity of outpatient physical, occupational and speech therapy evaluation and treatment services.

POLICY:

Description of Services

- **Physical and Occupational Therapy (PT and OT)** are defined as therapeutic interventions and services that are designed to improve, develop, correct or ameliorate, rehabilitate or prevent the worsening of physical functions that affect activities of daily living (ADLs) that have been lost, impaired or reduced as a result of an acute or chronic medical condition, disease, congenital anomaly or injury. Various types of interventions and techniques are used to focus on the treatment of dysfunctions involving neuromuscular, musculoskeletal, or integumentary systems to optimize functioning levels and improve quality of life.
- **Speech Therapy (ST)** is defined as services that are necessary for the diagnosis and treatment of speech and language disorders that result in communication disabilities and for the diagnosis and treatment of swallowing disorders (dysphagia), regardless of the presence of a communication disability. Speech therapy is designed to correct or ameliorate, restore or rehabilitate speech/language communication and swallowing disorders that have been lost or damaged as a result of chronic medical conditions, disease, congenital anomalies or injuries.

Policy/Criteria:

1. Outpatient therapies to include physical, occupational, and speech therapy evaluation and treatment services are considered medically necessary if:
 - The therapy is prescribed by a Physician, Physician's Assistant or Nurse Practitioner and provided by a Licensed Therapist, or qualified Therapy Assistant supervised and signed by a Licensed Therapist.

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- The therapy conforms to a Plan of Care specific to the diagnosed condition or impairment.
 - A Plan of Care signed by a Licensed Therapist is required with every request.
 - The therapy produces measurable progress toward the goals specified in the Plan of Care.
 - The requested therapy requires the judgment, knowledge, and skills of a qualified therapist or therapy assistant.
 - The therapy must meet accepted standards of practice and must be specific and effective in the treatment of the patient's diagnosis.
 - The therapy cannot be reasonably learned and implemented by nonprofessional or lay caregivers.
 - The therapy does not duplicate services provided by other types of therapy or provided in another setting by the same therapy.
 - There is an expectation that the services will produce significant practical improvement in the patient's level of functioning within a reasonable and generally, predictable time period.
 - The therapy is not part of a maintenance program that continues the patient's present level of function or prevents regression of function or that could be provided by an unskilled person.
 - Therapies are intended to restore functions to accomplish activities of daily living to the prior level of function. Training or therapies to improve higher levels of performance for sports and recreation are not considered medically necessary.
2. "Medically necessary services" are defined as services utilized in the State Medicaid program, including quantitative and non-quantitative treatment limits, as indicated in State statutes and regulations, the State Plan, and other State policy and procedures.
 3. Not all therapy modalities are covered benefits. Coverage of specific therapy modalities is dependent upon their proven efficacy, safety, and appropriateness.

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Procedures with Work Process

A. Initial Authorization

1. Initial evaluations do not require authorization. The initial evaluation date may be included in the dates of service per the provider's initial authorization request
2. Initial authorization following the evaluation:
 - Must include a copy of the Initial Evaluation, and the following:
 - Order or Plan of Care signed by a Physician, Nurse Practitioner or a Physician's Assistant
 - Plan of Care signed by the Licensed Therapist.
 - Members with specific conditions as described in this policy, and Desk Reference, UR Guidelines for Occupational/Physical Therapy Adults, Adolescents, and Children; Maximum Allowable Visits Prior to Medical Director Review, notes the Maximum Allowable Visits, prior to sending the request to the physician reviewer.
 - Authorization of visits will require a Plan of Care that must be signed by a licensed therapist and document the following:
 - A brief history of treatment provided to the member by the current or most recent provider
 - Description of current level of functioning or impairment and any known primary or secondary health conditions which could impede the member's ability to benefit from treatment
 - Current Diagnosis for which the therapy is being requested
 - Date of onset or exacerbation of current condition, including date of accident and/or surgery if applicable
 - Requested treatment modalities to include frequency and duration of each
 - Short and long term goals within specified timeframe for improvement
 - The most recent standardized evaluation scores, with documentation of age equivalency, percent of functional

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delay, or standard deviation score when appropriate for member's diagnosis/disability

- Education of the member and primary caregiver including Home Exercise Plan (HEP), if applicable.
 - Summary of results achieved during previous periods of therapy, if applicable
3. Where appropriate, InterQual Criteria will be used as a guideline in the medical necessity decision making process (please refer to the Outpatient Rehabilitation and Chiropractic InterQual subsets guidelines).
 4. If the clinical information submitted by the requesting provider is insufficient to make a determination, the reviewer will refer the request to the physician reviewer.

B. Continued Authorization

1. The provider must document and submit the results of an updated signed Plan of Care and progress note including Plan of Care, with each authorization request, if additional visits are being requested.
 - a. Documentation must include the following:
 - Objective measures of the patient's progress toward each goal and comparison to the previous report
 - Any changes to the treatment plan
 - Treatment modalities with frequency and duration
 - Attendance-at least 70% to show commitment
 - Home Exercise Plan compliance
 - Education of the member and primary caregiver, if applicable

C. Therapy Requests for Developmentally Delayed Children

1. BabyNet is South Carolina's interagency for early intervention of symptoms for infants and toddlers under three years of age with developmental delays or who have conditions associated with developmental delays. BabyNet is funded and regulated through the Individuals with Disabilities Education Act and managed through South

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Carolina First Steps to School Readiness. Referrals can be made by calling 1-877-621-0865. There is also a federal mandate that children between the ages of three years and 21 years with educationally based needs be provided with an Individual Education Plan or IEP. The school system is the primary payor in these cases and therapy requests should be referred there first, if they are not supported medically. **An exception to this is that SCDHHS (South Carolina Department of Health and Human Services) has instructed the managed care organizations to determine medical necessity in the absence of the IEP.**

2. The requested therapy must have a standardized formal progress note signed and dated by the licensed therapist semi-annually and should include a Plan of Care that has:
 - A brief history of treatment provided to the member by the current or most recent provider
 - Description of current level of functioning or impairment and any known primary or secondary health conditions which could impede the member's ability to benefit from treatment
 - Current Diagnosis for which the therapy is being requested
 - Date of onset or exacerbation of current condition, including date of accident and/or surgery if applicable
 - Requested treatment modalities to include frequency and duration of each
 - Short and long term goals within specified time frame for improvement
 - The most recent standardized evaluation scores, with documentation of age equivalency, percent of functional delay, or standard deviation score when appropriate for member's diagnosis/disability

Delay	% of Delay (using Age Equivalent)	Standard Deviation	Standard Score
Mild	20-39 %	>1.5	80-84
Moderate	40-59 %	>2.0	70-79
Severe	>59 %	>2.5	<70

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- Education of the member and primary caregiver, including the involvement in HEP (Home Exercise Program).
 - Summary of results achieved during previous periods of therapy or summary toward goals
 - Attendance - at least 9/12 visits or 17 out of 24 (70%) to show commitment
3. A Physician, Nurse Practitioner or Physician's Assistant signed order for therapy or signed treatment plan or letter of medical necessity must accompany the initial request for therapy. The Physician, Nurse Practitioner or Physician's Assistant order or signed Plan of Care instructions must be followed. If the request spans one year, must be updated yearly.
4. Standardized scores below 85, Standard Deviation greater than 1.5 below the mean, % of Delay 20% or greater and age appropriate goals may qualify as medically necessary services as part of the clinical review. Therapy can be approved based on severity as below.

- To calculate % of delay:

Chronological age at the time of the evaluation - age equivalent
Chronological age at the time of the evaluation

Example: Member's chronological age at evaluation is 36 months, age equivalent is 20 month:

$$(36-20)/36 = .4444 \text{ rounded to } 44\% \text{ delay.}$$

Mild developmental delays – Up to 1 x per week

Moderate delays – Up to 2 x per week

Severe delays – Up to 3 x per week

5. Up to Six months of therapy can be authorized if requested and determined to be medically necessary.

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6. To show commitment, attendance should be 70% or higher to show commitment to the therapy.
 - One extension of dates on a previously approved authorization may be extended for a member who has not met the attendance criteria
7. The physician reviewer can deny for no progress made if, despite therapy services, member achieves a relative clinical and functional plateau that has not improved with therapy and/or if progress towards defined goals has not occurred.
8. Therapy may be approved if regression of delay occurs.

REFERENCES:

Speech-Language Pathology Medical Review Guidelines, American Speech-Language-Hearing Association (ASHA),
<http://www.asha.org/uploadedFiles/SLP-Medical-Review-Guidelines.pdf>

Standards of Practice for Occupational Therapy, The American Journal of Occupational Therapy Association, December 2015, Vol. 69, 6913410057p1-6913410057p6. doi:10.5014/ajot.2015.696S06
<http://ajot.aota.org/article.aspx?articleid=2477354>

Guidelines for Documentation of Occupational Therapy, American Journal of Occupational Therapy, November/December 2013, Vol. 67, S32-S38. doi:10.5014/ajot.2013.67S32.
<http://ajot.aota.org/article.aspx?articleid=1853060>

Clinical Practice Guidelines (CPGs) for Physical Therapy, American Physical Therapy Association,
<http://www.apta.org/EvidenceResearch/EBPTools/CPGs/>

Desk Reference

1. UR Guidelines for Occupational/Physical Therapy; Adults, Adolescents and Children Maximum Allowable Visits Prior to Medical Director Review

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DEFINITIONS:
Medically Necessary Services: Services utilized in the State Medicaid program, including quantitative and non-quantitative treatment limits, as indicated in State statutes and regulations, the State Plan, and other State policy and procedures.

REVISION:	DATE:
Ankle Pain Added (non-surgical pain, 8 visits). Hip Pain Added (8 visits). Removed line 5 from policy criteria, changed bullet under policy criteria update to 6-12 months, updated reference	9/9/14
Updated definition of medically necessary services with the SCDHHS contract.	11/4/14
Removed 'and physician' from the 3 rd bullet point in 1. Policy/Criteria. Added to the last bullet point in 1. 'to prior level of function' to the first sentence, and 'only' before sports performance in the second sentence.	10/28/15
Updates made to Attachment 1 Updated References and links to current versions of practice guidelines	12/2/16

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<p>Updates made to Attachment 1- Removed and placed in PA Resource Manual as a desk Reference</p> <p>Registered Therapist changed to Licensed Therapist</p> <p>Updated Therapies prescribed by to included Physician's, Nurse Practitioners and Physician Assistant</p> <p>A Plan of Care signed by a Licensed Therapist is required with every request</p> <p>Included training or therapies to improve higher levels of performance for sports and recreation are not considered medically necessary</p> <p>Initial authorization changed, the initial evaluation date may be included in the dates of service per the provider's initial authorization request</p> <p>Initial Authorization must include a copy of the Initial Evaluation, and one of the following: Order or Plan of Care signed by a Physician, Nurse Practitioner or a Physician's Assistant</p> <p>Members with specific conditions as described in the Desk Reference, for which there are not more specific diagnosis in InterQual, require medical necessity review based on the member's specific needs and condition. The Desk Reference, <u>UR Guidelines for Occupational/Physical Therapy Adults, Adolescents, and Children; Maximum Allowable Visits Prior to Medical Director Review</u>, notes the Maximum Allowable Visits, prior to sending the request to the physician reviewer</p> <p>Date of onset or exacerbation of current condition, including date of accident and/or surgery if applicable.</p> <p>Removed: The following information must be documented by the reviewer in the notes section of the referral authorization: the diagnosis and type of therapy requested., The number of visits being authorized and timeframe during which visits are to be used (i.e. Approve 2 PT visits from 5/3/07 to 6/3/07</p> <p>Updated Continued Authorizations to include: Care and progress note including Plan of Care, with each authorization request, if additional visits are being requested</p> <p>Removed Documentation required for continued</p> <p>Authorization: Clinical treatment notes for visits provided and added Attendance & Home Exercise Plan compliance</p> <p>Removed:</p>	8/28/2017
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<p>An IEP/IFSP (Individualized Education Plan/ Individualized Family Service Plan) may be requested. An attestation that no IEP exists or that no duplications are occurring with IEP services may also be accepted. Services shall not be considered duplicative if the child's course of treatment will otherwise be interrupted because it is occurring during school breaks, after school hours, or during summer months.</p> <p>Denial of requested therapy cannot occur if the IEP is available but not provided. Denial for duplication of service can occur if documented</p> <p>Updated the Therapy Request for Developmentally Delayed children to include: Requested treatment modalities to include typed of developmental scoring, Attendance - at least 9/12 visits or 17 out of 24 (70%) to show commitment, the acceptance of a provider, nurse practitioner or physician's assistant on a Care Plan as an order, If the request spans one year, must be updated yearly, Up to Six months of therapy can be authorized if requested and determined to be medically necessary. Updated the definition of "medically necessary services" per update in Medicaid contract.</p>	
<p>Update on page 2, #2, dot point 3-the word additional was removed and added "licensed therapist".</p> <p>Update on page 4, dot point 1-sentence changed to "Education of the member and primary caregiver including Home Exercise Plan (HEP), if applicable".</p> <p>Update on page 4, Part B, dot point 4-added "70% to show commitment".</p>	10/6/17

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

VP of Medical Management _____ Signature on File