MEDICAL COVERAGE POLICY	
SERVICE: Therapy Services	
Policy Number:	**272**
Effective Date:	**01/01/2021**
Last Review:	**11/19/2020**
Next Review Date:	**11/19/2021**

Important note:
Unless otherwise indicated, this policy will apply to all lines of business.
Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Therapy Services

PRIOR AUTHORIZATION: Required.

POLICY: For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination). If there is no applicable NCD or LCD, use the criteria set forth below.

Therapy services (Physical, Occupational, Speech) may be indicated when **1 or more** of the following:

Request is for initial treatment - ALL of the following must be met:

1. Document setting and **ONE or more** of the following:
   a. The member requires therapy in the **outpatient** setting
   b. The member requires therapy in the **home** setting and **ONE or more** of the following:
      - The member has a Medicaid or CHIP policy
      - The member has a Commercial, or Medicare policy and the member is homebound, as indicated by the following: The member's medical condition **restricts** the ability to leave home without the assistance of another individual or without the assistance of a supportive device. *Note: If the member chooses to leave home frequently, even though leaving home requires a considerable and taxing effort, the member would not be considered homebound (this does not apply to Medicaid or CHIP)*
2. Evaluation performed in the last 60 days of receipt of request for prior authorization
3. Plan of care is signed by evaluating therapist and **ONE or more** of the following:
   a. Member has a Commercial, Medicare, or CHIP plan
   b. The member has a Medicaid Plan and the request includes ONE or more of the following:
   This is in accordance with the Texas Medicaid Provider Procedure Manual (TMPPM) Section 5.2
      - prescribing provider's signed order
      - plan of care signed by prescribing provider
      - prior authorization form signed by prescribing provider
4. The services requested can only be effectively performed by or under the supervision of a licensed occupational, physical, or speech therapist, and requires the skills and judgment of the licensed therapist to perform education and training

5. Functional goals (written in SMART[A] format) are designed to improve the health, safety or independence of the member in the context of everyday environments.
6. Objective tests and measures are documented
7. Documentation does not include any non-covered services *(see exclusions list)*
8. Frequency and duration are considered medically necessary as indicated by **ONE or more** of the following (see below for more information regarding frequency and duration):
   a. High
   b. Moderate
   c. Low
   d. Maintenance
   Note: The reference to "maintenance" is applicable to clients who are 20 years of age and younger.

Request is for continued treatment and ALL of the following are met:

1. **CHECK** here to document setting and **ONE or more** of the following:
   - The member requires therapy in the **outpatient** setting
   - The member requires therapy in the **home** setting and **ONE or more** of the following:
     - The member has a Medicaid or CHIP policy
     - The member has a Commercial, or Medicare policy and the member is homebound, as indicated by the following: The member's medical condition **restricts** the ability to leave home without the assistance of another individual or without the assistance of a supportive device. *Note: If the member chooses to leave home frequently, even though leaving home requires a considerable and taxing effort, the member would not be considered homebound (this does not apply to Medicaid or CHIP)*
2. Re-evaluation is current within the last 60 days of receipt of the request for prior authorization or Progress note is current within last 30 days of receipt of the request for prior authorization
3. Plan of care is signed by evaluating therapist and ONE or more of the following:
   a. Member has a Commercial, Medicare, or CHIP plan
   b. Member has a Medicaid plan and request includes ONE or more of the following Footnote-This is in accordance with the Texas Medicaid Provider Procedure Manual (TMPPM) Section 5.2:
      - prescribing provider's signed order
      - plan of care signed by prescribing provider
      - prior authorization form signed by prescribing provider
4. The services requested can only be effectively performed by or under the supervision of a licensed occupational, physical therapist or speech therapist, and requires the skills and judgment of the licensed therapist to perform education and training
5. Functional and measurable goals with baseline and current status are provided on unmet goals or is identifiable within the document and show functional progress
6. Caregiver and/or member is compliant with home program
7. Objective tests and measures are documented
8. Documentation does not include any non-covered services *(see exclusions list)*
9. Frequency and duration are considered medically necessary as indicated by **ONE or more** of the following (see below for more information regarding frequency and duration):
   a. High
   b. Moderate
   c. Low

d. Maintenance Footnote- Note: The reference to "maintenance" is applicable to clients who are 20 years of age and younger.

Therapy Exclusions (non-covered services):

- Therapy services that are provided after the member has reached maximum level of improvement or is now functioning within normal limits.
- Massage therapy that is sole therapy or is not part of the therapeutic plan of care to address an acute condition
- Vitalstim must be a component of a comprehensive feeding treatment plan to be considered a benefit
- Repetitive therapy services that are designed to maintain function once the maximum level of improvement has been reached, which no longer requires the skills of a therapist to provide or oversee
- Therapy services for members whose condition is neither regressing nor improving and does not meet for maintenance therapy
- Therapy services related to activities for the general good and welfare of members who are not considered medically necessary because they do not require the skills of a therapist, such as:
  - ✓ Therapy services to provide diversion or general motivation
  - ✓ Therapy services to provide supervised exercise for weight loss
  - ✓ Therapy services for general exercise to promote overall fitness and flexibility or to improve athletic performance
- Emotional support, adjustment to extended hospitalization, and/or disability, and behavioral readjustment
- Therapy prescribed primarily as an adjunct to psychotherapy
- Treatment solely for the instruction of other agency or professional in the member's physical or occupational therapy program.
- Speech Therapy for which the member does not present with a delay or disorder in his or her dominant language or when therapy is not being provided in the member's dominant language. The member presents with a delay or disorder that is expected to self-correct, such as age appropriate phonological processes. Criterion-referenced assessment tools can be used to identify and evaluate a client's strengths and weaknesses, as opposed to norm-referenced testing, which assesses an individual relative to a group. When possible, use culturally and linguistically adapted test equivalents in both languages to compare potential deficits and include in the documentation. The therapist will show the highest score of the two languages to determine whether the child qualifies and which language will be used for the child's therapy. Testing for all subsequent re-evaluations should only be conducted in the language used in therapy.
- Treatments not supported by medically peer-reviewed literature, including but not limited to investigational treatments such as: myofunctional therapy, facilitated communication, sensory integration, vestibular rehabilitation for the treatment of attention deficit disorder, anodyne therapy, cranioscacral therapy, interactive metronome therapy, cranial electro stimulation, low energy neuro feedback, and the Wilbarger brushing protocol.
- Therapy requested is for general conditioning or fitness, or for educational, recreational, or work-related activities that do not require the skills of a therapist.
- Therapy not expected to result in practical functional improvements in the member's level of functioning.
- Treatments do not require the skills of a licensed therapist to perform in the absence of complicating factors (i.e.: massage, general range of motion exercises, repetitive gait, activities and exercises that can be practiced by the member on their own or with a responsible adult's assistance)

- Services are being duplicated by another professional.
- Treatment is primarily educational in nature (ex. Reading, handwriting, phonics, reading fluency, advanced vocabulary, complex syntax, punctuation)
- Medicaid adult members who are 21 years of age or older:
  - ✓ Chronic therapy services are not covered - limited to 120 days from start of therapy; unless member has a new diagnosis or an acute exacerbation of a chronic condition
  - ✓ Speech therapy provided in the home to adults who are 21 years of age or older

Documentation Required for Review:

Initial Authorization for Visits – Evaluation (Acute and Chronic services)

1. All of the following documentation is required when submitting an initial request for therapy services initiated after the completion of the evaluation:
   - Member's medical history and background.
     - ✓ For speech therapy requests, include member's dominant language and languages spoken in the home. Bilingual members should be evaluated in their dominant language or in both languages.
   - All medical and treatment diagnoses related to member's condition
   - Date of onset of the member's condition requiring therapy or exacerbation date as applicable
   - Date of evaluation
   - Baseline objective measurements standardized testing performed or other assessment tools with reported raw scores and interpretation of test results.
   - Safety risks
   - Member specific measurable short-term and long-term functional goals within the length of time the service is requested.
     - ✓ Goals should include 'SMART':
       - S - Specific to the member and situation
       - M - Measurable
       - A - Attainable
       - R - Relevant and realistic
       - T - Time frame should be attached to goal
   - Interpretation of the results of the evaluation, including recommendations for therapy amount, frequency per week and duration of services.
   - Therapy treatment plan/POC to include specific modalities and treatments planned
   - Documentation of member's age and date of birth
   - Prognosis for improvement
   - Requested dates of service for planned treatments after completion of the evaluation
   - Member or responsible adult's expected involvement in member's treatment
   - History of prior therapy and referral as applicable
   - Signature and date of treating therapist
2. A therapy evaluation is considered current when it is performed within 60 days before the prior authorization request is received.
3. Objective Tests/measurements should be specific to the therapy provided.

4. For Acute therapy services, prior authorization requests may not exceed a 60 day period per each request. After two 60 day authorized periods, any continued requests for therapy services must be considered chronic (see Medicaid adult member exclusions for chronic conditions)
5. For chronic therapy services (ages 0 – 20 only) prior authorization may be granted for up to 180 days with documentation of medical necessity.

Continued Authorization for Visits – Progress Note Summary (Acute Therapy Services or Chronic Therapy Services that are not yet due for a 180-day re-evaluation)

1. Prior authorization for recertification requests may be considered for each request with documentation supporting the medical necessity.
2. A progress summary is required, which may be contained in the last treatment note, must be included with the recertification request and contain all of the following:
   - Date therapy started
   - Date summary completed
   - Time period (dates of service) covered by the summary
   - Member's medical and treatment diagnoses
   - Note completed within the past 30 days of request date
   - A summary of member's response to therapy and current treatment plan, to include:
     - ✓ Documentation of any issues limiting the member's progress
     - ✓ Documentation of objective measures of functional progress related to each treatment goal established on the initial evaluation
     - ✓ An assessment of the member's prognosis and overall functional progress
     - ✓ Documentation of member's participation in treatment
     - ✓ Member or responsible caregiver's participation or adherence to home program
     - ✓ Updated and/or new functional and measurable short- and long-term treatment goals with time frames
       If goal not met, must include: Baseline status and Current status
     - ✓ Documentation of member's continued need for therapy
     - ✓ Clearly established discharge criteria

Continued Authorization for Visits – Re-evaluation (due every 180 days prior evaluation)

1. Prior authorization for recertification requests may be considered for each request with documentation supporting the medical necessity.
2. A re-evaluation must include a revised treatment plan or plan of care including all of the following:
   - Date therapy services started
   - Changes in treatment plan, the rationale, and the requested change in frequency of visits
   - Documentation of reasons continued therapy services are medically needed
   - Documentation of member's participation in treatment,
   - Member or responsible adult's participation or adherence to home program
   - Baseline objective measurements based on standardized testing performed or other standard assessment tools with reported raw scores and interpretation of test results
   - New treatment plan or POC for the recertification dates of service requested
   - Updated or new functional and measurable short- and long-term treatment goals with new time frames, as applicable.

- ✓ Previous authorization period goals and progress must be included.
- ✓ If goal not met, must include: objectively measured baseline status, objectively measured current status

- Prognosis with clearly established discharge criteria. The discharge plan must reflect realistic expectations from the episode of therapy.

3. A complete recertification request must be received no earlier than 60 days before the current authorization period expires.
4. Requests for recertification services received after the current authorization expires will be denied for the dates of service that occurred before the date the new request was received.
5. A re-evaluation is a comprehensive evaluation and must take place every 180 days and contain all the elements of an initial evaluation.
6. A re-evaluation is considered current if performed within the last 60 days of request date
7. Routine assessments that occur during each treatment session or visit or for a progress report required for an extension of services or discharge summary are not considered a comprehensive re-evaluation.
8. Objective tests/measurements must be specific to the therapy provided.

Developmental Delay Criteria (ages 0-20 years)

To establish a developmental delay, all of the following criteria must be met:

- Tests used must be norm-referenced, standardized, and specific to the therapy provided.
- Retesting with norm-referenced standardized test tools for re-evaluations must occur every 180 days. Tests must be age appropriate for the child being tested and providers must use the same testing instrument as used in the initial evaluation. If reuse of the initial testing instrument is not appropriate, i.e. due to change in client status or restricted age range of the testing tool, provider should explain the reason for the change.
- Eligibility for therapy will be based upon a score that falls 1.5 standard deviations (SD) or more below the mean in at least one subtest area of composite score on a norm-referenced, standardized test. Raw scores must be reported along with score reflecting SD from mean.
- When the client's test score is less than 1.5 SD below the mean informed evidenced-based clinical opinion must be included to support the medical necessity of services
- If a child cannot complete norm-referenced standardized assessments, then a functional description of the child's abilities and deficits must be included. Measurable functional short and long term goals will be considered along with test results. Documentation of the reason a standardized test could not be used must be included in the evaluation.

Specific developmental delay criteria requirements for speech diagnoses are as follows:

- Language—at least one norm-referenced, standardized test with good reliability and validity, a score that falls 1.5 SD or more below the mean, and clinical documentation of an informal assessment that supports the delay
- Articulation—at least one norm-referenced, standardized test with good reliability and validity, a score that falls 1.5 SD or more below the mean, and clinical documentation of an informal assessment that supports the delay
- Apraxia—at least one norm-referenced, standardized test with good reliability and validity, a score that falls 1.5 SD or more below the mean, and clinical documentation of an informal assessment that supports the delay
- Fluency—at least one standardized test that shows severity and clinical documentation of an informal assessment that supports the disorder

- Voice—a medical evaluation is required for eligibility and based on medical referral
- Oral Motor/Swallowing/Feeding—an in-depth, functional profile of oral motor structures and function. Clinical documentation that supports how the delay or disorder impacts the member's health, safety and/or independence.

Frequency and Duration Criteria

1. Frequency and duration must always be commensurate with the member's medical and skill therapy needs, level of disability and standards of practice; it is not for the convenience of the member or the responsible adult.
2. Exceptions to therapy limitations may be covered if the medically necessary criteria are met for the following:
   - Presentation of new acute condition
   - Therapist intervention is critical to the realistic rehabilitative/restorative goal, provided documentation proving medical necessity is received.

   When therapy is initiated, the therapist must provide education and training of the member and responsible caregivers, by developing and instructing them in a home treatment program to promote effective carryover of the therapy program and management of safety issues.

3. Providers may request high, moderate, or low frequencies as follows:
   - <u>High Frequency</u>
     - ✓ High frequency (3 times per week) can only be considered for a limited duration (approximately 4 weeks or less) or as otherwise requested by the prescribing provider with documentation of medical need to achieve an identified new skill or recover function lost due to surgery, illness, trauma, acute medical condition, or acute exacerbation of a medical condition, with well-defined specific, achievable goals within the intensive period requested.
     - ✓ Therapy provided three times a week may be considered for 2 or more of these exceptional situations:
       - The member has a medical condition that is rapidly changing.
       - The member has a potential for rapid progress (e.g., excellent prognosis for skill acquisition) or rapid decline or loss of functional skill (e.g., serious illness, recent surgery).
       - The member's therapy plan and home program require frequent modification by the licensed therapist.
     - ✓ On a case-by-case basis, a high frequency requested for a short-term period (4 weeks or less) which does not meet the above criteria may be considered with all of the following documentation:
       - Letter of medical need from the prescribing provider documenting the member's rehabilitation potential for achieving the goals identified,
       - Therapy summary documenting all of the following:
         - Purpose of the high frequency requested (e.g., close to achieving a milestone)
         - Identification of the functional skill which will be achieved with high frequency therapy
         - Specific measurable goals related to the high frequency requested and the expected date the goal will be achieved.

- ✓ A higher frequency (4 or more times per week) may be considered on a case-by-case basis with clinical documentation supporting why 3 times a week will not meet the client's medical needs.

- Moderate Frequency
  - ✓ Therapy provided 2 times a week may be considered when documentation shows one or more of the following:
    - The member is making very good functional progress towards goals
    - The member is in a critical period to gain new skills or restore function or is at risk for regression
    - The licensed therapist needs to adjust the member's therapy plan and home program weekly or more often than weekly based on member's progress and medical needs.
    - The member has complex needs requiring ongoing education of the responsible adult.
- Low Frequency
  - ✓ Therapy provided 1 time per week or every other week may be considered when the documentation shows one or more of the following:
    - The member is making progress toward the member's goals, but the progress has slowed, or documentation shows the member is at risk of deterioration due to the member's development or medical condition.
    - Therapist is required to adjust the member's therapy plan and home program weekly to every other week based on member's progress.
    - Every other week is supported for members whose medical condition is stable, they are making progress, and it is anticipated the client will not regress with every other week therapy.
- Maintenance Level
  - ✓ For clients who are 20 years of age and younger only, this frequency level (e.g., every other week, monthly, every 3 months) is used when the therapy plan changes very slowly, the home program is at a level that may be managed by the client or the responsible adult, or the therapy plan requires infrequent updates by the skilled therapist. A maintenance level or preventive level of therapy services may be considered when a client requires skilled therapy for ongoing periodic assessments and consultations and the client meets one of the following criteria:
    - Progress has slowed or stopped, but documentation supports that ongoing skilled therapy is required to maintain the progress made or prevent deterioration.
    - Documentation shows that the member may be making limited progress towards goals or that goal attainment is extremely low.
    - Factors identified that inhibit the member's ability to achieve established goals (eg. Behavior issues, poor attendance).
    - Documentation shows the member and the responsible adult have a continuing need for education, a periodic adjustment of the home program, or regular modification of equipment to meet the member's needs.

Discontinuation of Therapy:

1. Member no longer demonstrates functional impairment or has achieved goals set forth in the treatment plan or plan of care.
2. Member has returned to baseline function.

3. Member can continue therapy with a home treatment program and deficits no longer require a skilled therapy intervention and , for members who are 20 years of age and younger only, maintain status.
4. Member has adapted to impairment with assistive equipment or devices.
5. Member is able to perform ADLs with minimal to no assistance from caregiver.
6. Member has achieved maximum functional benefit from therapy in progress or will no longer benefit from additional therapy.
7. Member is unable to participate in the treatment plan or plan of care due to medical, psychological, or social complications; and responsible adult has had instruction on the home treatment program and the skills of a therapist are not needed to provide or supervise the service.
8. Testing shows member no longer has a developmental delay.
9. Plateau in response to therapy/lack of progress towards therapy goals (DOES NOT APPLY TO MEDICARE
10. Non-compliance due to poor attendance with member or responsible adult, non-compliance with therapy and non-compliance with home program.
11. If therapy no longer appears to be clinically appropriate and/or beneficial to the member for any reason, including those identified above, a recommendation for discontinuation (denial) should be referred to the medical director for final review and determination.

Group Therapy PT/OT CPT codes 97150 and 92508: See Medical Policy 273 – Medicaid Group Therapy Services

Footnote:

[A]SMART goals: Specific to the member, measurable, attainable, in relation to member's prognosis, relevant to the member and family with specific time frame

Frequency Notes:

High frequency (3 times per week) can only be considered for a limited duration (approximately 4 weeks or less) or as otherwise requested by the prescribing provider with documentation of medical need to achieve an identified new skill or recover function lost due to surgery, illness, trauma, acute medical condition, or acute exacerbation of a medical condition, with well-defined specific, achievable goals within the intensive period requested.

Therapy provided three times a week may be considered for 2 or more of these exceptional situations:

- The member has a medical condition that is rapidly changing.
- The member has a potential for rapid progress (e.g., excellent prognosis for skill acquisition) or rapid decline or loss of functional skill (e.g., serious illness, recent surgery).
- The member's therapy plan and home program require frequent modification by the licensed therapist.

On a case-by-case basis, a high frequency requested for a short-term period (4 weeks or less) which does not meet the above criteria may be considered with all of the following documentation:

- Letter of medical need from the prescribing provider documenting the member's rehabilitation potential for achieving the goals identified,
- Therapy summary documenting all of the following:• Purpose of the high frequency requested (e.g., close to achieving a milestone)
- Identification of the functional skill which will be achieved with high frequency therapy
- Specific measurable goals related to the high frequency requested and the expected date the goal will be achieved.

A higher frequency (4 or more times per week) may be considered on a case-by-case basis with clinical documentation supporting why 3 times a week will not meet the client's medical needs.

Moderate Frequency: Therapy provided 2 times a week may be considered when documentation shows one or more of the following:

- The member is making very good functional progress towards goals
- The member is in a critical period to gain new skills or restore function or is at risk for regression
- The licensed therapist needs to adjust the member's therapy plan and home program weekly or more often than weekly based on member's progress and medical needs.
- The member has complex needs requiring ongoing education of the responsible adult.

Low Frequency: Therapy provided 1 time per week or every other week may be considered when the documentation shows one or more of the following:

- The member is making progress toward the member's goals, but the progress has slowed, or documentation shows the member is at risk of deterioration due to the member's development or medical condition.
- Therapist is required to adjust the member's therapy plan and home program weekly to every other week based on member's progress.
- Every other week is supported for members whose medical condition is stable, they are making progress, and it is anticipated the client will not regress with every other week therapy.

Maintenance Level: For clients who are 20 years of age and younger only, this frequency level (e.g., every other week, monthly, every 3 months) is used when the therapy plan changes very slowly, the home program is at a level that may be managed by the client or the responsible adult, or the therapy plan requires infrequent updates by the skilled therapist. A maintenance level or preventive level of therapy services may be considered when a client requires skilled therapy for ongoing periodic assessments and consultations and the client meets one of the following criteria:

- Progress has slowed or stopped, but documentation supports that ongoing skilled therapy is required to maintain the progress made or prevent deterioration.
- Documentation shows that the member may be making limited progress towards goals or that goal attainment is extremely low.
- Factors are identified that inhibit the client's ability to achieve established goals (e.g., the client cannot participate in therapy sessions due to behavior issues or issues with anxiety).
- Documentation shows the client and the responsible adult have a continuing need for education, a periodic adjustment of the home program, or regular modification of equipment to meet the client's needs.

OVERVIEW:

Physical and Occupational Therapy are defined as therapeutic interventions and services that are designed to improve, develop, ameliorate, rehabilitate, habilitate or prevent the worsening of physical functions and functions that affect activities of daily living that have been lost, impaired, or reduced as a result of an acute or chronic medical condition, congenital anomaly or injury. Various types of interventions and techniques are used to focus on treatment of dysfunctions involving neuromuscular, musculoskeletal, or integumentary systems to optimize functioning levels and improve quality of life.

Speech Therapy is designed to ameliorate, restore, or rehabilitate speech language communication and swallowing disorders that have been lost or damaged as a result of a chronic, acute, or acute exacerbation of a medical condition due to recent injury, disease, or other medical conditions, or congenital anomalies or injuries. Speech-language pathologists treat speech sound and motor speech disorders, stuttering, voice disorders, aphasia and other language improvements, cognitive disorders, social communication disorders and swallowing (dysphagia) deficits.

Physical therapy, occupational therapy, and speech therapy services must be medically necessary to the treatment of the individual's chronic or acute need. A diagnosis alone is not sufficient documentation to support the medical necessity of therapy. To be considered medically necessary, all of the following conditions must be met:

- The services requested must be considered under the accepted standards of practice to be a specific and effective treatment for the member's condition
- The services requested must be of a level of complexity or the member's condition must be such that the services required can only be effectively performed by or under the supervision of a licensed physical therapist, occupational therapist, or speech therapist and requires the skills and judgement of the licensed therapist to perform education and training.

Functional goals refer to a series of behaviors or skills that allow the member to achieve an outcome relevant to his/her health, safety, or independence within the context of everyday environments. Functional goals must be specific to the client, objectively measurable within a specific time frame, attainable in relation to the member's prognosis or developmental delay, relevant to client and family, and based on medical need.

Definitions:

Word/Term/Abbreviation	Definition
Chronic	Persisting over a long period of time or marked by frequent recurrence.
Medically Necessary Services	Services or treatments which are prescribed by an examining physician, or other licensed practitioner, which diagnose or correct or significantly ameliorate defects, physical conditions and health conditions.
Ameliorate	To optimize a member's health condition, to compensate for a health problem, to prevent serious medical deterioration, or to prevent the development of additional health problems
Plateau	Where no additional meaningful improvements are being measured or are expected to occur; a period of four weeks or dependent on the specific condition and/or individual situation, a lesser period of time that is seen as generally accepted
Acute Services	Short term treatment of an acute medical condition or acute exacerbation of a chronic medical condition and treatment is expected to improve condition within 60 days and a maximum of 120 days from start of therapy.
Chronic Services	When the medical condition is no longer considered acute and exceeds 120 days from start of therapy.
Critical Period	Developmental period during which the most rapid progress occurs; For basic gross-motor skills, the general window of opportunity appears to be open from the prenatal period to around age five.
Sensory Integration	Process by which brain organizes and interprets external stimuli such as touch, movement, body awareness, sight, sound and gravity.
Dysphagia Therapy	Treatment for impairments in any of the following swallowing phases: oral phase (sucking, chewing and moving food into the throat), pharyngeal phase (starting the swallowing reflex, squeezing food down the throat, and closing off the airway to prevent food of liquid from entering the airway (aspiration) or to prevent choking), or esophageal phase (relaxing and tightening the openings at the top

	and bottom of the feeding tube in the throat (esophagus) and squeezing food through the esophagus into the stomach). Treatment provided by the speech-language pathologist may include: specific swallowing treatment (exercises to improve muscle movement), positions or strategies to help the individual swallow more effectively, or specific food and liquid textures that are easier and safer to swallow.

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	31579 - Diagnostic laryngoscopy with stroboscopy 92506 - Evaluation of speech, language, voice, communication, and/or auditory processing 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual 92508 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals 92511 - Nasopharyngoscopy with endoscope (separate procedure) 92520 - Laryngeal function studies (i.e., aerodynamic testing and acoustic testing) 92521 - Evaluation of speech fluency (eg, stuttering, cluttering) 92522 - Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); 92523 - Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);?with?evaluation of language comprehension and expression (eg, receptive and expressive language) 92524 - Behavioral and qualitative analysis of voice and resonance? 92526 - Treatment of swallowing dysfunction and/or oral function for feeding 92597 - Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech 92605 - Evaluation for prescription for non-speech generating AAC device, face-to-face with the patient; first hour 92606 - Therapeutic services for use of non-speech generating devices, including programming and modification 92607 - Evaluation for prescription of speech-generating AAC device, first hour 92608 - Evaluation [92607], each additional 30 minutes 92609 - Therapeutic services for use of speech-generating device, including programming and modification 92610 - Evaluation of oral and pharyngeal swallowing function 92611 - Motion fluoroscopic evaluation of swallowing function by cine or video recording 92612 - Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording (FEES) 92613 - interpretation and report 92614 - Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording 92615 - interpretation and report

	92616 - Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording (FEESST) 92617 - interpretation and report 92618 - Evaluation [92605], each additional 30 minutes 92626 - Evaluation of auditory rehabilitation status, first hour 92627 - Evaluation of auditory rehabilitation status, each additional 15 minutes 92630 - Auditory rehabilitation; pre-lingual hearing loss 92633 - Auditory rehabilitation; post-lingual hearing loss 96105 - Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour 96110 - Developmental screening, with interpretation and report, per standardized instrument form 96111 - Developmental testing, (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report 96125 - Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report. 97010 - Application of a modality to 1 or more areas; hot or cold packs 97012 - Application of a modality to 1 or more areas; traction, mechanical 97016 - Application of a modality to 1 or more areas; vasopneumatic devices 97018 - Application of a modality to 1 or more areas; paraffin bath 97022 - Application of a modality to 1 or more areas; whirlpool 97024 - Application of a modality to 1 or more areas; diathermy (eg, microwave) 97026 - Application of a modality to 1 or more areas; infrared 97028 - Application of a modality to 1 or more areas; ultraviolet 97039 - Unlisted modality (specify type and time if constant attendance) 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 97112 - Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities 97113 - Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises 97116 - Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97124 - Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) 97127 - Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact 97139 - Unlisted therapeutic procedure (specify) 97140 - Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes 97150 - Therapeutic procedure(s), group (2 or more individuals)

	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97532 - Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes 97533 - Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes 97535 - Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes 97537 - Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes 97542 - Wheelchair management (eg, assessment, fitting, training), each 15 minutes 97545 - Work hardening/conditioning; initial 2 hours 97546 - Physical performance test or measurement (e.g musculoskeletal, functional capacity), with written report, each 15 minutes 97750 - Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes 97755 - assistive technology assessment 97760 - Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes 97761 - Prosthetic training, upper and/or lower extremity(s), each 15 minutes 97763 - Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes 97799 - Unlisted physical medicine/rehabilitation service or procedure
HCPCS Codes:	G0151 - Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes G0157 - Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes G0159 - Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes G0283 - Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care G0451 - Developmental testing, with interpretation and report, per standardized instrument form G0515 - Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each
ICD10 codes:	
ICD10 Not covered:	

CMS:

POLICY HISTORY:

Status	Date	Action
New	08/27/2020	New policy
Updated	11/19/2020	Title changed to permit use across all plans.

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. The health plan will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to the health plan so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. TMHP- Texas Medicaid Provider Procedures Manual (January 2020). Physical Therapy, Occupational Therapy, and Speech Therapy Services Handbook (Vol.2).
2. The Alberto N Agreement (Section 8.1) states that all DME policies, guidelines, or provider manuals will prominently display the following statement when describing the scope of DME available to beneficiaries:

   Medicaid beneficiaries under the age of 21 years are entitled to all medically necessary DME. DME is medical necessary when it is required to correct or ameliorate disabilities or physical or mental illnesses or condition. Any numerical limit on the amount of a particular item of DME can be exceeded for Medicaid beneficiaries under the age of 21 years if medically necessary. Likewise time period for replacement of DME will not apply to Medicaid beneficiaries under the age of 21 years if the replacement is medically necessary. When prior authorization is required, the information submitted with the request must be sufficient to document the reasons why the requested DME item or quantity is medical necessary.
3. American Physical Therapy Association, Guidelines: Physical Therapy Documentation of Patient/Client Management (2014).
4. American Speech-Language-Hearing Association: Medical Necessity for Speech-Language Pathology and Audiology Services (2004)
5. American Occupational Therapy Association. Standards of Practice for Occupational Therapy. The Journal of Occupational Therapy. Nov/Dec 2010, 64:6.
6. The American Physical Therapy Association (APTA). Criteria for Standards of Practice for Physical Therapy (2014).
7. Chugani, HT. A critical period of brain development: studies of cerebral glucose utilization with PET. Preventive Medicine. Volume 27, Issue 2, March 1998, pages 184-188.
8. Mundkur, Nandini. Neuroplasticity in Children. Indian Journal of Pediatrics. 2005; 72 (10): 855-857.
9. HB3041- Allows a physician or provider to request renewal of an existing prior authorization at least 60 days before it expires. The health plan must issue a determination, if practicable, before the existing prior authorization expires.
10. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4296637/
11. Márcio Alexandre Homem,1 Raquel Gonçalves Vieira-Andrade,2 Saulo Gabriel Moreira Falci,3 Maria Letícia Ramos-Jorge,4 and Leandro Silva Marques. Effectiveness of orofacial myofunctional therapy in orthodontic patients: A systematic review. 2014 Jul-Aug; 19(4): 94–99. The findings of the present systematic review demonstrate the scarcity of consistent studies and scientific evidence supporting the use of OMT in

combination with orthodontic treatment to achieve better results in the correction of dentofacial disorders in individuals with orofacial abnormalities.