

## Clinical Policy: Physical, Occupational, and Speech Therapy Services

Reference Number: PA/CP.MP.49

Last Review Date: 02/19

[Revision Log](#)

Effective Date: 12/15/2020

### Description

To provide guidelines for the authorization of outpatient speech therapy, occupational therapy, and/or physical therapy evaluation and treatment services. Initial evaluation requirements are based on the individual benefit contract.

***Note:** This policy should only be used if there is no relevant clinical decision support criteria.*

### Policy/Criteria

#### I. Initial Authorization

It is the policy of PA Health & Wellness® (PHW), that *outpatient speech therapy, occupational therapy, and/or physical therapy services* are considered **medically necessary** when all the following criteria are met:

- A. Signs and symptoms of physical deterioration or impairment in  $\geq 1$  of the following areas, or for prevention of disability in  $\geq 1$  of the following areas:
  1. Sensory/motor ability
  2. Functional status as evidenced by inability to perform basic activities of daily living (ADLs) and/or mobility
  3. Cognitive/psychological ability
  4. Cardiopulmonary status
  5. Speech/language/swallowing ability/cognitive-communication disorders that result in disability
- B. Treatment is ordered by an examining physician and a formal evaluation is conducted by a licensed/registered speech, occupational, or physical therapist. The evaluation must include the following:
  1. History of illness or disability
  2. Relevant review of systems
  3. Pertinent physical assessment
  4. Current and previous level of functioning
  5. Tests or measurements of physical function
  6. Potential for improvement in the patient's physical function
  7. Recommendations for treatment and patient and/or caregiver education
- C. Treatment requires the judgment, knowledge, and skills of a licensed/registered therapist or therapy assistant and cannot be reasonably learned and implemented by non-professional or lay caregivers. Repetitive therapy drills which do not require a licensed/certified professional's feedback are not covered services.
- D. Treatment meets accepted standards of discipline-specific clinical practice, and is targeted and effective in the treatment of the member's diagnosed impairment or condition.
- E. Treatment does not duplicate services provided by other types of therapy, or services provided in multiple settings.
  1. **School-Based Services:** An attestation should be provided that no Individual Family Service Plan (IFSP) or Individualized Education Program (IEP) exists, or that treatments are not being duplicated across multiple providers or settings.

Coordination of care between school and provider will be established to prevent duplication of services. Services shall not be considered duplicative if child's course of treatment occurs during school breaks, after school hours, or during summer months. In the absence of an attestation, a denial of requested treatments may occur when an IFSP or IEP is available but not provided. Denial of duplicative treatment may occur when documented.

- F. Treatment conforms to a plan of care (POC) specific to the member's diagnosed impairment or condition. The written POC signed by the therapist must include all of the following:

1. Diagnosis with date of onset or exacerbation
2. Short- and long- term functional treatment goals that are specific to the member's diagnosed condition or impairment, and measurable relative to the member's anticipated treatment progress. Planned treatment techniques and interventions are detailed, including amount, frequency, and duration required to achieve measurable goals.
3. Education of the member and primary caregiver, if applicable. This should include a plan for exercises/interventions to be completed at home between sessions with the therapist.
4. A brief history of treatment provided to the member by the current or most recent provider, if applicable.
5. A description of the member's current level of functioning or impairment, and identification of any health conditions which could impede the member's ability to benefit from treatment.
6. Member's most recent standardized evaluation scores, with documentation of age equivalency, percent of functional delay, or standard deviation (SD) score, when appropriate, for the member's diagnosis/disability.
  - a. Standardized scores  $\geq 1.5$  SD below the mean (except where state requirements are more stringent) may qualify as medically necessary as defined by age equivalent/chronological age; however, such a score may not be used as the sole criteria for determining a member's eligibility for initial or continuing treatment services.
7. Providers should also include any meaningful clinical observations, summary of a member's response to the evaluation process, and a brief prognosis statement.

- G. Treatment is expected to either:

1. Produce clinically significant and measurable improvement in the member's level of functioning within a reasonable, and medically predictable, period of time; OR
2. Prevent significant functional regression as part of a medically necessary program and:
  - a. If member is under 21 years and achieves a clinical and functional plateau, the provider adjusts the POC, and provides monthly (or as appropriate) reassessments to update and modify the home care program. If the member's functional level is in jeopardy or declining, the POC can be adjusted accordingly by the therapy provider.
  - b. EPSDT (early and periodic screening, diagnosis and treatment) members: members who are receiving EPSDT services may continue to receive medically

necessary therapies where loss or regression of present level of function is likely within a reasonable and medically predictable period of time.

- H. Where appropriate, nationally recognized clinical decision support criteria will be used as a guideline in the medical necessity decision making process.

## **II. Continued Authorization**

- A. Treatment progress must be clearly documented in an updated POC/current progress summary signed by the therapist, as submitted by the requesting provider at the end of each authorization period and/or when additional visits are being requested. Documentation must include the following:
1. The member's updated standardized evaluation scores, with documentation of age equivalency, percent of functional delay, or SD score, if applicable.
  2. Objective measures of the member's functional progress relative to each treatment goal and a comparison to the previous progress report.
  3. Summary of member's response to therapy, with documentation of any issues which have limited progress.
  4. Documentation of member's participation in treatment, or caregiver's if member is unable to participate in treatment.
  5. Documentation of member/caregiver participation in or adherence with a home exercise program (HEP), if applicable.
  6. Brief prognosis statement with clearly established discharge criteria.
  7. An explanation of any significant changes to the member's POC and the clinical rationale for revising the POC.
  8. Prescribed treatment modalities, their anticipated frequency and duration.
  9. Physician signature must be on the POC or on a prescription noting the service type.
  10. If applicable, IFSP/IEP or attestation is submitted and verifies no duplication of services for children with developmental delays.

## **III. Discontinuation of Therapy**

- A. Reasons for discontinuing treatment may include, but are not limited to, the following:
1. Member has achieved treatment goals as evidenced by one or more of the following:
    - a. No longer demonstrates functional impairment or has achieved goals set forth in the plan of care
    - b. Has returned to baseline function
    - c. Will continue therapy with a HEP
    - d. Has adapted to impairment with assistive equipment or devices
    - e. Member is able to perform ADLs with minimal to no assistance from caregiver
  2. Member has reached a functional plateau in progress, or will no longer benefit from additional therapy.
    - a. A denial of treatment due to a member's "failure to benefit or progress" may be made in those cases when a condition or developmental deficit being treated has failed to be ameliorated or effectively treated despite the application of therapeutic interventions in accordance with the member's POC, or if maximum medical benefit has been achieved.

3. Member is unable to participate in the POC due to medical, psychological, or social complications.
  4. Non-compliance with a HEP and/or lack of participation in scheduled therapy appointments.
  - B. Treatment(s) may be re-instituted in accordance with this policy should a documented regression occur.
- IV.** The provision of a formal and complete evaluation by a licensed/registered therapist is permissible once every 6 months; however, it is not a requirement for assessing the need for continued treatment.
- V.** Not all treatment modalities are covered benefits. Coverage of specific modalities depends upon their proven efficacy, safety, and medical appropriateness as established by accepted and discipline-specific clinical practice guidelines.
- VI.** Treatment of the member in the home may be medically necessary if:
- A. Member meets criteria in section I or II;
  - B. The treatment can be safely and adequately performed in the member's home environment;
  - C. The diagnosed impairment or condition makes transportation to an outpatient rehab facility impractical or medically inappropriate.

**Background**

Physical and occupational therapy are defined as therapeutic interventions and services that are designed to improve, develop, correct or ameliorate, rehabilitate or prevent the worsening of physical functions and functions that affect ADLs 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 the treatment of dysfunctions involving neuromuscular, musculoskeletal, or integumentary systems to optimize functioning levels and improve quality of life.

Speech therapy 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, congenital anomalies or injuries.

“Medically Necessary Services” refers to services or treatments which are ordered by an examining physician and which (pursuant to the EPSDT Program) diagnose or correct or significantly ameliorate defects, physical and mental illnesses, and health conditions. “Correct” or “ameliorate” means to optimize a member's health condition, to compensate for a health problem, to prevent a serious medical deterioration, or to prevent the development of additional health problems.

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed, language included to address therapy services in the HCBS setting to ensure maintenance of safety/functionality in the home as defined in PCSP.	09/18	
Minor wording change in section IF. Children with Developmental Delays Section II: Removed initial paragraph as informative; Clarified ability to request IEP in IIA and revised accordingly; Due to duplication, moved and combined as follows: IIA to IG, IIB to IIIB, IID to IVA2, IIE to IVB, IIF to IIIA8. Outpatient/Home Health Utilization Guidelines Section I: Due to duplication, moved and combined as follows: IA to IIA, (old IIB) and IC to IIB; Removed IB as duplicative.	02/19	03/19
Removed statement from “initial request” section that up to 6 months of treatment may be authorized at a time. Added note before criteria that this policy should only be used if there is no other relevant clinical decision support criteria. In continued authorization, clarified that documentation notes member/caregiver’s participation in treatment, and split out from criteria regarding HEP. In section IV on home care, noted that the member must meet criteria in sections I or II. References reviewed and updated. Specialist reviewed	12/2020	01/2021

## References

1. The American Physical Therapy Association (APTA), Guidelines: Physical Therapy Documentation of Patient/Client Management (2014).  
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3. American Speech Language hearing Association, Medical Review Guidelines for Speech-Language Pathology Services (2015). <http://www.asha.org/practice/reimbursement/SLP-medical-review-guidelines/>
4. Clark GF, Youngstrom MJ. Guidelines for documentation of occupational therapy (2013). Am J Occupational Therapy. 2013 Nov-Dec;67 S32-S38. doi:10.5014/ajot.2013.67S32
5. McKesson Corporation InterQual® criteria.
6. MCG (formerly Milliman Care Guidelines®) guidelines.
7. Standards of Practice, the American Occupational Therapy Association. American Journal of Occupational Therapy, December 2015, Vol. 69, 6913410057p1-6913410057p6. doi:10.5014/ajot.2015.696S06. <http://ajot.aota.org/article.aspx?articleid=2477354>
8. World Confederation for Physical Therapy, Position Statement: Standards of Physical Therapy Practice (Revised 2011). [http://www.wcpt.org/sites/wcpt.org/files/files/WCPT-PoS-Standards\\_of\\_Physical\\_Therapy\\_Practice-Aug07.pdf](http://www.wcpt.org/sites/wcpt.org/files/files/WCPT-PoS-Standards_of_Physical_Therapy_Practice-Aug07.pdf)