

POLICY AND PROCEDURE

POLICY NAME: Physical, Occupational and Speech Therapy Services	POLICY ID: FL.UM.41
BUSINESS UNIT: Sunshine State Health Plan	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 05/2018	PRODUCT(S): Managed Medical Care, Child Welfare (CW), Long Term Care (LTC), Ambetter and Medicare
REVIEWED/REVISED DATE: 05/18, 5/19, 7/20, 8/21, 08/22, 08/2023	
REGULATOR MOST RECENT APPROVAL DATE(S): 07/2018	

POLICY STATEMENT: It is the policy of Sunshine Health that outpatient speech therapy, occupational therapy, physical therapy, and /or evaluation and treatment services are considered medically necessary.

PURPOSE: To provide guidelines for the authorization of outpatient speech therapy, occupational therapy, physical therapy, and /or evaluation and treatment services.

SCOPE: This policy applies to the Sunshine Health Utilization Management Department. Managed Medical Care, Child Welfare (CW), Long Term Care (LTC), Ambetter and Medicare.

This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

DEFINITIONS:

POLICY:

- It is the policy of Sunshine Health that *outpatient speech therapy, occupational therapy, physical therapy, and /or evaluation and treatment services* are considered **medically necessary** when the following symptomology is found:
 - Signs and symptoms of physical deterioration or impairment in ≥ 1 of the following areas, or for prevention of disability in ≥ 1 of the following areas:
 - Sensory/motor ability
 - Functional status as evidenced by inability to perform basic activities of daily living (ADLs) and/or mobility
 - Cognitive/psychological ability
 - Cardiopulmonary status
 - Speech/language/swallowing ability/cognitive-communication disorders that result in disability
- Sunshine Health's policy for outpatient speech therapy, occupational therapy and physical therapy and/or evaluation and treatment services are considered **medically necessary** when all the following criteria are met:
 - 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:
 - History of illness or disability
 - Relevant review of systems
 - Pertinent physical assessment
 - Current and previous level of functioning
 - Tests or measurements of physical function
 - Potential for improvement in the patient's physical function
 - Recommendations for treatment and patient and/or caregiver education
 - 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.
 - 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.
 - Treatment does not duplicate services provided by other types of therapy, or services provided in multiple settings (see section regarding school-based therapy).
 - 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:
 - Diagnosis with date of onset or exacerbation
 - 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. Treatment techniques and interventions to be used – amount, frequency, and duration required to achieve measurable goals.
 - 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.
 - A brief history of treatment provided to the member by the current or most recent provider, if applicable.

- 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.
 - 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.
 - Providers should also include any meaningful clinical observations, summary of a member's response to the evaluation process, and a brief prognosis statement.
 - Treatment is expected to either:
 - Produce clinically significant and measurable improvement in the member's level of functioning within a reasonable, and medically predictable, period of time; OR
 - Prevent significant functional regression as part of a medically necessary program and:
 - 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.
 - 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.
 - Where appropriate, nationally recognized clinical decision support criteria will be used as a guideline in the medical necessity decision making process.
- **Children with Developmental Delays**

The Individuals with Disabilities Education Act (IDEA) is a federal mandate ensuring services to children with disabilities throughout the nation. IDEA Part B is for children 3-21 years to be evaluated and/or treated in a school-based setting when a developmental delay or impairment impacts the child's ability to access the general education environment. In these cases, children are entitled to the protections and services identified as part of the Individual Education Plan (IEP), and the child's home school/district shall be the primary provider and payer of the required treatment services. IDEA Part C is for infants and toddlers (0-2) and their families to receive early intervention services. Infants and toddlers who are identified with developmental delays may be eligible for an Individual Family Service Plan (IFSP) in which treatment and/or family support services are provided for free or at a minimal cost.

 - A member's established IFSP or IEP shall be submitted for review relative to any request for treatment. An attestation that no IFSP or IEP exists, or that treatments are not being duplicated across multiple providers or settings, may also be accepted. 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.
 - 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.
 - Standardized scores greater than or equal to 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.
 - 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.
 - Treatment(s) may be re-instituted in accordance with this policy should a documented regression occur.
 - An examining physician's order for treatment or physician's signature on the POC must accompany all treatment requests, regardless of history.
 - 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.
 - Treatment of the member in the home may be medically necessary if the treatment can be safely and adequately performed in the member's home environment, and the diagnosed impairment or condition makes transportation to an outpatient rehab facility impractical or medically inappropriate.

Outpatient or Home Health Therapy Utilization Guidelines

• Initial Request

- Initial Evaluation requirements are based on the individual member benefit contract.
- Initial request for treatment, following evaluation, meets all of the following:
 - Therapy is considered medically necessary for members with clearly diagnosed impairments or conditions.
 - The POC, as outlined above under section I.F., is complete and signed by the therapist.
 - If applicable, IFSP/IEP or attestation is submitted and verifies no duplication of services for children with developmental delays.
- If services are approved, up to 6 months of treatment may be authorized when the medical prognosis clinically supports the need for up to 6 months of treatment.

- **Continued Authorization**
 - 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:
 - The member's updated standardized evaluation scores, with documentation of age equivalency, percent of functional delay, or SD score, if applicable.
 - Objective measures of the member's functional progress relative to each treatment goal and a comparison to the previous progress report.
 - Summary of member's response to therapy, with documentation of any issues which have limited progress.
 - Documentation of member's participation in treatment as well as member/caregiver participation in or adherence with a home exercise program (HEP), if applicable.
 - Brief prognosis statement with clearly established discharge criteria.
 - An explanation of any significant changes to the member's POC and the clinical rationale for revising the POC.
 - Prescribed treatment modalities, their anticipated frequency and duration.
 - Physician signature must be on the POC or on a prescription noting the service type.
 - If applicable, IFSP/IEP or attestation is submitted and verifies no duplication of services for children with developmental delays.
 - If services are approved, up to 6 months of treatment may be authorized when the medical prognosis clinically supports the need for up to 6 months of treatment.

- **Discontinuation of Therapy**
 - Reasons for discontinuing treatment may include, but are not limited to, the following:
 - Member has achieved treatment goals as evidenced by one or more of the following:
 - No longer demonstrates functional impairment or has achieved goals set forth in the plan of care
 - Has returned to baseline function
 - Will continue therapy with a HEP
 - Has adapted to impairment with assistive equipment or devices
 - Member is able to perform ADLs with minimal to no assistance from caregiver
 - Member has reached a functional plateau in progress or will no longer benefit from additional therapy.
 - Member is unable to participate in the POC due to medical, psychological, or social complications.
 - Non-compliance with a HEP and/or lack of participation in scheduled therapy appointments.

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.

REFERENCES:

Most current NCQA Standards and Guidelines for the accreditation of MBHOs and MCOs
 AHCA Contract
 Policy FL.UM.11.00 Massage Therapy Expanded Benefit

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: Utilization Management

REGULATORY REPORTING REQUIREMENTS: State review and approval required for any substantial changes and upon request.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	New policy developed based upon Centene Corporate policy CP.MP.49; revisions made to support AHCA contract requirements to include verbiage covering medical massage therapy for identified members.	04/27/2018
Annual Review	No changes needed	05/19/2019
Annual Review	Removed Healthy Kids. Removed massage therapy from this policy; please reference policy FL.UM.11.00 Massage Therapy. Changed approver # from CMO to VP medical Affairs.	07/20/2020
Annual Review	No changes needed	08/19/2021
Annual Review	No changes needed	08/09/2022
Annual Review	Updated Policy ID Added Policy ID and Name to 'Footer' Made minor grammatical changes	08/2023

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.