



# Medical Policy

**Subject:**  
Therapy for Children’s Disabilities – Georgia Plan

**Effective Date:** August 18, 2010

**Version Date:** May 28, 2015

## IMPORTANT NOTE

Amerigroup Medical Coverage Policies are based on medical necessity consideration, nationally accepted medical practice standards, review of medical literature and governmental approvals. Benefit determination should be based in all cases on the applicable contract language. To the extent there are any conflicts between this policy and the contract language, the contract language will prevail. Exceptions to the policy can be made by health plan medical directors based on individual circumstances.

## PURPOSE

1. To define the criteria for determination of medical necessity of services for children with developmental disabilities of acquired, genetic or unknown etiologies. These criteria do not apply to short-term rehabilitation services rendered following acute illness, trauma or surgery.
2. To facilitate the process and paperwork by which occupational, speech and physical therapy services are applied for and received by eligible recipients through standardization of information requirements from requesting providers.
  - a. Information requirements for speech, occupational and physical therapy in developmental disorders (Attachment 1).
  - b. Provider attestation regarding Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) (Attachment 2).
3. To ensure children with disabilities receive the medically necessary therapy services to which they are entitled under the Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, and services provided are medically necessary and are not duplicated.
4. To assure that similar treatments and services are provided for categorically needy and medically fragile children.
5. To ensure that medically necessary services provided by Amerigroup Community Care do not duplicate services provided in the school environment under the Individuals with Disabilities Education Act (IDEA).

## BACKGROUND

None

## DEFINITIONS

Disability in children is defined in terms of functional status, affected by physical, developmental, behavioral, emotional, social and environmental conditions.

- ❖ Developmental disability is defined as inability to perform age-appropriate functional skills as indicated by standard test scores less than 85, scaled score less than 7, or a developmental quotient (DQ) less than 80.

- i. DQ = developmental age/chronological age X 100
- ii. Standardized testing and developmental quotient should be adjusted for preterm birth before 37 weeks gestation in the first 24 months of life (reports must reference chronological age minus birth gestational age in weeks)
- Other acceptable definitions of developmental or other disabilities:
  - i. Disability in speech and language due to stuttering is defined in the presence of (ALL):
    - 1) Stuttering Severity Instrument (SSI) scores in the moderate or severe range
    - 2) Duration of symptoms more than six months
    - 3) Associated struggle behaviors
  - ii. Disability in speech and language due to misarticulation is defined as intelligibility to unfamiliar listener of:
    - 1) < 25 percent from age 18 – 23 months
    - 2) < 50 percent from age 24 – 35 months
    - 3) < 75 percent from age 36 – 47 months
    - 4) < 100 percent over 48 months

**NOTE:** Misarticulation in the presence of dialectical differences will not be considered disordered or delayed speech skills per ASHA Position Statement dated 1983.
  - iii. Disability in self-care or participation in age-appropriate activities is defined by a Qualifier Code of 2 or greater in any category of function, structure, activity or participation, as described in the International Classification of Functioning, Disability and Health for Children and Youth (ICF-CY).
  - iv. Disability may be defined by other testing instruments which may be reviewed and evaluated by The Buros Center for Testing or other peer-reviewed medical literature.
- ❖ Health refers to the health-related domains of body functions, body structures, activities and participation from individual, societal and environmental perspectives. The International Classification of Functioning, Disability and Health (ICF) is the international standard for health and disability-related data and serves as the reference text for the conceptualization of health.
- ❖ Significant improvement is defined as:
  - Increase in the standard score or developmental quotient by three or more or scaled score by one or more points.
  - Achievement of a specific developmental milestone, self-care skill or adaptive ability within a specified time frame as proscribed in a formal treatment plan.
  - Decrease in the ICF Qualifier Code by one in one or more domains.
- ❖ Decline in function is defined as:
  - Decrease in the standard score or developmental quotient by three or more or scaled score by one or more points.
  - Loss of a specific developmental milestone, self-care or adaptive skill.
  - Increase in the ICF Qualifier Code by one in one or more domains.
- ❖ Maintenance therapy is defined as continued skilled therapy services required to prevent decline in function and maintain the current level of functioning in a child with disabilities.
- ❖ Periodic life issues are episodes in recipients' lives that may adversely affect level of function (as reflected in the ICF) and may include pre- and postsurgical needs, mobility, manipulation skills, activities of daily living, feeding, access to assistive technology or contracture development. The natural progression of aging and development may precipitate periodic life issues.
- ❖ Medical necessity and benefit coverage are defined in:

- The contract between the Georgia Department of Community Health and Amerigroup
  - Section 4.5.4 – Medical Necessity
  - Section 4.5.2 – IDEA Services
    - Section 4.5.2.1 – For members up to and including age two, the contractor shall be responsible for Medically Necessary IDEA Part C services provided pursuant to an IFSP or IEP
    - Section 4.5.2.2 – For members age 3-21, the contractor shall not be responsible for Medically Necessary IDEA Part B services provided pursuant to an IEP or IFSP. Such services shall remain in FFS Medicaid
      - ◆ Section 4.5.2.2.1 – The contractor shall be responsible for all other medically necessary services
    - Section 4.5.5 – Experimental, Investigational or Cosmetic Procedures
- Title 49, Chapter 4, Article 7C. of the Official Code of Georgia Annotated, entitled Therapy Services for Children with Disabilities:
  - Medically necessary services mean services or treatments that are prescribed by a physician or other licensed practitioner and which, pursuant to the EPSDT program, diagnose, correct or ameliorate defects, physical and mental illnesses, and health conditions, whether or not such services are in the state plan
  - Correct or ameliorate means to improve or maintain a child’s health in the best condition possible, compensate for a health problem, prevent it from worsening, prevent the development of additional health problems, or improve or maintain a child’s overall health, even if treatment or services will not cure the recipient’s overall health.
  - Prescriptions and prior approval for services shall be for general areas of treatment, treatment goals, or ranges of specific treatment or processing codes.
  - Clinical coverage criteria or guidelines, including restrictions such as location of service and prohibitions on multiple services on the same day or at the same time, shall not be the sole determinant used by the department, its utilization vendors, or its care management organizations to limit the EPSDT standards or its medically necessary definition in this article.
- Practice guidelines and policies of the American Occupational Therapy Association (AOTA), American Speech-Language-Hearing Association (ASHA), and the American Physical Therapy Association (APTA)
- Part II Policies and Procedures for Hospital Services, Georgia Department of Community Health Division of Medicaid
- Part II Policies and Procedures for Children’s Intervention Services, Georgia Department of Community Health

**POLICY**

1. To the extent that the scope of services provided by licensed speech/language, occupational and physical therapists may correct or ameliorate defects, physical and mental illnesses, and health conditions, this procedure assures a consistent application of benefits to eligible members of the health plan. When there are concerns about effectiveness of a proposed treatment, documentation from peer-reviewed literature indicating that rehabilitation services are efficacious in correcting or ameliorating a member’s illness or condition may be required to establish medical necessity of a requested service.

2. Medically necessary services may be approved for up to six months. Shorter certification periods may apply to service requests, on an individual basis, when expected response to therapy is questionable due to presence of complicating conditions, such as hearing loss or other physical, developmental, behavioral, emotional, social or environmental condition. Authorization for continuation of services is contingent on the documentation of significant improvement as defined under Definitions or following shorter periods of active treatment, upon documentation of achievement of specific goals defined in the treatment plan.
3. Therapy services provided by a licensed therapist may be denied as medically unnecessary when no significant improvement (as defined above) can be demonstrated over a treatment period of at least six months. Continuing a particular treatment could be detrimental to the patient by fostering treatment dependency and chronicity. Re-evaluation by the treating physician is important in order to redirect additional diagnostic or therapeutic efforts.
  - a. Maintenance therapy by a licensed therapist will be considered medically necessary to avoid decline in function with all of the following requirements:
    - i. Explanation of barriers that prevent the performance of a maintenance treatment plan by a parent or caregiver in the child's natural environment
    - ii. Time-limited plan (2-4 weeks) for transferring the therapy services to the caregiver and changing the role of the therapist to a supervisory role, consisting of occasional clinical, educational and administrative services related to maintenance of current function
    - iii. Documentation of attempts to teach maintenance services and techniques to the caregiver and the results of those attempts
    - iv. Documentation of decline in function (as defined above) when therapy has been previously decreased or discontinued.  
NOTE: When the treatment does not legitimately require services of a skilled therapist for management of a maintenance program, the services will no longer be considered reasonable and necessary.
  - b. Rehabilitative therapy services (as opposed to maintenance therapy) provided by a licensed therapist may be resumed for additional treatment when periodic life issues affect the functional status of the member or when decline in function is documented following discontinuation or decrease in skilled services.
4. Requests for authorization of services accompanied by incomplete information may be denied for lack of medical necessity after review by a medical director. The requesting provider will be notified of the specific missing information.
5. Upon receipt of complete information, determination of medical necessity will be made based upon documentation of baseline standardized assessment and measurable and objective changes in functional status of the member. Re-evaluation is required every six months.
6. Duplication of services will be denied as medically unnecessary. For purposes of this policy, duplicated services are defined as therapy services that:
  - a. Provide the same general areas of treatment, treatment goals, or ranges of specific treatment or processing codes, notwithstanding a difference in the setting, intensity, or modalities of skilled services, and
  - b. Address the same types and degrees of disability as other concurrently provided services (via IEP or other community or hospital-based providers).

➤ NOTE: If a child is tested and found to have **severe** or **profound** deficits (SS of 69 or below), there may still be instances where additional therapy outside the school setting would be

appropriate either based on frequency, setting or additional skill needs of the child.  
Determination of duplication will be made on an individual basis after review of treatment notes and/or peer-to-peer discussion with the requesting therapist.

7. If review criteria are not satisfied, request will be forwarded to the medical director for review and determination of medical necessity.
8. Therapy services will be denied as medically unnecessary when a member's condition no longer meets the definition of disability.

#### POLICY HISTORY

- Approved on September 25, 2008 as a procedure: Therapy for Disabilities Procedure
- Approved on August 18, 2010 as a Medical Coverage Policy: Therapy for Disabilities – Georgia
- Annual review approved on March 22, 2011
- Annual review approved on April 10, 2012
- Annual review approved on April 25, 2013
- Annual review approved on April 24, 2014
- Annual review approved on May 28, 2015

#### REFERENCES AND RESEARCH MATERIALS

- ICF-CY. World Health Organization, 2007.
- Access to the Buros Center for Testing , providing reviews and evaluations of available testing instruments may be found at [http://marketplace.unl.edu/buros/catalogsearch/advanced/?buros\\_acronym=&buros\\_author=&buros\\_publisher=&buros\\_purpose=speech&buros\\_scores=&name=](http://marketplace.unl.edu/buros/catalogsearch/advanced/?buros_acronym=&buros_author=&buros_publisher=&buros_purpose=speech&buros_scores=&name=)
- Guidelines and literature from the professions of speech, occupational and physical therapy:
  - American Speech-Language-Hearing Association Practice Policy at <http://www.asha.org/default.htm>
  - American Occupational Therapy Association at <http://www.aota.org>
  - American Physical Therapy Association at <http://www.apta.org/>
- Georgia Department of Community Health Provider Manuals for Hospital Services and Children's Intervention Services may be found at <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/54/Default.aspx>
- CMS Office of Financial Management, "PT,OT and ST Services", 9/5/2012 at [http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/TherapyCapSlidesv10\\_09052012.pdf](http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/TherapyCapSlidesv10_09052012.pdf)
- Occupational therapy practice guidelines for children and adolescents with challenges in sensory processing and sensory integration at <http://www.guideline.gov/content.aspx?id=34041>

## Attachment 1

### Information Requirements for Speech, Occupational or Physical Therapy in Developmental Disorders

- Primary diagnosis: \_\_\_\_\_  
ICD-9 (ICD-10 after 10/01/15): \_\_\_\_\_
- Primary language spoken in home \_\_\_\_\_ For children who are deaf, native language is defined as the mode of communication normally used by the individual (including sign language).
- Pertinent past medical or family history, comorbid diagnoses: \_\_\_\_\_  
\_\_\_\_\_ Attached \_\_\_ None \_\_\_
- If <3 years and born preterm, provide corrected age in months = chronological age reduced by the number of weeks born before 40 weeks of gestation <http://pediatrics.aappublications.org/content/114/5/1362.full>
- Previous rehabilitation therapy for this condition. \_\_\_ Unknown \_\_\_ No \_\_\_ Yes  
If Yes, Month/Year initiated (if known): \_\_\_/\_\_\_  
Previous Provider (if known): \_\_\_\_\_
- **IEP or IFSP:** \_\_\_ Copy attached or \_\_\_ Attestation if none exists
- Hearing screen: Month/Year \_\_\_/\_\_\_ Method \_\_\_\_\_ Normal \_\_\_ Abnormal \_\_\_
- Vision screen: Month/Year \_\_\_/\_\_\_ Method \_\_\_\_\_ Normal \_\_\_ Abnormal \_\_\_ Copy of developmental screening results from the primary care physician (PCP) performed at the 9, 18, and/or 30 month well-child (EPSDT) visits.\*.
- Results of speech, language, communication evaluation, including name of testing instrument, language version, etc. where applicable. **(Attach):**
- **Required for autism spectrum disorders, including autism, pervasive developmental disorder, and Asperger's syndrome (299.00, 299.80, 299.90):**
  - Copy of autism screening results from the Primary Care Physician performed at the 18- and 24- month well-child (EPSDT) visits\*.
  - Consultation report from Child Neurologist, Developmental Pediatrician, or Child Psychiatrist with recommendation of a specific treatment plan including modalities, frequency, duration, and anticipated goals.
- Copies of all interval progress notes during prior certification period.
- Reports of standardized testing if 6 months or more elapsed since last testing.
  - Treatment plan, including
  - Physician signature on active Treatment Plan within past six months. Date \_\_\_/\_\_\_/\_\_\_
  - Sessions per week/month \_\_\_\_\_ Units/session \_\_\_\_\_ Duration of therapy \_\_\_\_\_ weeks
  - Anticipated goals, stated in specific and measurable terms, including:
    1. Improvement from baseline standardized testing results and/**or**
    2. Achievement of specific milestones of development or accomplishment of specific self-care skills or abilities which impact daily activities.Explain \_\_\_\_\_
- Precautions, if any:

\* [https://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule\\_FINAL.pdf](https://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf)

Attachment 2

**Provider attestation regarding IEP/IFSP for Outpatient Therapy Services**

\_\_\_\_\_  
**Member name**

\_\_\_\_\_  
**Member ID number**

I have conducted a reasonable review of the facts regarding the therapy services recommended for the above referenced member, including a discussion with the parent/legal guardian regarding other services that are currently provided. Based upon my review and attestation from the parent/legal guardian, the member does not have an existing Individualized Educational Plan (IEP) or Individualized Family Service Plan (IFSP).

I understand that under my provider participation agreement, Amerigroup Community Care, and applicable regulators including the Centers for Medicare and Medicaid Services, and the Georgia Department of Community Health or their representatives may inspect and evaluate my records related to members and the provision of and payment for services to audit compliance with this review requirement, and other contractual requirements and federal and state laws and regulations.

**NOTE: If member does have an existing IEP or IFSP, it should be submitted along with the request for treatment.**

\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Amerigroup provider identification number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact phone number

\_\_\_\_\_  
Contact fax number