

## Benefit Coverage

<b>Covered Benefit for lines of business including:</b>
Health Benefits Exchange (HBE), RIte Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Medicare-Medicaid Plan (MMP) Integrity
<b>Excluded from Coverage:</b>
Extended Family Planning (EFP)

**Also refer to Clinical Medical Policy “Outpatient Speech Therapy for Members with Special Needs,” for coverage and criteria information related to outpatient speech services.**

## Medicare Distinction

For INTEGRITY members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable payment policies, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other available CMS published guidance.

In the absence of an applicable or incomplete NCD, LCD, or other CMS published guidance OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the members’ Medicaid benefit.

## Definitions:

Activities of Daily Living are defined as activities related to personal care and include bathing or showering, dressing, getting in or out of bed or a chair, using the toilet, and eating. Age appropriateness of these activities is considered when determining medical necessity.

Rehabilitative therapies are treatments for significant functional impairments caused by disease, injury, congenital anomalies or neurodevelopmental disorders that are needed to restore or improve functional capabilities or move a patient towards age-appropriate skills and function. They include physical, occupational and speech therapies which are provided by a provider who is licensed/registered, performs within the scope of the professional practice, and provides skilled therapy (including ongoing assessment and progression of a program.)

Physical therapy includes therapies that relieve pain of an acute condition, restore function, and prevent disability resulting from disease, injury or loss of body part, congenital condition or neurodevelopmental disorder. As such, physical therapy services evaluate and/or treat neuromusculoskeletal symptoms improve

posture, locomotion strength, endurance, balance, coordination, joint mobility, flexibility; and increase the patient's ability to perform daily activities.

Occupational therapy services evaluate and/or treat neuromusculoskeletal problems related to a specific illness, injury, or condition by improving functional performance for daily activities including feeding dressing bathing and other self-care activities.

Adaptive Equipment - Therapy may include evaluation and recommendations for adaptive equipment and/or assistive devices to optimize functional outcomes.

Sensory Integration - Sensory integration is the process where individuals register, modulate, and discriminate sensations received through the sensory system to produce purposeful, adaptive behaviors in response to the environment. Sensory integration therapy is unproven for the treatment of any condition including the following: learning disabilities, developmental delay, sensory integration disorder, autism spectrum disorder, cerebrovascular accident, speech disturbances, lack of coordination, and abnormality of gait.

It is considered experimental, investigational, or unproven because there is insufficient peer-reviewed scientific literature that demonstrates it is an effective treatment.

Per the American Academy of Pediatrics Statement (2012), the amount of research regarding the effectiveness of sensory integration therapy is limited and inconclusive.

### Coverage Determination

<b>Authorization NOT Required</b>	<ol style="list-style-type: none"> <li>1. An initial evaluation is authorized for PT/OT/ST, within Neighborhood's network. To determine authorization of further treatment. Documentation of initial evaluation by the appropriate therapist and a treatment plan which specifies the planned frequency, duration, and modalities of treatment, must be submitted.</li> </ol>
<b>Requires Authorization</b>	<ol style="list-style-type: none"> <li>1. Approval is based on review of the medical necessity documentation.</li> <li>2. Rehabilitative services, (PT, OT, and ST) are covered for members with neurodevelopmental disorders when recommended by a medical provider to address a specific condition, deficit, or dysfunction, which impacts activities of daily living.</li> </ol>

Treatment modalities are expected to be evidence-based and available within the Neighborhood network. The treatment goals must systematically address a specific diagnosis, deficit, or dysfunction for a patient who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time. The services prescribed must be approved by Neighborhood to be effective & reasonable treatment for the patient's diagnosis, deficit, or dysfunction.

Conditions which are considered to be appropriate for behavioral management rather than medical/rehabilitative therapies should be referred appropriately.

Children who are receiving therapies in school may be referred for outpatient evaluation for consideration of supplemental treatments or for treatments during times when school is not in session, when the deficits identified require rehabilitation that is primarily medical in nature and related to activities of daily living as opposed to deficits which are primarily of academic impact and require academic/educational therapy.

**Children up to age 3 with developmental delays and related conditions, should be referred to Early Intervention for evaluation and treatment, prior to requesting services from Neighborhood.**

### Criteria

The goals of the criteria in this policy are intended to:

1. Define nature and scope of rehabilitative therapies to provide evidence-based approaches to disabilities and deficits.
2. Describe requirements for evaluation, treatment proposals, documentation, follow-up and assessment of treatments for appropriateness and efficacy.
3. Promote surveillance for and reassessment of newly emerging neurodevelopmental concerns and diagnoses in members who are in treatment.

Evaluation for rehabilitative services may be initiated by the child's primary care providers or specialists and should.

- Be linguistically, developmentally, and culturally appropriate,
- Be performed by a Neighborhood contracted provider/institution experienced with working with special needs clients,
- Include all appropriate tests, based on specialty practice standards,
- Provide verbal and written feedback with results, recommendations, and appropriate referrals to parents/guardians, and
- Reflect consideration of differential diagnoses, co morbid conditions, and evolving neurodevelopmental or congenital conditions.

Treatment and follow up planning should:

- Be provided in writing to the referring practitioner and parent,

- Reflect the diagnosis/deficits,
- Reflect evidence-based treatment approach stating planned modalities, frequency of treatment, duration of treatment, estimated date or number of treatments when established goals will be achieved,
- Specify attainable short- and long-term goals that will be objectively measured,
- Specify interim assessment strategies,
- Specific guidelines for the training of the patient and caregiver to perform exercises or treatments at home, and
- Specific parameters and a timetable for making the transition from skilled services to caregiver/patient provided services.

Recertification with Neighborhood:

Treatment should be recertified by the referring practitioner at least every 12 visits, or every 3 months, whichever comes first.

1. Recertification for further treatment is based on documentation of appropriateness of therapy, patient progress, adjustment of goals and expectations based on experience with the patient, and projection of frequency and duration of subsequent treatment. In addition, the following criteria must be met, as applicable:
  - a. Neighborhood should be updated if there are changes in the patient's medical status impacting their treatment plan/progress.
  - b. If measurable improvement is made and continued treatment is requested by the therapist, the patient's progress towards identified goals should be clearly documented and the treatment plan updated accordingly.
  - c. Ongoing discharge planning including transition from therapeutic interventions to maintenance strategies delivered by family providers should be documented.

Follow up with referring practitioner is expected:

1. Routine reports must be communicated to referring practitioner after every 12 visits or every 3 months, whichever comes first.
2. Notification to referring practitioner is required if there is poor compliance with appointments or with therapeutic recommendations.
3. Notification to referring practitioner is required if the family or child appear to be coping poorly with the challenges presented by a special needs child.
4. Communication with practitioner required when there are concerns regarding emerging medical/developmental/behavioral issues E.g.: seizures, spells, behavioral deterioration, poor nutrition or hygiene etc., as these may be evidence for co-morbid diagnoses.
5. A developmental reassessment is strongly recommended at least yearly, unless other symptoms emerge which require more urgent medical assessment.



**NOTE:** Complex congenital or neurodevelopmental conditions often present as “generic” developmental delay, and their underlying diagnosis often does not become clear until the response to therapy as well as the child’s progress along his/her expected developmental trajectory has been observed. Additionally, other defining symptoms such as seizures, neuromuscular delay etc. may emerge with time. Therefore, in order to provide optimum care and diagnostic/therapeutic surveillance, members who are receiving therapies for neurodevelopmental/behavioral issues should periodically be reassessed by their referring practitioners or by a neurodevelopmental/neurological consultant to review their developmental status, to reconsider emerging underlying neurodevelopmental concerns and revisit diagnostic possibilities.

Discharge and Reassessment:

Maintenance begins when the stated therapeutic goals of a treatment plan have been achieved and/or when no further functional progress is apparent or expected to occur.

A maintenance program to be delivered by the family/caretakers should be documented. One or more of the following criteria are utilized to determine when the child should be discharged from services:

- When the anticipated goals or expected outcomes for the child have been achieved
- The child is unable to continue to progress toward goals.
- When the therapist or practitioner determines that the patient will no longer benefit from the therapy
- When the child and family or care takers have documented their ability to effectively carry out a home maintenance program
- Maintenance program may include a scheduled follow up visit with the treating therapist no sooner than 3 months after discharge/transition of care to family or caretaker.

Criteria for consideration for follow-up visits by a skilled therapist – one or more of the following are required:

- To monitor the patient’s progress in their home regimen.
- Assess need for further intensive services to increase the rate or scope of the child’s progress.
- Concern by child’s medical practitioner that child is not achieving goals.

**Authorization Request Forms**

Access prior authorization request forms by visiting Neighborhood’s website at [www.nhpri.org](http://www.nhpri.org).

1. Click on [Providers](#)
2. Click on [Provider Resources](#)
3. Click on [Forms](#)
4. Click on “[Click here for a list of prior authorization request forms](#)” – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours. Providers can call 1-800-963-1001 for assistance.

**Covered Codes:** For information on coding, please reference the [Authorization Quick Reference Guide](#).

**Exclusions**

Rehabilitative Services that are generally not covered include:

1. Repetitive exercises to improve walking distance, strength and endurance.
2. Passive range of motion not related to restoration of a specific loss of function.
3. Treatment of behavioral problems
4. General conditioning program
5. Therapy for a condition when the therapeutic goals of a treatment plan have been achieved and no progress is apparent or expected to occur.
6. Nonskilled services, including treatments that do not require the skills of a qualified provider or procedures that may be carried out effectively by the child, family or caregivers.
7. Maintenance programs, including drills, techniques and exercise that preserve the child's present level of function and prevent regression of that function.
8. Vocational rehabilitation, testing and screening focusing on job adaptability, job placement.
9. Rehabilitative services to restore function for a member's specific occupation.
10. Services provided solely for the convenience of the member or service provider.
11. Sensory integration therapy

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<b>CMP Cross Reference</b>	CMP-030 Outpatient Speech Therapies for Members with Special Needs CMP-049 Outpatient Physical & Occupational Rehabilitation for Adults
<b>Created</b>	March 2008
<b>Annual Review Month</b>	December
<b>Review Dates</b>	9/09, 10/23/12, 1/21/14, 7/7/15, 6/27/16, 8/22/16, 6/20/17, 6/25/18, 12/4/19, 12/9/20, 12/8/21, 12/7/22, 12/6/23, 12/11/24
<b>Revision Dates</b>	11/03/10, 1/21/14, 6/25/18
<b>CMC Review Dates</b>	12/06/11, 11/13/12, 1/21/14, 7/7/15, 7/12/16, 9/13/16, 7/11/17, 7/10/18, 12/4/19, 12/9/20, 12/8/21, 12/7/22, 12/6/23, 12/11/24
<b>Medical Director Approval Dates</b>	3/11/08, 9/22/09, 11/9/10, 12/28/11, 11/13/12, 1/28/14, 7/14/15, 7/13/16, 10/6/16, 7/17/17, 7/19/18, 12/4/19, 12/9/20, 12/8/21,12/7/22, 12/6/23, 12/11/24
<b>Effective Dates</b>	1/28/14, 7/14/15, 7/13/16, 10/6/16, 7/17/17, 7/19/18, 12/4/19, 12/9/20, 12/8/21, 12/7/22, 12/6/23, 12/11/24

**Neighborhood reviews clinical medical policies on an annual base.**

**Disclaimer:**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

**References:**

American Occupational Therapy Association (2004)

American Physical Therapy Association (2006)

American Academy of Pediatrics. (05/28/2012). *Sensory Integration Therapies for Children With Developmental and Behavioral Disorders*. Pediatrics. doi: 10.1542/peds.2012-0876.

<http://pediatrics.aappublications.org/content/early/2012/05/23/peds.2012-0876>. Accessed 6/25/18