



West Virginia Children's Health Insurance Program

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Physical and Occupational Therapy Guidelines

Overview:

This document addresses physical therapy (PT) services and occupational therapy (OT) services delivered by a health care professional acting within the scope of a professional license for the services provided.

West Virginia Children's Health Insurance Program (WVCHIP) covers PT and OT services provided to eligible members admitted to an acute care hospital, a critical access hospital, and outpatient setting or in the member's home. Therapy services must be ordered by a physician, advanced practice registered nurse, clinical nurse specialist, or physician assistant and provided by a licensed therapist, that are both enrolled as a WVCHIP provider. Please contact Molina Medicaid Solutions for the enrollment status or process; 1-888-483-0793.

Guidelines:

Therapy services are intended to improve, adapt, or restore functions which have been impaired or permanently lost as a result of illness, injury, loss of a body part, or congenital abnormality, all of which involves goals an individual can reach in a reasonable period of time.

The initial twenty therapy (PT or OT) visits do not require prior authorization, but must be for an acute condition, new or recent diagnosis, or an exacerbation that requires active therapy. An acute condition is a disorder with a sudden onset of symptoms, such as a bone fracture or trauma. An episode of an acute disease results in recovery to a state comparable to the patient's condition of health and activity before the disease. An exacerbation refers to an increase in the severity of a disease or its signs and symptoms. An example of an exacerbation could be acute pain, resulting from a previous sprain of the knee 6 months prior, that would benefit from short term active therapy.

Maintenance therapy is not a covered benefit by WVCHIP. Maintenance therapy is intended to preserve the individual's present level of strength, coordination, balance, pain, activity, function, etc. and prevent regression. Maintenance therapy begins when the therapeutic goals have been achieved or when no additional progress is expected to occur. It is expected that all outpatient therapy services include a home program and the plan for transition to home based therapy be explained clearly in the plan of treatment.

Prior authorization for therapy services is required for all additional treatment beyond the initial 20 visits. The prior authorization is completed by contacting the Utilization Management (UM) Contractor for WVCHIP with the required information as described in the Documentation section of this policy. When the individual stops progressing toward those goals, but additional therapy has been requested

and determined to be not medically necessary, benefits for therapy services will end. Therapy services recommended as a part of an Individual Education Plan (IEP) are not a covered benefit with WVCHIP.

Documentation:

The occupational or physical therapist performs an initial evaluation to establish a therapy diagnosis, prognosis, and plan of care prior to intervention. The components used to select the appropriate CPT code include: patient history and comorbidities, examination and use of standardized tests and measures, clinical presentation, and clinical decision making.

Evaluation

The occupational or physical therapist evaluation:

- Is documented and dated by the therapist
- Identifies the physical therapy needs of the patient
- Incorporates appropriate tests and measures to facilitate outcome measures
- Produces data that are sufficient to allow evaluation, diagnosis, prognosis, and the establishment of a plan of care
- Establishes an expected result in significant therapeutic improvement over a clearly defined period of time.

Plan of Treatment

Following the evaluation, the occupational or physical therapist's plan of care is established and should include:

- The diagnosis with the date of onset or exacerbation
- Long-term and short-term goals that are specific, quantitative and objective
- A reasonable estimate of when the goals will be reached
- The occupational or physical therapy evaluation
- Frequency and duration of treatment
- Rehabilitation prognosis
- Specific treatment techniques, modalities, or exercises to be used
- Signature of the therapist

Re-evaluation

A re-evaluation by an occupational or physical therapist is focused on the evaluation of progress toward current goals and making a professional judgement about continued care, modifying goals and/or treatment, or terminating services.

Re-evaluations are distinct from therapy assessments. There are routine reassessments that are part of each treatment session, progress report, and discharge summary. Assessments are considered a routine aspect of the care where as a re-evaluation is a more comprehensive assessment that includes all the components of the initial evaluation.

A re-evaluation is indicated when there are new or updated clinical findings, a rapid change in the patient's status, or failure to respond to physical therapy interventions.

Covered Services:

PT and OT services are considered medically necessary and a covered benefit when all of the following criteria are met:

1. The therapy is aimed at improving, adapting, or restoring functions which have been impaired or permanently lost as a result of illness, injury, loss of a body part, or congenital abnormality; and
2. The therapy is for conditions that require the knowledge, skills, and judgement of a licensed therapist for education and training that is part of an active skilled plan of treatment; and
3. The expectation is that the therapy will result in a practical improvement in the level of functioning within a reasonable and predictable period of time; and
4. The services are evidence-based and delivered by a qualified provider with the judgement, knowledge, and skills, due to the complexity of the therapy and medical condition of the individual; and
5. There is a written treatment plan documenting the short- and long-term goal(s) of treatment, frequency, and duration of treatment (including as estimate of when the goals will be met), and what quantitative measures will be used to assess the level of functioning and
6. Modalities utilized in the prescribed treatment include, but are not limited to, the following 97012 – 97016, 97022 - 97024, 97028 – 97033, 97110 – 97112, 97116, 97140, 97161 - 97168, 97530, 97533, 97535, 97542, 97610 – 97763;
7. Services are provided in an outpatient or home setting.

For ALL active therapy for the same diagnosis or condition, BEYOND the initial twenty visits, prior authorization is required. The provider is expected to include the following documentation, to the UM Contractor, to support the need for ongoing therapy;

1. Initial date of diagnosis of onset;
2. Physician order must accompany all requests for therapy services, including the initial treatment and all ongoing therapy;
3. Total number of visits to date;
4. If a change to the current treatment plan requires a change in goals, documentation as to why the previous goals are no longer relevant;
5. Current status with outlined goals is required for any requests for continued therapy;
6. Short term measurable goals with expected dates;
7. Detailed home program with compliance measures and degree of compliance maintained;
8. Anticipated discharge date from current therapy;
9. If the child is school age, provider must include any IEP based therapy that is being provided.

Non-Covered Services

Therapy services are not medically necessary and non-covered if:

1. Services are more than 20 visits and provided for chronic conditions such as cerebral palsy or developmental delay.
2. Members are non-compliant with the documented treatment plan.
3. Members have reached a maximum rehabilitative potential.
4. Services or procedures are investigational or experimental.
5. Services do not require the skills of a qualified licensed provider.
6. The therapy is considered primarily educational.
7. Therapy that is provided in a school setting as a result of the IEP process.
8. The individual's condition does not have the potential to improve or is not improving in response to therapy.
9. Improvement or restoration of function could reasonably be expected as the individual gradually resumes normal activities.
10. Documentation fails to objectively verify subjective, objective, and functional progress over a reasonable and predictable period of time.
11. Treatments are nonmedical, educational, or training in nature: back school, group PT, vocational rehabilitation programs or back to work, and work hardening program.
12. The therapy modality of massage is not a covered benefit.
13. Physical therapy treatments considered experimental, investigational, or unproven;
 - Constraint-induced movement therapy (CIMT)
 - Intensive model of therapy (IMOT programs)
 - Dry hydrotherapy
 - Non-invasive interactive neurostimulation (NIN)
 - Microcurrent electrical nerve stimulation (MENS)
 - H-waves
 - Interferential stimulation (IFT)
 - Spinal manipulation for the treatment of non-musculoskeletal conditions and related disorders
 - Equestrian therapy (hippotherapy)
 - MEDEK therapy or Metodo Dinamico de Estimulacion Kinesica or Dynamic method for Kinetic stimulation
 - Taping/elastic therapeutic tape
 - Dry needling
 - Low-level laser therapy (LLLT)
 - Vertebral axial decompression therapy and devices (VAX-D)
 - Other treatments not supported in peer-reviewed literature.

Therapy Provided in the Schools

Physical and occupational therapy provided in the school setting is available to all public school students and provided by the appropriate county Board of Education. The need is established by the educational team asking “Will the absence of PT or OT interfere with the student’s ability to access or participate in his/her educational program?” If the answer is “yes”, the Individualized Educational Program (IEP) and the team determines the need for PT or OT.

The differences in school-based and clinical therapy are what drives the interventions and the goals;

- School-based therapy goals are to assist in achieving educational goals and facilitate access and participation to benefit in the educational program. Services are IEP driven.
- Clinical therapy goals are to treat the student’s clinical need from acute through rehabilitation. The diagnosis drives the interventions.

WVCHIP provides coverage for PT and OT in the clinical setting as an inpatient for an acutely ill member, as an outpatient in the clinic setting, and in the home. IEP services are provided through the Board of Education. Duplication of services or payment for claims for the same services provided in the school system under an IEP and also outside by private practitioners, will not be covered by WVCHIP.

References

<http://medical-dictionary.thefreedictionary.com/acute+disease> . What is acute.

Physical therapist’s scope of practice. American Physical Therapy Association. <https://www.apta.org/>

Cigna Medical Coverage Policy – Therapy Services. Physical Therapy. 01/01/2018.

Anthem Clinical UM Guideline, Physical Therapy, CG-REHAB-04, 04/25/2018.

Anthem Clinical UM Guidelines, Occupational Therapy CG-REHAB-05, 04/25/2018.

BMS Provider Manual. Chapter 515 Occupational Therapy and Physical Therapy. 06/17/2015.

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