

POLICY AND PROCEDURE

POLICY NAME: Physical, Occupational, and Speech Therapy Expanded Benefit	POLICY ID: FL.UM.62
BUSINESS UNIT: Sunshine State Health Plan	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 11/01/2018	PRODUCT(S): Managed Medical Assistance (MMA), Long Term Care (LTC), and Serious Mental Illness (SMI)
REVIEWED/REVISED DATE: 07/18, 05/19, 6/20, 7/21, 11/21, 12/22, 11/2023	
REGULATOR MOST RECENT APPROVAL DATE(S): Please refer to system of record – Archer	

POLICY STATEMENT:

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved expanded benefit when medically necessary, appropriate, and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy.

PURPOSE:

The purpose of this policy is to establish clinical criteria on which to review requests for Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST) as an expanded benefit for Sunshine Health’s MMA and Comprehensive members. The goal is to provide PT, OT, and ST services when medically necessary, as an expanded benefit and to define criteria and limitations established for the use Therapy Services.

Physical Therapy & Occupational Therapy: One (1) evaluation and one (1) re-evaluation per year, and up to seven (7) therapy treatment units per week with prior authorization

Speech Therapy: One (1) evaluation and re-evaluation per year; one (1) evaluation of oral and pharyngeal swallowing function per year; up to seven (7) therapy treatment units per week; one (1) augmentative and alternative communication (AAC) initial evaluation and one (1) AAC re-evaluation per year; up to four (4) thirty (30)-minute AAC fitting, adjustment, and training sessions per year with prior authorization

SCOPE:

Sunshine Health Utilization Department for Managed Medical Assistance (MMA), Long Term Care (LTC), and Serious Mental Illness (SMI) members. This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the “Company”).

DEFINITIONS:

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 activities of daily living (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.

POLICY:

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PROCEDURE:

Review Process:

To assist in determining the medical necessity of an expanded benefit, the clinical criteria established in this policy will be applied. A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review and Continuity of Care
- FL.UM.02 – Use of Clinical Criteria

- Any decision to deny, reduce, suspend, or terminate services must be made by a Sunshine Health Medical Director as outlined in the policy Clinical Decision Criteria and Application FL.UM.02
- Determinations and provider notifications will be made according to the expediency of the case as described in the Timeliness of UM Decisions and Notifications FL.UM.05

Specific Clinical Information/Criteria:

The requesting practitioner must provide information relative to the expanded benefit service that is being requested.

A. Physical Therapy, Occupational Therapy, and Speech Therapy is considered medically necessary when all of the following criteria are met:

1. The member exhibits signs and symptoms of physical deterioration or impairment in one or more of the following areas:
 - a. Sensory/motor ability such as paralysis or problems controlling movement, problems with posture, walking, balance, or sensory disturbances including pain or paresthesias.
 - b. Functional status— as evidenced by an inability to perform basic activities of daily living (ADLs) such as bathing, feeding, preparing meals, toileting; walking, making bed, and transferring from bed to chair, wheelchair or walker. PT and OT are considered medically necessary to enable the member to perform essential ADLs related to their health and hygiene, within or outside the home, with minimal or no assistance from others.
 - c. Cognitive/psychological ability such as memory loss, language impairment, decreased problem solving or functional communication, reasoning and planning deficits.
 - d. Cardiopulmonary status
 - e. Speech/language/swallowing ability requiring restoration of normal swallow function (rehabilitative), modifications to diet consistency and patient behavior modification (compensatory).
2. The treatment is ordered by the member's PCP (MD, DO, PA or NP) or appropriate specialist and a recommendation provided based on a formal initial evaluation is conducted by a licensed speech, occupational, or physical therapist.
3. There is an expectation that the treatment will produce clinically significant and measurable improvement in the member's level of functioning within a reasonable and medically predictable period of time.
4. If treatment is part of a medically necessary, program to maintain function or prevent significant functional regression it must meet both of the following criteria:
 - a. Must be a skilled service that could not reasonably be carried out by a lay person.
 - b. Must include treatment goals which are clearly stated as maintenance goals.
5. The treatment requires the judgment, knowledge, and skills of a licensed/registered speech, occupational or physical therapist or therapy assistant (SLPA, COTA or PTA).
6. In determining whether a service requires the skill of a licensed physical, occupational, or speech therapist, consideration must be given to the inherent complexity of the service, the condition of the member, and the accepted standards of medical and therapy practice guidelines. A service would be considered not a skilled service if:
 - a. The service could be performed by the average, non-medical person. The absence of a person to perform the service does not cause it to become a skilled service.
 - b. The service is such that it can safely and effectively be performed by the average non-medical person without the direct supervision of a licensed therapist.
7. The treatment cannot be reasonably learned and implemented by non-professional or lay caregivers.
8. The member's function would not be expected to improve as the member gradually resumes normal activities.
9. The ordered 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.
10. The treatment does not duplicate services provided by other types of therapy or services provided in multiple settings (see sections regarding ECI and school based therapy).
11. The treatment conforms to a treatment plan specific to the member's diagnosed impairment or condition.

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 including diagnosis
2. Relevant review of systems
3. Pertinent physical assessment and evaluation
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 including the signed Plan of Care (POC)
8. Prescription or Referral from ordering physician

C. Treatment requires the judgment, knowledge, and skills of a licensed/registered therapist or therapy assistant and cannot be reasonably learned and implemented by nonprofessional 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.

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. Treatment techniques and interventions to be used – 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.
7. Providers should also include any meaningful clinical observations, summary of a member's response to the evaluation process, and a brief prognosis statement.

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 as well as member/caregiver participation in or adherence with a home exercise program (HEP), if applicable.
5. Brief prognosis statement with clearly established discharge criteria.
6. An explanation of any significant changes to the member's POC and the clinical rationale for revising the POC.
7. Prescribed treatment modalities, their anticipated frequency and duration.
8. Physician signature must be on the POC or on a prescription noting the service type.
9. If applicable, IFSP/IEP or attestation is submitted and verifies no duplication of services for children with developmental delays.

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 home exercise plan
 - 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.
3. Member is unable to participate in the POC due to medical, psychological, or social complications.
4. Non-compliance with a home exercise plan and/or lack of participation in scheduled therapy appointments.

Limitations / Exclusions

The following limitations or exclusions apply:

- Member must be 21 years old and older
- Services must be rendered within an office setting
- Coverage that exceeds the benefit limit

REFERENCES:

CP.MP.49 Physical, Occupational, and Speech Therapy Services
 FL.UM.05 Timeliness of UM Decisions and Notifications
 FL.UM.02 Use of Clinical Criteria
 FL.UM.02.01 Medical Necessity Review and Continuity of Care

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	07/24/2018
Annual Review	Archer reload to fix system issue - No content reviewed or revised	05/16/19
Annual Review	Annual review; updated policy names and numbers. Changed approver 3 to VP Medical Affairs	6/30/20
Annual Review	No changes needed	7/23/21
Policy Update	<p>Policy Update: Added: SMI product line to coverage and Physical Therapy & Occupational Therapy: One (1) evaluation and one (1) re-evaluation per year, and up to seven (7) therapy treatment units per week with prior authorization</p> <p>Speech Therapy: One (1) evaluation and re-evaluation per year; one (1) evaluation of oral and pharyngeal swallowing function per year; up to seven (7) therapy treatment units per week; one (1) augmentative and alternative communication (AAC) initial evaluation and one (1) AAC re-evaluation per year; up to four (4) thirty (30)-minute AAC fitting, adjustment, and training sessions per year with prior authorization to "Purpose".</p>	11/22/2021
Annual Review	No changes needed	12/08/2022
Annual Review	Updated Policy ID Added Policy ID and Name to "Footer" Made minor grammatical changes	11/2023

POLICY AND PROCEDURE APPROVAL

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