

# Comprehensive Medical and Dental Program Authorization Guideline

**Subject: Occupational, Physical, and Speech Therapy Services**

**Unit: Health Services**

Initiated: 05/18/10

Reviewed: 1/6/12, 6/19/13, 7/23/14, 7/11/16, 9/15/17

## **Purpose**

This guideline is used in the prior authorization process regarding requests for occupational, physical, and speech therapy services, particularly for those children with motor and developmental disabilities who require assistance to adapt to possible life-long limitations of function.

This guideline does not represent a standard of care, nor is it intended to dictate an exclusive course of management. Since medical research, physician practice patterns, and health care technology are continuously evolving, please note that the information contained in this guideline may be updated.

## **Definitions**

Occupational therapy (OT) services are primary care provider (PCP) or attending physician-ordered treatments to improve or restore functions which have been impaired by disability, illness or injury, or which have been permanently lost. OT is intended to improve the member's ability to perform fine-motor, visual-motor, and sensory-processing tasks required for independent functioning.

Physical therapy (PT) is a PCP or attending physician-ordered treatment service to restore or improve gross motor skills, muscle tone, joint or functional mobility impaired by disability, illness, or injury.

Speech therapy (ST) is the medically ordered provision of diagnostic and treatment services in receptive and expressive language, voice, articulation, fluency, rehabilitation and medical issues dealing with swallowing.

## **Background**

Therapy services may be ordered to improve/restore function in a child/youth who has been injured and who has hope of full recovery of function or to assist children with motor and/or developmental disabilities adapt to probable life-long limitations in function. This guideline focuses on the latter group. Many of these children may be Arizona Early Intervention Program (AzEIP)-eligible or be in receipt of services through the Department of Economic Security Division of Developmental Disabilities (DDD).

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The Child Abuse Prevention and Treatment Act (P.L. 104-235), as amended by the Keeping Children and Families Safe Act (P.L. 108-36), requires States to refer a child under the age of three, who is the subject of a substantiated report of child abuse or neglect, for early intervention services available through the Individuals with Disabilities Education Action, Part C. This means all CMDP members are eligible to be referred to AzEIP, the program which delivers early intervention services in Arizona.

A child between birth and three years of age is eligible for AzEIP if he or she has a developmental delay or an established condition that has a high probability of resulting in a developmental delay. A child from birth to three years of age will be considered to exhibit a developmental delay when that child has not reached 50 percent of the developmental milestones expected at his or her chronological age, in one or more of the following domains:

- Physical: fine and/or gross motor/sensory (includes vision and/or hearing)
- Cognitive
- Language/communication
- Social or emotional
- Adaptive (self-help)

CMDP is the primary payer for **medically necessary** therapy services for children in out of home care under three years of age eligible for AzEIP services. AzEIP does not necessarily look at medical necessity in determining who receives therapies through their program. However for CMDP, therapy services **must** be medically necessary in order to be approved. This implies the potential for adaptation and improvement. Once that potential has been realized, or no potential exists, it will be difficult to prove medical necessity.

According to the American Academy of Pediatrics (AAP), there are few hard-and-fast rules for determining medical necessity in this area. Clear documentation of efficacy is elusive. However, AAP has developed the following general guidelines:

- Therapy goals should be specific and measurable and established in partnership with the child's caregivers
- Greater frequency of service may not provide any advantage over routine frequencies
- Long-term therapy may confer no advantage over short-term therapy
- Provision of at-home services with instruction of caregivers is generally indicated

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For CMDP, it is anticipated that part of the therapy process will include education of the out of home placements in overseeing necessary exercises so that they may maintain improvements gained after the medical necessity of ongoing professional services has ceased.

At three years of age when AzEIP eligibility ends, the CHILD FIND program, administered through the public schools, becomes responsible for providing therapy services needed by children in order to attend and succeed in school. CMDP will provide medically necessary therapy services which wrap around school-provided services if it can be shown that CHILD FIND does not provide all services medically needed by the child. Part of this documentation would include a copy of the child's individual education plan (IEP) with a detailed description of the services provided by the school. Failure to pursue medically needed therapy services through CHILD FIND does not constitute medical necessity for CMDP to approve services.

### **Criteria to Substantiate Medical Necessity:**

#### New referrals for AzEIP eligible children:

- Prescription/order/referral for therapy services by a PCP or attending physician or agreement that AzEIP-recommended services are medically needed. Because of the requirement for 50% delay in one or more areas, most new AzEIP referrals will be medically necessary in the area in which AzEIP has documented at least 50% delay.
- Potential for improvement or need for adaptation in areas of limited physical function at time of initial request
- Recent, specific therapist-defined, measurable goals, a recommended frequency of service, and a timeline for achieving those goals, including the anticipated end date of professional services
- A copy of the developmental assessment used in determining eligibility for AzEIP (the developmental assessment may be used to determine medical necessity in lieu of a therapist evaluation **IF** the assessment is very recent and clearly demonstrates medical need for the requested therapy; however a therapist-defined treatment plan is preferable)
- For speech therapy requests, evidence that the child's hearing is normal.

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For school-aged children:

- For children three years of age or older, in addition to all the above:
  - Documentation of school-provided services including a copy of the IEP
  - Documentation demonstrating the medical need for services beyond what is provided by the school

For ongoing therapy requests:

- After initial approval, evidence of improvement/adaptation with the potential for future improvement/adaptation:
  - Progress notes and/or updated evaluation showing goals already achieved and new goals to be attained
  - Plan for educating out of home placements in maintaining gains achieved when professional therapy services cease

General criteria:

- Compelling evidence is required to justify a frequency greater than once a week
- Duration approvals will not exceed six months; if therapy is needed beyond the duration of the authorization, a new authorization request is required.
- AzEIP and DDD service coordinators should be notified of approvals/denials when CMDP is aware of their involvement.
- Therapy evaluations that have a standard score of 70 or above may not be approved as medically necessary. Any score below 70 is defined as “severe delay” and would be considered for approval.
- OT services with a principal behavioral health diagnosis is the responsibility of CMDP, not the behavioral health entity. Therefore, requests will be reviewed based on medical necessity.

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**References:**

Arizona Health Care Cost Containment System Medical Policy Manual Chapter 300  
Clinical Report: Providing Therapy Services for Children with Motor Disabilities, Linda J.  
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June 2004.

*Signature on file*

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Medical Director

*9/15/17*

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