

CareOregon

Medical Management

Authorization Policy



315 SW Fifth Avenue, Suite 900
Portland, Oregon 97204
503-416-4100 or 800-224-4840
877-416-4161 (TTY/TDD)
www.careoregon.org

TITLE: Therapies (Occupation, Physical and Speech) - **OHP Plus**

HISTORY: The Oregon Health Plan (OHP) has a limited therapy benefit based on an acute versus chronic condition and the age of the member. It has been challenging to apply the benefit rules in the absence of clear operational definitions.

PURPOSE: The purpose of this policy is to establish clear operational definitions and authorization parameters to ensure consistency in applying the OHP therapy benefit to service requests processed by the Utilization Management (UM) Registered Nurses (RN).

DEFINITIONS (ADULT and PEDIATRIC)

Acute: Per DMAP General Rules, it is defined as a condition, diagnosis or illness with a **sudden** onset and which is of **short** duration. The National Center for Health Statistics defines an “acute condition” as a type of illness or injury that ordinarily lasts less than three (3) months and was serious enough to have had an impact on behavior.

Chronic: Taber’s Cyclopedic Medical Dictionary states that it is a disease showing little change or slow progression, the opposite of acute, and is of long duration. The National Center for Health Statistics (NCHS) considers conditions chronic that are not cured once acquired or are present for three (3) months or longer. **NCHS considers conditions present “since birth” to be chronic.**

Occupational therapy: Is the treatment of individuals whose ability to adapt or cope with the task of living is threatened or impaired by developmental deficiencies, physical injury or illness, or the aging process. Therapy services emphasize useful and purposeful activities to improve neuro-muscular-skeletal (NMS) functions and provide training in activities of daily living (ADL). ADL includes feeding, dressing, bathing and other self-care activities. Other occupational therapy services include the design, fabrication and use of orthoses, and guidance in the selection and use of adaptive equipment.

Physical therapy: Is the treatment of a physical disability, either correcting or alleviating the disability by the use of therapeutic exercise and other interventions that focus on improving posture, locomotion, strength, endurance, balance, coordination, joint mobility, flexibility, activities of daily living and alleviating pain. Treatment may include active and passive modalities using techniques based on biomedical and neurophysiologic principles (e.g. hydrotherapy, electrotherapy and application of heat and cold).

Speech Therapy: Is the treatment of individuals with disorders of speech, voice or language; or eating disorders.

Stable Condition: Taber's Cyclopedic Medical Dictionary indicates that a condition is considered stable when it has **not changed precipitously or significantly**.

- For hospitalized members, stabilization will be considered to have occurred when the member is either discharged from the hospital or from an acute inpatient rehabilitation facility; whichever occurs later.
- For members treated entirely in an outpatient setting (not hospitalized for an acute condition), stabilization will be considered to have occurred when the member's **underlying medical condition** does not appear to be changing.

DEFINITIONS (CHILDREN WITH SPECIAL HEALTH CARE NEEDS)

References: Oregon Guidelines for Medically-based Outpatient Physical Therapy and Occupations Therapy for Children with Special Health Care Needs in the Management Care Environment

Children with Special Health Care Needs: Are persons diagnosed in the developmental period with a static or progressive neuro-musculo-skeletal (NMS) impairment that threatens structural integrity or functional abilities. Examples of NMS include spina bifida, cerebral palsy, cerebellar ataxia, developmental dyspraxia, visual-perceptual dysfunction, muscular dystrophy, hemophilia, spinal muscle atrophies, metabolic disorders with sensorimotor impairment, traumatic brain injuries with sensorimotor impairment and arthrogyposis. For children with special health care needs, therapy is often focused on sensorimotor dysfunction due to neuro-musculo-skeletal impairment such as spastic weakness, movement disorders, and hypotonia with weakness or disorders of perception or processing. P.T. and O.T. in pediatrics overlap, especially in childhood. Both evaluate and treat issues related to sensorimotor function in the developing child, though each has specific expertise. The goal of treatment is to improve sensorimotor function.

Home Programs: Are services that are provided in the member's residence. These are indispensable elements of the therapy interventions, amplifying the effects of therapy and promoting generalization of acquired skills to functional application.

- During direct treatment, the home program is adjunct to treatment.
- In almost all situations, it is expected that a home program be taught by the therapist to the member and/or caregivers. Once taught, the program will be carried out independently at home, without long-term ongoing therapy visits.
- Periodic monitoring visits are sometimes appropriate while a home program is in place, or in some cases the benefits for periodic therapist re-evaluations are more appropriately used to check and update the home program.
- During *steady states of sensorimotor functioning*, the home program serves to sustain the structural and functional status. Because skilled therapy services for maintenance of steady state function are not covered by either OHP or Medicare, the role of the home program is critical.

Maintenance: Per the DMAP Therapy Provider Guide, therapy becomes maintenance when any one of the following occurs:

- Therapy plan of care goals and objectives are reached, or
- There is no progress toward the therapy plan of care goals and objectives, or
- The therapy plan of care does not require the skills of a therapist.

Medically Appropriate: Per DMAP General Rules, medically appropriate is defined as those services that are required for prevention, diagnosis or treatment of health conditions which encompasses physical or mental conditions, or injuries, and which is:

- Consistent with the symptoms of a health condition or treatment of a health condition,
- Appropriate with regard to standards of good health practice and generally recognized by the relevant scientific community, evidence based medicine and professional standards of care as effective,
- Not solely for the convenience of the member or provider of the service, and
- The most cost effective of the alternative levels of medical services that can safely be provided.

Sensorimotor Dysfunction: Is the inability of a child to perform in a developmentally appropriate or safe manner because of the NMS impairment. Sensorimotor functioning includes functional assessment of somatosensory systems (tactile, proprioceptive/kinesthetic, and vestibular, as well as processing of visual, auditory and olfactory information); visual-perceptual skills; and, perceptual-motor skills. For those aspects of sensorimotor function for which there are standardized tests, significant dysfunction is commonly indicated by performance that is moderately to severely delayed. Medically based therapy services do not usually accelerate developmental progress when the sensorimotor delay is commensurate with global delay. Direct P.T. or O.T. treatment typically is indicated when the ratio of sensorimotor age to global developmental age is .77 or lower.

Periodic Life Issues: Represents recurrent episodes in the life of children with special health needs when sensorimotor functioning is adversely affected by changes resulting from emerging issues of health, growth, development, environment, or family context. Examples of periodic life issues include mobility, manipulation, activities of daily living or feeding, contracture or decubitus development.

Periodic Steady State of Sensorimotor Functioning: Occurs when the sensorimotor dysfunction of children with special health needs either remains stable or changes so slowly that no effect is measurable at the functional level. Direct therapy, at such time, will not likely result in changes in the level of the child's sensorimotor functioning beyond what would accrue from everyday experiences and developmental progress.

Medically Based Therapy Services: Services that are authorized as medically necessary by the primary care physician to address specific development and functional neuro-muscular-skeletal problems encountered within the *periodic life issues*. Treatment is appropriate when it has the potential to improve the child's functional level or for a child that has a progressive disorder, when it has potential to prevent the loss of a functional skill, or enhance the adaptation to such functional loss. These services are responsible to change conditions and emphasize the development and monitoring of home programs to be implemented in their residence.

Periodic and Episodic Nature: Differs from the traditional model, as exemplified with acute and sub-acute orthopedic injuries. Frequency of evaluation and re-evaluation should reflect the anticipated needs of the child. For children with special needs, treatment sessions are usually more appropriate when extended over a four-month period. Occasionally, potential for functional improvement warrants more intensive episodes requiring greater frequency of treatment.

AUTHORIZATION POLICY

1. The diagnosis and treatment must pair and be above the line in order to be considered covered treatment.
2. The definitions of acute and chronic will be applied to all service requests for both adult and pediatric members to determine IF the condition/diagnosis or illness meets the definition.
 - a. If the “acute” definition is met, then authorizations will occur based on the benefit for an acute event, along with the date stabilization occurred.
 - b. If the “acute” definition is not met, then authorizations will occur based on the benefit for a chronic condition.
 - c. If it is unclear whether a condition is acute or chronic, the PCP or specialist chart notes will be obtained and reviewed to make that determination.
 - d. If, however, a swallowing disorder is present, then authorization will be based on medical necessity.
3. Authorization for therapies will also be based on all the DMAP benefit rules, including “**change in status,**” and documentation of the member’s functional deficits, therapy goals and reasonable expectations that therapy goals can be met.
4. For children with special needs, their sensorimotor dysfunction and need for medically based therapy services will be evaluated and authorizations will be based on:
 - a. Medical appropriateness of services requested AND
 - b. Benefit limits

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