



**THERAPY (PHYSICAL, OCCUPATIONAL, SPEECH-  
PATHOLOGY) SERVICES FOR CHILDREN WITH  
CHRONIC CONDITIONS  
HS-018**



*Harmony Behavioral Health, Inc.*

*Harmony Behavioral Health of Florida, Inc.*

*Harmony Health Plan of Illinois, Inc.*

*HealthEase of Florida, Inc.*

*'Ohana Health Plan, a plan offered by  
WellCare Health Insurance of Arizona, Inc.*

*WellCare Health Insurance of Illinois, Inc.*

*WellCare Health Insurance of New York, Inc.*

*WellCare Health Plans of New Jersey, Inc.*

*WellCare of Florida, Inc.*

*WellCare of Connecticut, Inc.*

*WellCare of Georgia, Inc.*

*WellCare of Kentucky, Inc.*

*WellCare of Louisiana, Inc.*

*WellCare of New York, Inc.*

*WellCare of Ohio, Inc.*

*WellCare of Texas, Inc.*

*WellCare Prescription Insurance, Inc.*

**Therapy (Physical,  
Occupational, Speech-  
Pathology) Services for  
Children with Chronic  
Conditions - Georgia**

**Policy Number: HS-018**

**Original Effective Date: 3/13/2008**

**Revised Date(s): 6/18/2009; 9/7/2010;  
9/1/2011**

**DISCLAIMER**

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

**APPLICATION STATEMENT**

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.



## **BACKGROUND**

**Therapy services for children with chronic conditions is considered medically necessary when the following criteria are met:**

- 1) Children  $\leq$  3 years old:
  - a) A current copy of the child's Individual Family Service Plan (IFSP) must be submitted for review with any initial or extension request for services.
  - b) Therapy services are provided as part of a multidisciplinary evaluation and POC:
    - A request for a therapy evaluation must be accompanied by a signed order or referral from a physician (PCP or specialist)
    - The POC is a multidisciplinary assessment that has been evaluated and signed by the child's PCP; **AND,**
    - The POC should outline the current level of function, the appropriate services, frequencies and goals for each therapy modality for the child; **AND,**
    - The POC should be current within the six months prior to the request; **AND,**
    - The level of function should be expressed as a percentile rank on a standard functional assessment; **AND,**
    - The request must include a description of the modality (if not a standard therapy), frequency, and duration
    - Requested therapy services should be outlined in the IFSP to the treating provider listed.
  - c) Additional criteria:
    - Standard functional assessment showing a standard score at or below 80 **AND,**
    - Services should include caregiver education for therapy at home; **AND,**
    - For continuation of services the clinical information must document progress toward goals; **AND,**
    - There shall be no more than two evaluations per year (for all therapies) unless significant changes in clinical condition necessitate more frequent evaluation.
- 2) Children ages 3 up to and including age 20:
  - a) A copy of the child's Individual Family Service Plan or Individual Education Program, as appropriate, must be submitted for review with any initial or extension request for services.
  - b) Provider Attestation: In addition to the Ancillary Services Authorization Request form and Plan of Care (POC) or Written Service Plan, providers seeking authorization for therapy services for children must include a Provider Attestation documenting that the child does not have an Individual Educational Program (IEP) or Individual Family Service Plan (IFSP).
  - c) A request for a therapy evaluation must be accompanied by a signed order or referral from a physician (PCP or specialist).
  - d) Therapy services are provided as part of a multidisciplinary evaluation and POC:
    - The POC is a multidisciplinary assessment that has been evaluated and signed by the child's PCP;



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**AND,**

- The POC should outline the current level of function, the appropriate services, frequencies and goals for each therapy modality for the child; **AND,**
- The POC should be current within the six months prior to the request; **AND,**
- The level of function should be expressed as a percentile rank on a standard functional assessment; **AND,**
- The request must include a description of the modality (if not a standard therapy), frequency, and duration

e) Additional criteria:

- Standard functional assessment showing a standard score at or below 80 **AND,**
- Services should include caregiver education for therapy at home; **AND,**
- For continuation of services the clinical information must document progress toward goals; **AND,**
- There shall be no more than two evaluations per year (for all therapies)

**ADDITIONAL INFORMATION**

**NOTE:** If there is no IEP/IFSP, providers must indicate in detail the reason for the lack of IEP/IFSP (i.e., child is home-schooled, private school attendance or parent declined services). The IFSP must be reviewed and resigned every 6 months. The IEP must be reviewed yearly.

**NOTE:** Standardized test results will NOT be used as the sole determinant as to the medical necessity of the requested services. Standard tests will not be required when such test is inappropriate due to the condition of the patient or when no such standardized test is generally available to evaluate the condition for which therapy services are requested.

**POSITION STATEMENT**

**COVERED SERVICES**

**Physical, Occupational and Speech Therapy evaluations require a PCP/physician specialist signed order for therapy.**

The following services are covered but not limited to:

*Occupational Therapy*

- 3) Activities of daily living;
- 4) Sensory or perceptual motor development and integration;
- 5) Neuromuscular and musculoskeletal status (muscle strength and tone, reflex, joint range of motion, postural control, endurance);
- 6) Gross and fine motor development;
- 7) Feeding or oral motor function;
- 8) Adaptive equipment assessment;
- 9) Adaptive behavior and play development
- 10) Prosthetic or orthotic training; and
- 11) Fabrication or observation of orthotic devices.



*Physical Therapy*

- 12) Neuromotor or neurodevelopmental assessment;
- 13) Musculo-skeletal status (including muscle strength and tone, posture, joint range of motion);
- 14) Gait, balance, and coordination skills;
- 15) Postural control;
- 16) Cardio-pulmonary function;
- 17) Activities of daily living;
- 18) Sensory motor and related central nervous system function;
- 19) Oral motor assessment;
- 20) Adaptive equipment assessment;
- 21) Gross and fine motor development;
- 22) Fabrication and observation of orthotic devices; and
- 23) Prosthetic or orthotic training.

*Speech-Language Pathology*

- 24) Expressive language;
- 25) Receptive language;
- 26) Auditory processing, discrimination, perception, and memory;
- 27) Vocal quality;
- 28) Resonance patterns;
- 29) Phonological;
- 30) Pragmatic language;
- 31) Rhythm or fluency;
- 32) Feeding and swallowing assessment;
- 33) Hearing screening;
- 34) Articulation therapy;
- 35) Language therapy;
- 36) Augmentative communication treatment or instruction;
- 37) Voice therapy; and
- 38) Oral motor dysfunction, swallowing therapy.

**NON-COVERED SERVICES**

- Services provided to Early Intervention (Babies Can't Wait) eligible children who do not have an authorized current IFSP
- Services that are available and provided in a school setting
- Services provided to children who do not have a physician written service plan or plan of care
- Services provided in excess of or other than those indicated on the IFSP or physician written service plan without prior approval
- Services provided to a child who has been admitted to a hospital or other institutional setting as an inpatient
- Services of an experimental or research nature; requests for service which outline or describe in the plan of care any experimental or research natured therapies will be denied in full
- Services in excess of those deemed medically necessary, or for services not directly related to the child's diagnosis, symptoms or medical history
- Failed appointments or attempts to provide a home visit when the child is not at home
- Services which are not described in Children's Intervention Services (CIS) published by the Georgia Department of Community Health



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- Services which are provided in a manner which is non-compliant or inconsistent Policies and Procedures for CIS
- Services normally provided free of charge to indigent patients
- Services provided for temporary disabilities which would reasonably be expected to improve spontaneously as the member gradually resumes normal activities
- Services provided by individuals other than the enrolled licensed practitioner of the healing arts. Note that OTA, PTA, Students, Clinical Fellows, etc are not allowed to provide services under the CIS program
- Audiology services that are a part of the Health Check screen will not be reimbursable by the CIS program.
- Universal hearing screenings for newborns which do not meet the recommendations established by the American Academy of Pediatrics
- Group therapy
- Billing for documentation time
- Arena evaluations
- Co-treatment
- Habilitative services that assist in acquiring, retaining, and improving the self-help, socialization, and adaptive skills of the child
- Co-teaching
- Hippotherapy

**CODING**

**MODIFIERS:** Requests for Prior Authorization and Claims submission must include applicable modifiers.

<b>Occupational Therapy</b>	<b>Modifier GO</b>	Services delivered under an outpatient occupational therapy plan of care
<b>Physical Therapy</b>	<b>Modifier GP</b>	Services delivered under an outpatient physical therapy plan of care
<b>Speech Therapy</b>	<b>Modifier GN</b>	Services delivered under an outpatient speech language pathology plan of care

**CPT®\*\* Codes:**

The following CPT codes may be reimbursed in 15-minute increments for a maximum of four units or one (1) hour per day, per therapy type and a combined maximum of two (2) hours of therapy per day.

- 97032** Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
- 97033** Application of a modality to one or more areas; iontophoresis, each 15 minutes
- 97034** Application of a modality to one or more areas; contrast baths, each 15 minutes
- 97035** Application of a modality to one or more areas; ultrasound, each 15 minutes
- 97036** Application of a modality to one or more areas; Hubbard tank, each 15 minutes
- 97039** Unlisted modality (specify type and time if constant attendance)
- 97110** Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
- 97112** Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
- 97113** Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
- 97114** Physical medicine treatment to one area, initial 30 minutes, each visit; functional activities
- 97116** Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
- 97124** Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
- 97139** Unlisted therapeutic procedure (specify); documentation must be submitted for review.
- 97140** Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
- 97530** Therapeutic activities, direct (one-on-one) patient contact by the provider





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- 299.00** Autism, Autistic (child) (infantile); current or active state
- 299.01** Autism, Autistic (child) (infantile); residual state
- 299.8** Asperger's Syndrome
- 314.01** ADHD - Attention Deficit Hyperactivity Disorder
- 315.39** Developmental Speech or Language Delay in childhood
- 783.40** Development delay in childhood; Lack of normal Physiological development, unspecified

**\*\*Current Procedural Terminology (CPT) 2011 American Medical Association: Chicago, IL. ©©**

## REFERENCES

### Peer Reviewed

N/A

### Government Agencies, Professional and Medical Organizations

1. Georgia Department of Community Health. (2011). Part II policies and procedures for Children's Intervention Services: Chapter 900, Section 902. Retrieved from <http://www.mmis.georgia.gov>
2. Georgia Department of Community Health. (2011). Part II policies and procedures for hospital services. Retrieved from <https://www.gha.org/Finance/HospitalServices0711.pdf>
3. Georgia Department of Community Health. (2011). Part II policies and procedures for physician services.

## HISTORY AND REVISIONS

Date	Action
12/1/2011	<ul style="list-style-type: none"><li>• New template design approved by MPC.</li></ul>
9/1/2011	<ul style="list-style-type: none"><li>• Approved by MPC.</li><li>• On p. 1, defined "Children <b>up to</b> ≤ 3 years old".</li><li>• On p. 2 (item 1c), changed standard function assessment score from "at or below the 50<sup>th</sup> percentile" to "a standard score at or below 80."</li><li>• On p. 2 (item 2e), changed standard function assessment score from "at or below the 50<sup>th</sup> percentile" to "a standard score at or below 80."</li><li>• On p. 4, added section "Covered Services"</li><li>• On p. 5 (bullet item 4), added name of manual.</li><li>• On p. 5, added "hippotherapy" as a non-covered item.</li><li>• On p. 7, added two new references.</li></ul>