



**SKILLED THERAPY FOR THE TREATMENT  
OF DEVELOPMENTAL DELAY - OHIO  
HS-030**



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**Skilled Therapy for the  
Treatment of Developmental  
Delay - Ohio**

**Policy Number: HS-030**

**Original Effective Date: 7/3/2008**

**Revised Date(s): 7/21/2010; 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

Medicaid-covered skilled therapies are 1) physical therapy, 2) occupational therapy and 3) speech language pathology/audiology therapy.

Medically necessary services are health care services that are provided with the expectation that:

- The patient's condition will improve within a six-month period of treatment with developmental services; **AND**,
- b) The patient will attain or substantially progress toward the maximum possible expected milestones or be restored to or substantially progress toward the maximum possible level of functionality within twelve months of treatment, beginning at the time of the initial evaluation.

## POSITION STATEMENT

Skilled therapies for individuals with a diagnosis of developmental delay for the purpose of attaining an increased level of functionality **is considered medically necessary** under the policies set forth in Ohio Administrative Code 5101:3-34-01.1 (Medicaid).

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 authorized Medicaid prescriber; **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 pre-therapy level of function should be expressed with a standard functional assessment; **AND**,
- A current copy of the child's Individual Family Service Plan (IFSP) or (IEP) Individual Educational Program must be submitted for review with any initial or extension request for services; **AND**,
- The request must include a description of the modality (if not a standard therapy), frequency, and duration; **AND**,

**For children aged birth to three years**, a 1.5 standard deviation or 25% delay (based on the use of an evidence-based tool and/or through clinical opinion) in physical (development or maturation, including communication) in physical development or maturation, including communication or sensory development, are covered for physical therapy, occupational therapy, and/or speech-language pathology/audiology for the purpose of attaining a level of functionality that the child has not yet achieved, but is expected to achieve, based on age.

**For children at least three years of age but under seven years of age,**

- Two deficits and a 1.5 standard deviation from the norm **OR**
- One deficit and a 2.0 standard deviation from the norm (based on the use of an evidence-based tool and/or through clinical opinion) in physical development or maturation including communication or sensory development for the purpose of attaining a level of functionality that the child has not yet achieved, but is expected to achieve, based on age.

**For a person six years of age or older**, a "developmental disability" must be identified with a substantial functional limitation in at least three of the following areas of major life activity, *as appropriate for the person's age*:

- self-care,
- receptive and expressive language,
- learning,
- mobility, and
- (if the person is at least **sixteen** years of age)
- capacity for economic self-sufficiency.

“Developmental disability” results in at least two developmental delays or an established risk.

Continued authorization must meet the following criteria:

- The clinical information must document progress toward previous goals; **AND**,
- Must have documented approval by the authorized Medicaid prescriber; **AND**,
- If the therapy patient progress summary indicates a new or revised plan of care and treatment, the new or revised plan must be approved by the Medicaid authorized prescriber within thirty days.

### **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.

### **NON-COVERED SERVICES**

- Services not furnished by or under the direct supervision of a physician or licensed therapist.
- Services rendered by non-licensed persons.
- Services furnished under a plan of care and treatment that has not been approved by a Medicaid-authorized prescriber.
- Services not furnished in approved places of service.
- Therapy services when a patient fails to demonstrate progress within a six-month period of treatment for developmental services.
- 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 that are available and provided under an IEP (Individual Educational Program).
- Services provided in excess of or other than those indicated on the IFSP (Individual Family Service Plan) without prior approval.

### **CODING**

#### **Covered CPT®\* Codes**

CPT codes for the various therapeutic modalities are multiple and varied and should be defined in the plan of care.

**Occupational Therapy**

- 97003 Occupational Therapy Evaluation
- 97004 Occupational therapy re-evaluation

**Physical Therapy**

- 97001 Physical therapy evaluation
- 97002 Physical therapy re-evaluation

**Speech Therapy**

- 92506 Evaluation of speech, language, voice, communication, and/or auditory processing
- 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

**Covered ICD-9-CM Procedure Codes**

- 93.38 Combined physical therapy without mention of the components
- 93.39 Other Physical Therapy
- 93.74 Speech Defect Training
- 93.83 Occupational Therapy

**Covered HCPCS Level II ®\* Codes**

**Occupational Therapy**

- G0129 Occupational therapy requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per day
- G0152 Services of occupational therapist in home health setting, each 15 minutes
- S9129^ Occupational therapy, in the home, per diem

**Physical Therapy**

- G0151 Services of physical therapist in home or health setting, each 15 minutes
- S9131^ Physical therapy; in the home, per diem

**Speech Therapy**

- G0153 Services of speech and language pathologist in home health setting, each 15 minutes
  - S9128 Speech therapy, in the home, per diem
  - S9152^ Speech Therapy, re-evaluation
- ^ S-Codes are NON COVERED FOR MEDICARE – For Medicare, bill the appropriate CPT code listed above

**Covered ICD-9-CM Diagnosis Codes – This list may not be all inclusive.**

- 314.1 Hyperkinesia with developmental delay,
- 315.00 Reading disorder, unspecified
- 315.01 Alexia, lack of ability to understand written language; manifestation of aphasia
- 315.02 Developmental dyslexia, serious impairment of reading skills unexplained in relation to general intelligence and teaching processes, it can be inherited or congenital
- 315.09 Specific spelling difficulty
- 315.1 Mathematics disorder, dyscalculia
- 315.2 Other specific learning difficulties, disorder of written expression
- 315.31 Expressive language disorder, developmental aphasia, word deafness
- 315.32 Mixed receptive – expressive language disorder, central auditory processing disorder
- 315.34 Speech and language developmental delay due to hearing loss  
(List additional code to identify type of hearing loss 389.00 – 389.9)
- 315.39 Developmental articulation disorder, dyslalia, phonological disorder
- 315.4 Developmental coordination disorder, clumsiness syndrome, dyspraxia syndrome, specific motor



- development disorder
- 315.5** Mixed developmental disorder
- 315.8** Other specified delays in development
- 315.9** Developmental disorder Not otherwise specified; Learning Disorder Not otherwise specified
- 783.40** Lack of normal physiological development, unspecified

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

## REFERENCES

### Peer Reviewed

1. Millichap, J.G.. (2003). Evaluation of global developmental delay. *American Academy of Pediatrics Grand Rounds*, 9(6), 62-63.

### Government Agencies, Professional and Medical Organizations

1. Ohio Laws and Rules. (2008). Ohio Administrative Code 5101:3-34-01.1. Retrieved from <http://codes.ohio.gov/oac/5101%3A3-34-01.1>

## 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></ul>