



**SKILLED THERAPY SERVICES FOR CHILDREN
WITH DEVELOPMENTAL DELAY - FLORIDA
HS-124**



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.

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WellCare of Ohio, Inc.

WellCare of Texas, Inc.

WellCare Prescription Insurance, Inc.

**Skilled Therapy Services
for Children with
Developmental Delay -
Florida**

Policy Number: HS-124

Original Effective Date: 8/20/2009

**Revised Date(s): 8/20/2010; 10/21/2010;
2/7/2011; 4/15/2011; 9/15/2011**

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

N/A

POSITION STATEMENT

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

- Therapy services must be prescribed by a physician, an ARNP, PA, or a designated physician specialist. Along with a signed prescription, a Plan of Care is required upon initial request of therapy service and a request to renew therapy services.
- 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 treating therapist and 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**
 - For continuation of services, the clinical information must document progress toward goals
 - For members in Early Steps, the level of function should be expressed as a percentile rank on a standard functional assessment **OR** standard deviation from the mean on a standard functional assessment*

The following criteria must be used to establish developmental delay using the appropriate standardized instruments:

- 1) For children up to 3 years old and enrolled in the Early Steps Program:
 - A score that equals or exceeds 1.5 standard deviations below the mean in at least one of the identified domains**; **OR**
 - A twenty-five (25) percent delay or greater on measures yielding scores in months in at least one of the identified domains**
- 2) Children ages 3 up to 21:
 - The services must be individualized, specific and consistent with the symptoms or confirmed diagnosis of the illness or injury under treatment and not in excess of the recipient's needs; **AND**
 - The services cannot be experimental or investigational; **AND**
 - The services must be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; **AND**
 - The services must be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker or the provider

**** Children with a developmental delay (all ages) are children whose development is delayed in ONE OR MORE of the following domains:**

- Cognition;
- Physical or motor;
- Sensory (including vision and hearing);
- Communication;
- Social;

- Emotional; **OR**
- Adaptive development

To be reimbursed by Medicaid, all therapy services (PT, OT, RT and SLP) must be prescribed by the recipient's primary care provider, an advanced registered nurse practitioner (ARNP), a designated physician assistant (PA) or a designated physician specialist.

The prescription must include:

- The recipient's diagnosis; **AND**
- The specific type of evaluation requested or the specific type of service; **AND**
- For therapy services, the duration and frequency of the therapy treatment period

ADDITIONAL INFORMATION

- For children up to 3 years old and enrolled in the Early Steps Program: If there is an IFSP, providers are asked to provide a copy if available.
- 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 tests are inappropriate due to the condition of the member or when no such standardized test is generally available to evaluate the condition for which therapy services are requested.
- Services for children ages 4 and up may be performed in the home setting if the member is classified as homebound.
- The fact that a provider has prescribed, recommended or approved medical or allied care, goods or services does not in itself make such care, goods or services medically necessary or a covered service.
- Medicaid reimburses for services that are determined medically necessary and do not duplicate another provider's service.
- Travel is NOT reimbursed as part of any early intervention session.
- Reimbursement will be made for only one type of early intervention session per day, per child. A session cannot be split between providers, nor can more than one type of provider conduct a session in a given day for the same child.

CODING

Allowed Units and Evaluations

The standard number of units per day is two (1 unit = 15 minutes). The maximum number of units per week shall not exceed fourteen.

Reimbursement for an initial evaluation is limited to one per year for PT and OT, and two per year for ST. Reimbursement for follow-up evaluations is limited to three per year.

Florida Specific EIS Procedure Codes and Modifiers

CODE	Mod 1	Mod 2	Description
T1023			Screening (Maximum 3 per calendar year per child)
T1024	GP	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Physical Therapist (Maximum 1 per lifetime per child) 30 minute unit-maximum 4 units



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HS-124**

CODE	Mod 1	Mod 2	Description
T1024	GN	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Speech Therapist (Maximum 1 per lifetime per child) 30 minute unit-maximum 4 units
T1024	GO	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an Occupational Therapist (Maximum 1 per lifetime per child) 30 minute unit-maximum 4 units
T1024	TL		Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Licensed Early Intervention Professional (Maximum 1 per lifetime per child) 30 minute unit-maximum 4 units
T1024	HN	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an ITDS (Maximum 1 per lifetime per child) 30 minute unit-maximum 4 units
T1024	GP	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Physical Therapist (Maximum 3 per calendar year per child) 30 minute unit-maximum 4 units
T1024	GN	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Speech Therapist (Maximum 3 per calendar year per child) 30 minute unit-maximum 4 units
T1024	GO	TS	Follow-up Psychosocial and Developmental Evaluation rendered by an Occupational Therapist (Maximum 3 per calendar year per child) 30 minute unit-maximum 4 units
T1024	TL	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a licensed Early Intervention professional (Maximum 3 per calendar year per child) 30 minute unit-maximum 4 units
T1024	TS		Follow-up Psychosocial and Developmental Evaluation rendered by an ITDS (Maximum 3 per calendar year per child) 30 minute unit—maximum 4 units
T1027	HM		Early Intervention Individual Session Provided by a paraprofessional (Maximum 1 hour per day) 15 minutes
T1027	SC		Early Intervention Individual Session Provided by an EIS professional (Maximum 1 hour per day) 15 minutes
T1027	TT	HM	Early Intervention Group Session Provided by a paraprofessional (Maximum 1 hour per day) 15 minutes
T1027	TT	SC	Early Intervention Group Session Provided by an EIS professional (Maximum 1 hour per day) 15 minutes

Florida Specific EIS Modifier Descriptions

- GN** Services delivered under an outpatient speech language pathology plan of care
- GO** Services delivered under an outpatient occupational therapy plan of care
- GP** Services delivered under an outpatient physical therapy plan of care
- HM** Less than bachelor degree level
- HN** Bachelors degree level
- SC** Medically necessary service or supply
- TL** Early intervention/individualized family service plan (IFSP)
- TS** Follow-up Service



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HS-124**

- TT** Individualized service provided to more than one patient in same setting
UK Services provided on behalf of the client to someone other than the client (collateral relationship)

CPT®* Codes

- 92506** Evaluation of speech, language, voice, communication, and/or auditory processing
92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
97001 Physical therapy evaluation
97002 Physical therapy re-evaluation
97003 Occupational Therapy Evaluation
97004 Occupational therapy re-evaluation

99201 – 99215 Pulmonary / Respiratory Evaluations should be reported with the appropriate E/M service code

The following procedure codes may be reimbursed in fifteen (15) minute increments for a maximum of four (4) units or one (1) hour per day, per therapy type and a combined maximum of three (3) hours of therapy per day.

92507 97110 97530

Other procedure codes may be reimbursed in fifteen (15) minute increments for a maximum of four (4) units or one (1) hour per day, per therapy type and a combined maximum of three (3) hours of therapy per day.

97032 97033 97034 97035 97039 97110 97112 97113 97124 97139
97140 97530 97537 97542 97750 97760 97761 97762 97799

The following procedure codes are **not** payable in fifteen (15) minute increments and will be limited to one per day:

92526 97012 97016 97018 97022 97024 97026 97028

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
93.99 Pulmonary / Respiratory Therapy

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

Respiratory Therapy

- G0237** Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)

- G0238** Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)
- G0239** Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, 2 or more individuals (includes monitoring)
- S9473** Pulmonary rehabilitation program, non-physician provider, 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

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 phasia
- 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 - N/A

Government Agencies, Professional and Medical Organizations

1. Florida Medicaid Early Intervention Services Coverage and Limitations Handbook. Agency for Health Care Administration. Pages 1-1 to 2-12. August, 2007.
2. Florida Medicaid Therapy Services Coverage and Limitations Handbook.

HISTORY AND REVISIONS

Date	Action
12/1/2011	<ul style="list-style-type: none"> • New template design approved by MPC.
9/15/2011	<ul style="list-style-type: none"> • Approved by MPC. Changes made per AHCA request in August. See p. 3. Added “if available” and deleted requested sentence pertaining to ISPs