



SKILLED THERAPY SERVICES FOR CHILDREN WITH DEVELOPMENTAL DELAY - MISSOURI HS-141



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.

Skilled Therapy Services for Children with Developmental Delay - Missouri

Policy Number: HS-141

Original Effective Date: 11/5/2009

Revised Date(s): 11/12/2010; 10/6/2011

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

State Definition of Developmental Delay

A developmental delay, as measured by appropriate diagnostic measures and procedures emphasizing the use of informed clinical opinion, is defined as a child who is functioning at half the developmental level that would be expected for a child developing within normal limits and of equal age.

In the case of infants born prematurely, the adjusted chronological age (which is calculated by deducting one-half of the prematurity from the child's chronological age) should be assigned for a period of up to 12 months or longer if recommended by the child's physician. The delay must be identified in one or more of the following areas:

- cognitive development
- communication development
- adaptive development
- physical development, including vision and hearing
- social or emotional development

POSITION STATEMENT

Medicaid-covered skilled therapies for Missouri include:

- 1) physical therapy,
- 2) occupational therapy and
- 3) speech language pathology/audiology therapy

NOTE: Coverage is only given if the services are NOT included in an Individualized Family Service Plan (IFSP) developed by the state's First Steps program or an Individual Education Plan (IEP) developed by the public school.

Skilled therapies for members with a diagnosis of developmental delay, for the purpose of attaining an increased level of functionality, is considered medically necessary if the following criteria are met:

Service authorization will be rendered if the following criteria are met:

- Must meet both medical necessity and medical coverage criteria: **AND**,
- The member must have a diagnosis of developmental delay; **AND**,
- The primary care provider must prescribe therapy (the prescription is valid for a maximum period of one year):
 - For physical or occupational therapy, a primary care provider's prescription; **OR**,
 - For speech/language therapy, a primary care provider's written referral;

AND,

- A plan of care must signed by the primary care provider be submitted with the following elements:
 - Identification of current level of functionality*, services needed, frequencies, duration, and goals for each therapy modality; **AND**,
 - An Assessment on which the plan of care is based, performed no more than six months prior to the request for authorization; **AND**,
 - Description of the modality requested if the service is not standard therapy; **AND**,

- Caregiver education for the purposes of maintaining improvement at home

AND,

- A copy of the member's Individualized Family Service Plan (IFSP) or an Individual Education Plan (IEP);

AND,

- Documentation of specific progress made toward previous goals for continuation of services.

NOTE: The pre-therapy level of function must be determined using a standard functional assessment tool.

For children age birth through 3rd birthday:

- The child is covered under the state's First Steps Program. Early Intervention Services that were financially supported prior to the child's third birth date will be paid by the Department of Elementary and Secondary Education (DESE) after the child's third birth date.

For children ages 3 through 21:

- The child's development is at or below a 25% delay or 1.5 standard deviation of the mean in any TWO areas of development OR at or below 2.0 standard deviations in any ONE area of development which include physical, cognitive, communication, social/emotional or adaptive.
- The child needs special education and related services.

Professional Judgment

A child may also deemed eligible when:

- The evaluation report documents through formal and informal assessment that a significant deficit exists and a child is eligible for services even though the standard scores, or equivalent levels, do not meet the stated criterion levels in A above, **OR,**
- The team may determine that a child who is functioning above the stated criterion level and because of intensive early intervention, is eligible for services based on expected regression if services were to be terminated.

Criteria for Fluency

A fluency disorder is present when:

- 1) The child consistently exhibits one or more of the following symptomatic behaviors of dysfluency:
 - sound, syllabic, or word repetition; **OR,**
 - prolongations of sounds, syllables, or words; **OR,**
 - blockages; **OR,**
 - hesitations;

AND,

- 2) The child's fluency is significantly below the norm as measured by speech sampling in a variety of contexts.

A significant discrepancy is defined as five (5) or more dysfluencies per minute or a ten (10) percent dysfluency rate and distracting to the listener;

AND,

- 3) The fluency disorder adversely affects the child's educational performance

The following services are considered a non-covered benefit:

- Services not furnished by or under the direct supervision of a physician or licensed therapist; **OR,**
- Services rendered by non-licensed persons; **OR,**
- Services not furnished under a plan of care signed by the primary care provider; **OR,**
- Services not furnished in approved places of service; **OR,**
- Therapy services when a patient fails to demonstrate progress within a six-month period of treatment; **OR,**
- Therapy services included in an Individualized Family Service Plan (IFSP) or an Individual Education Plan (IEP).

CODING

Covered CPT® Codes *

Skilled therapies are 1) physical therapy, 2) occupational therapy and 3) speech language pathology/audiology therapy.

**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
97010	Application of a modality to one or more areas; hot or cold packs
97012	Application of a modality to one or more areas; traction, mechanical
97014	Application of a modality to one or more areas; electrical stimulation (unattended)
97016	Application of a modality to one or more areas; vasopneumatic devices
97018	Application of a modality to one or more areas; paraffin bath
97022	Application of a modality to one or more areas; whirlpool
97024	Application of a modality to one or more areas; diathermy (eg, microwave)
97026	Application of a modality to one or more areas; infrared
97028	Application of a modality to one or more areas; ultraviolet
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

- 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
- 97113 Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
- 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)
- 97140 Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
- 97150 Therapeutic procedure(s), Group – 2 or more individuals
- 97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
- 97532 Therapeutic activities, direct (one to one) patient contact by the provider (use of dynamic activities to improve functional performance) each 15 minutes
- 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one to one) patient contact by the provider, each 15 minutes
- 97535 Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
- 97537 Community/work integration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes
- 97542 Wheelchair management (eg, assessment, fitting, training), each 15 minutes
- 97750 Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
- 97760 Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
- 97761 Prosthetic training, upper and/or lower extremity(s), each 15 minutes
- 97762 Checkout for orthotic/prosthetic use, established patient, each 15 minutes

Speech Therapy

- 92506 Evaluation of speech, language, voice, communication, and/or auditory processing
- 92507 Individual Treatment of speech, language, voice, communication, and/or auditory processing disorder
- 92508 Group, 2 or more - Treatment of speech, language, voice, communication, and/or auditory processing disorder
- 92526 Treatment of swallowing dysfunction and/or oral function for feeding
- 92610 Evaluation of oral and pharyngeal swallowing function
- 92611 Motion Fluoroscopic Evaluation of Swallowing Function by cine or video recording
- 92612 Flexible Fiberoptic Endoscopic evaluation of swallowing by cine or video recording
- 92613 Physician Interpretation and report of Flexible Fiberoptic Endoscopic evaluation of swallowing by cine or video recording
- 92614 Flexible Fiberoptic Endoscopic evaluation of laryngeal sensory testing by cine or video recording
- 92615 Physician Interpretation and report of Flexible Fiberoptic Endoscopic evaluation of laryngeal sensory testing by cine or video recording
- 92616 Flexible Fiberoptic Endoscopic evaluation of swallowing & laryngeal sensory testing by cine or video recording
- 92617 Physician Interpretation and report of Flexible Fiberoptic Endoscopic evaluation of swallowing & laryngeal sensory testing by cine or video recording

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 Codes

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

* Note: S-Codes are NON COVERED FOR MEDICARE – For Medicare, bill the appropriate CPT/HCPCS

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 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

1. Shevell, M., Ashwal, S., Donley, D., & et al. (2003). Evaluation of global developmental delay. *AAP Grand Rounds*, 9(6), 62-63.

Government Agencies, Professional and Medical Organizations

1. Missouri Division of Special Education Compliance Standards & Indicators. (2009, July 22). 2100-eligibility criteria: young child with a developmental delay (rev.). Retrieved from <http://dese.mo.gov/divspeced/Compliance/Standards Manual/documents/2100-YCDD.pdf>

HISTORY AND REVISIONS

Date	Action
12/1/2011	<ul style="list-style-type: none">• New template design approved by MPC.
10/6/2011	<ul style="list-style-type: none">• Approved by MPC. Reformatted references; no changes made to Missouri manual (last revised July 2009). No coding changes for 2011.