

## **Changes To CCP Physical, Occupational and Speech Therapy Policy For Clients Who Are Birth Through 20 Years Of Age**

### **The CCP (Comprehensive Care Program) therapy policy remains effective May 1, 2016**

The following article is a reminder and clarification to several items related to prior authorization requirements and also to provide awareness of minor modifications and additions made to the policy since the effective date the policy was announced on February 1, 2016.

### **Reminders and Clarifications**

To assist therapy providers, HHSC is offering several reminders and clarifications that may help avoid delays in processing therapy provider authorization requests and recertification requests.

### **Developmental Delay Criteria**

Policy states that when reporting test results for developmental delay:

- Eligibility for therapy will be based upon a score that falls 1.5 standard deviations (SD) or more below the mean in at least one subtest area of composite score on a norm-referenced, standardized test.

HHSC reminds providers that age equivalents, percent delay, or scaled scores will not be accepted as a measure of developmental delay, though providers may include this information in their evaluation summaries. Raw scores must be included in the evaluation summary, but are not sufficient to communicate the measure of standard deviation from the mean on the assessment tool.

It is necessary to submit test results to communicate the score on a norm-referenced, standardized test in the form of standard deviation, z-scores, t-scores, standard scores with the mean (M) and SD of that standard score specified, **or** percentile rank. A test or subtest score with an SD of 1.5 or more below the mean may be communicated as:

- Z- score of -1.50 or lower
- T-score (M=50, SD=10) of 35 or lower
- Standard scores (M=100, SD=15) of 78 or lower
- Percentile rank of 7 or lower

### **Recertification Procedure Codes:**

A re-evaluation (procedure codes 97002, 97004, and S9152) requires authorization and must be submitted with the recertification request using the *Texas Medicaid Physical, Occupational, or Speech Therapy (PT, OT, ST) Prior Authorization Form*. Re-evaluations must be coded as such unless there has been a significant lapse in therapy services.

HHSC reminds providers that reevaluations for chronic therapy services may be a benefit every 180 days when submitted with a recertification request. For acute therapy services, reevaluations

may be a benefit once after the initial 60 day authorization period. A complete request must be received at least 28 days before the current authorization period expires.

### **Discharge Criteria**

All recertification requests must have a clearly established discharge plan according to the client's prognosis. The discharge plan must reflect realistic expectations from the episode of therapy.

**The following statements have been added to the policy:**

### **Functional goals:**

*Functional goals* refer to a series of behaviors or skills that allow the client to achieve an outcome relevant to his or her safety and independence within context of everyday environments. Functional goals must be specific to the client, objectively measurable within a specified time frame, attainable in relation to the client's prognosis and/or developmental delay, relevant to client and family, and based on a medical need.

Recertification requests must include previous authorization period's goals and progress.

### **Missed visits:**

Missed visits may be made up within the authorization period as long as total number of visits or units authorized does not exceed the amount authorized. Providers should document the reason for visits outside of the weekly or monthly frequency in the client's medical record.

Please refer to the updated provider notification about the amendments made to the new therapy prior authorization form, the *Texas Medicaid Physical, Occupational, or Speech Therapy (PT, OT, ST) Prior Authorization Form*. HHSC will allow visits to be requested in monthly frequencies, but these requests will be limited to 1, 2, or 3 times a month.

### **Modifications to Policy Language**

Since HHSC announced the effective date of the therapy policy, HHSC has amended policy language for clarity purposes. Some policy language has been underlined or struck-through to highlight the amended language. Sub-headings have been used to assist the reader in identifying different sections where the language was originally stated in the article titled, "[Effective May 1, 2016, Physical Therapy, Occupational Therapy, and Speech Therapy Policy to Change for the Comprehensive Care Program](#)," that was published on the TMHP website February 1, 2016.

### **Introduction**

Comprehensive Outpatient Rehabilitation Facilities (CORFs) and Outpatient Rehabilitation Facilities (ORFs) are benefits only for clients aged birth through 20 years.

### **Occupational Therapy (OT)**

Occupational therapy uses purposeful activities to obtain or regain skills needed for activities of daily living (ADL) and/or functional skills needed for daily life lost through ~~aeute~~, acute

exacerbation of a medical condition or chronic medical condition related to injury, disease or other medical causes.

### **Non-Covered Services**

The following services are not a benefit of Texas Medicaid:

- Separate reimbursement for VitalStim therapy for dysphagia. VitalStim must be a component of a comprehensive feeding treatment plan to be considered a benefit.
- Treatments not supported by medically peer reviewed literature, including, but not limited to, investigational treatments such as sensory integration ~~(with the exception of cognitive rehabilitation for client's with traumatic brain injury due to illness or injury who are able to actively participate in the treatment program)~~, vestibular rehabilitation for the treatment of attention deficit hyperactivity disorder, anodyne therapy, craniosacral therapy, interactive metronome therapy, cranial electro stimulation, low-energy neuro-feedback, and the Wilbarger brushing protocol.

Additionally, in the Non-covered Services section, the provider notification included the following statement, which has since been removed:

- Training in nonessential tasks (e.g. homemaking, gardening, recreational activities, cooking, driving, assistance with finances, scheduling).

This statement in policy has been removed, as the policy requires functional goals and these activities may be used as strategies and elements of a functional goal that addresses a medical need.

*Note: HHSC reminds therapy providers that for clients receiving interventions other than maintenance/preventative services, all functional short and long-term treatment goals must be specific to the client, objectively measurable, and attainable in relation to the client's prognosis and/or developmental delay, relevant to client and family, and based on a medical need.*

### **Fee-For-Service (FFS) Authorization Requirements for PT, OT, ST, and ST (Acute and Chronic Services)**

Prior authorization requests may be submitted to the TMHP Prior Authorization Department via mail, fax, or the electronic portal. Prescribing or ordering providers and dispensing providers, clients' responsible adults, and clients may sign all prior authorization and authorization forms and supporting documentation using electronic or wet signatures. Providers may refer to the TMHP website periodically for additional information about electronic signatures, as it becomes available.

For more information about the authorization form, please refer to the article titled, "[New Therapy Prior Authorization Form to be Effective May 1, 2016](#)," that was published on the TMHP website February 5, 2016.

### **Initial Evaluation and Consideration for Treatment**

The prescribing provider must certify that the Texas Health Steps checkup is current or that a developmental screening has been performed within the last 60 days. The signature of the prescribing provider on the prior authorization form will attest that this service has been

provided. If the prescribing provider provides verbal orders or written orders separate from the prior authorization form, a staff member who conveys the verbal or written order must communicate that the prescribing provider attests that the Texas Health Steps checklist is current or that a developmental screening has been performed within the last 60 days.

For acute services, documentation from the prescribing provider must indicate that a visit for the acute or acute exacerbation of the medical condition requiring therapy has occurred within the last 90 days.

Additional evaluation and documentation requirements for speech therapy include one or more of the following:

- **Language evaluations:** Oral-peripheral speech mechanism examination and formal or informal assessment of hearing, articulation, voice and fluency skills;
- **Speech production (voice):** Formal screening of language skills, and formal or informal assessment of hearing, voice and fluency skills;
- **Speech production (fluency and articulation)** - formal screening of language skills, formal or informal assessment of hearing, voice and fluency skills;
- **Oral Motor/Swallowing/Feeding** - In addition to formal screening of language skills, formal or informal assessment of hearing, voice and fluency skills, if swallowing problems and/or signs of aspiration are noted, then a statement indicating that a referral has been made to the client's prescribing provider to consider a video fluoroscopic swallow study must be included.

### **Written and Verbal Orders**

For all therapies, when the request form submitted is not signed and dated by the prescribing provider before the initiation of services, the request must be accompanied by one of the following:

- A signed and dated written order or prescription or documented verbal order for the therapy services (documenting the frequency ordered). The order must be dated within the 30 day period before the initiation of services and include the frequency ordered by the client's prescribing provider based on the evaluation and services requested by the therapist (the order for the evaluation may be obtained separately), and a prescribing provider's order to evaluate and treat is acceptable for the evaluation, but not acceptable for the therapy treatment. Written orders must contain the prescribing provider's ordered frequency and duration, and affirmation that the client's Texas Health Steps checklist is current or that a developmental screening has been performed within the last 60 days; **OR**
- Documentation of a verbal order to include all of the following:
  - Signed and dated by the licensed professional who, by state and federal law, may take a verbal order
  - Name and credentials of the licensed professional taking the order who is responsible for furnishing or supervising the ordered services
  - Verbal order includes the date the verbal order was taken

- Verbal order includes the services, frequency and duration as prescribed by the ordering provider
- Attestation from prescribing provider that the client's Texas Health Steps checkup is current or that a developmental screening has been performed within the last 60 days

### **Requests for Recertification - Chronic Therapy Services**

#### **Reevaluation (every 180 days)**

A re-evaluation must include a revised treatment plan or plan of care and all of the following:

- Date therapy services started
- Changes in the treatment plan, the rationale, and the requested change in frequency of visits
- Documentation of reasons continued therapy services are medically needed
- Documentation of client's participation in treatment, as well as client/responsible adult's participation or adherence with a home treatment program
- New treatment plan or POC for the recertification dates of service requested
- Updated or new functional and measurable short and long-term treatment goals with new time frames, as applicable. Previous authorization period's goals and progress must be included.
- Prognosis with clearly established discharge criteria. The discharge plan must reflect realistic expectations from the episode of therapy.
- Documentation of consults with other professionals and services or referrals made and coordination of service when applicable (e.g., for school aged clients, documentation of the coordination of care and referrals made for school therapies)
- The updated treatment plan or POC must be signed and dated by the therapist responsible for the therapy services.

### **Requests for Revisions to Existing FFS Prior Authorization/ Recertification- Acute and Chronic Therapy Services**

Requests for revision must be submitted with the following documentation:

- Texas Medicaid Physical, Occupational or Speech Therapy (PT, OT, ST) Prior Authorization Form, including the date the revision was initiated, signed and dated by the therapist and signed and dated by the prescribing provider. When the request form is not signed and dated by the provider, it must be accompanied by a written order or prescription or a verbal order for the prescribed services.
- Progress Summary for acute or chronic services indicating the medical rationale for the change requested, and
- Updated treatment plan or POC addressing all the elements of the previous plan and addressing all revisions to the services planned, including ~~functional outcomes vs goals~~

updated or new functional and measurable short and long-term treatment goals with new time frames, as applicable. Previous authorization period's goals and progress must be included.

- The updated treatment plan or POC must be signed and dated by the therapist responsible for the therapy services.

### **Change of Therapy Provider**

Clarified via grammatical changes that:

- The authorization period will not change when the provider changes.

### **Frequency and Duration Criteria for PT/OT/ST**

- **High Frequency (3 times per week):** Can only be considered for a limited duration (approximately 4 weeks or less) or as otherwise requested by the prescribing provider with documentation of medical need to achieve an identified new skill or recover function lost due to surgery, illness, trauma, acute medical condition, or acute exacerbation of a medical condition, with well-defined specific, achievable goals within the intensive period requested.
- Added the following to this section:
  - Providers may request high, moderate, or low frequencies on the *Texas Medicaid Physical, Occupational or Speech Therapy (PT, OT, ST) Prior Authorization Form* by indicating 3, 2, or 1 time per week respectively. Providers may request low or maintenance level by requesting 1, 2, or 3 times per month.

### **Developmental Delay Criteria**

Re-testing with norm-referenced standardized test tools for re-evaluations must occur every 180 days. Tests must be age appropriate for the child being tested and providers must use the same testing instrument as used in the initial evaluation. If re-use of the initial testing instrument is not appropriate, i.e. due to change in client status or restricted age range of the testing tool, the provider should explain the reason for the change.

Eligibility for therapy will be based upon a score that falls 1.5 standard deviations (SD) or more below the mean in at least one subtest area of composite score on a norm-referenced, standardized test. The raw score must be reported along with the score reflecting SD from the mean.

### **Reimbursement /Billing Guidelines**

When physical or occupational group therapy is administered, bill procedure code 97150 for each member of the group.

Providers may request physical, occupational, or speech therapy services frequency by week for one or more visits per week, or by month for 1, 2, or 3 visits per month.

- A week includes the day of the week on which the prior authorization period begins and continues for seven days. For example, if the prior authorization starts on a Thursday, the prior authorization week runs Thursday through Wednesday.

- The number of therapy services authorized for a week or month must be contained in that prior authorization period.
- Services billed in excess of those authorized ~~for the prior authorization week~~ are subject to recoupment.

If the therapy services billed exceed one hour (four units a day), the claim will be denied, and may be appealed. On appeal, the provider must meet the following conditions:

- The appeal must document the prior authorization period week or month for the date of service appealed.
- The appeal must include an attestation that the provider has billed all therapy services for the week or month in question.

**HHSC requests the providers review the frequency and duration criteria in its entirety. All modifications stated above have been incorporated here:**

### **Frequency and Duration Criteria for PT/OT/ST**

Frequency must always be commensurate with the client's medical and skilled therapy needs, level of disability and standards of practice; it is not for the convenience of the client or the responsible adult.

Exceptions to therapy limitations may be covered if medically necessary criteria are met for the following:

- Presentation of new acute condition, or
- Therapist intervention is critical to the realistic habilitative/restorative goal, provided documentation proving medical necessity is received.

When therapy is initiated, the therapist must provide education and training of the client and responsible caregivers, by developing and instructing them in a home treatment program to promote effective carryover of the therapy program and management of safety issues.

Providers may request high, moderate, or low frequencies on the *Texas Medicaid Physical, Occupational or Speech Therapy (PT, OT, ST) Prior Authorization Form* by indicating 3, 2, or 1 time per week respectively. Providers may request low or maintenance level by requesting 1, 2, or 3 times per month.

- **High Frequency (3 times per week):** Can only be considered for a limited duration (approximately 4 weeks or less) or as otherwise requested by the prescribing provider with documentation of medical need to achieve an identified new skill or recover function lost due to surgery, illness, trauma, acute medical condition, or acute exacerbation of a medical condition, with well-defined specific, achievable goals within the intensive period requested.
  - Therapy provided three times a week may be considered for 2 or more of these exceptional situations:
    - The client has a medical condition that is rapidly changing.

- The client has a potential for rapid progress (e.g., excellent prognosis for skill acquisition) or rapid decline or loss of functional skill (e.g., serious illness, recent surgery).
- The client's therapy plan and home program require frequent modification by the licensed therapist.
- On a case-by-case basis, a high frequency requested for a short-term period (4 weeks or less) which does not meet the above criteria may be considered with all of the following documentation:
  - Letter of medical need from the prescribing provider documenting the client's rehabilitation potential for achieving the goals identified,
  - Therapy Summary documenting all of the following:
    1. Purpose of the high frequency requested (e.g., close to achieving a milestone)
    2. Identification of the functional skill which will be achieved with high frequency therapy
    3. Specific measurable goals related to the high frequency requested and the expected date the goal will be achieved.
  - A higher frequency (4 or more times per week) may be considered on a case-by-case basis with clinical documentation supporting why 3 times a week will not meet the client's medical needs.
- **Moderate Frequency:** Therapy provided two times a week may be considered when documentation shows one or more of the following:
  - The client is making very good functional progress toward goals.
  - The client is in a critical period to gain new skills or restore function or is at risk of regression.
  - The licensed therapist needs to adjust the client's therapy plan and home program weekly or more often than weekly, based on the client's progress and medical needs.
  - The client has complex needs requiring on-going education of the responsible adult.
- **Low Frequency:** Therapy provided one time per week or every other week may be considered when the documentation shows one or more of the following:
  - The client is making progress toward the client's goals, but the progress has slowed, or documentation shows the client is at risk of deterioration due to the client's development or medical condition.
  - The licensed therapist is required to adjust the client's therapy plan and home program weekly to every other week, based on the client's progress.
  - Every other week therapy is supported for clients whose medical condition is stable, they are making progress, and it is anticipated the client will not regress with every other week therapy.

**NOTE:** *As the client's medical need for therapy decreases, it is expected that the therapy frequency will decrease as well.*

- **Maintenance Level/Prevent Deterioration:** This frequency level (e.g., every other week, monthly, every 3 months) is used when the therapy plan changes very slowly, the home program is at a level that may be managed by the client or the responsible adult, or the therapy plan requires infrequent updates by the skilled therapist. A maintenance level or preventive level of therapy services may be considered when a client requires skilled therapy for ongoing periodic assessments and consultations and the client meets one of the following criteria:
  - Progress has slowed or stopped, but documentation supports that ongoing skilled therapy is required to maintain the progress made or prevent deterioration,
  - The documentation submitted shows the client may be making limited progress toward goals, or goal attainment is extremely slow
  - Factors are identified that inhibit the client's ability to achieve established goals (e.g., the client cannot participate in therapy sessions due to behavior issues or issues with anxiety),
  - Documentation shows the client and the responsible adult have a continuing need for education, a periodic adjustment of the home program, or regular modification of equipment to meet the client's needs.