Magellan Healthcare		
Clinical guidelines OUTPATIENT HABILITATIVE PHYSICAL AND OCCUPATIONAL THERAPY	Original Date: Page 1 of 4	November 2015
Physical Medicine – Clinical Decision Making	Last Review Date:	June 2017
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Policy Statement
Habilitative Physical and Occupational Therapy may or may not be covered by all Magellan Healthcare clients. If the service is covered it may or may not require a prior authorization. Habilitative physical and occupational therapy should meet the definitions below, be provided in a clinic, an office, at home or in an outpatient setting and be ordered by either a primary care practitioner or specialist.

Initial Clinical Reviewers (ICRs) and Physician Clinical Reviewers (PCRs) must be able to apply criteria based on individual needs and based on an assessment of the local delivery system.

Purpose
To provide guidelines for the use of habilitative physical and occupational therapy.

Scope
Requirements for Habilitative Physical and Occupational Therapy services rendered by Physical Therapists, Physical Therapist Assistants, Occupational Therapists and Occupational Therapist Assistants.

Definition
Habilitative Physical or Occupational Therapy
Treatment provided by a state-regulated physical therapist or occupational therapist for conditions that have significantly limited normal motor development of functional mobility and activity of daily living skills. There must be measurable improvement and progress towards functional goals within an anticipated timeframe toward a patient's maximum potential. Treatment may also be appropriate in an individual with a progressive disorder when it has the potential to prevent the loss of a functional skill or enhance the adaptation to such functional loss. Ongoing treatment is not appropriate when a steady state of sensorimotor functioning has yielded no measurable functional progress.

Activities of Daily Living (ADLs);
Everyday activities such as eating, feeding, dressing, bathing, toileting, personal hygiene and mobility necessary to perform these activities. The initial plan of care documents baseline impairments as they relate to ADLs with specific goals developed that are measurable, sustainable and time-specific. Subsequent plans of care document progress toward attainment of these goals in perspective to the patients' potential ability.

Functional Mobility Skills:

They are considered necessary activities of daily life such as ambulation, transfers and fine motor skills. The initial plan of care documents baseline impairments as they relate to functional skills with specific goals developed that are measurable, sustainable and time-specific. Subsequent plans of care document progress toward attainment of these goals in perspective to the patients' potential ability.

Sensory Integration Disorder:
It is a neural system disorder that causes the sensory system to receive incoming information in a disorganized manner. Sensory Integration therapy is often used with individuals diagnosed with autism or other pervasive developmental disorder when the disorder is so severe that the patient is not able to take part in the other goals for physical, occupational or speech therapy.

Guidelines:

1. Must have written referral from primary care practitioner or other non-physician practitioner (NPP) as permitted by state guidelines.
2. Physical and Occupational Therapy initial evaluations and re-evaluations must include age appropriate standardized tests documenting a developmental delay resulting in fine motor, gross motor or ADL functionality that are:
    a. At or below the 10th percentile of ≥ 1.5 standard deviations below the normal for the patient's age and
    b. Below the average functional ability for 12 year olds.

When standard deviation or percentile ranking cannot be completed, age equivalency scores will apply though they are not the preferred because they are not as accurate.

- *Chronological age 0-6 months: ≥ 2 month delay;*
- *Chronological age 7-12 months: ≥ 3 month delay;*
- *Chronological age 13-18 months: ≥ 4 month delay;*
- *Chronological age 19-24 months: ≥ 5 month delay;*
- *Chronological age 25-30 months: ≥ 6 month delay;*
- *Chronological age 31-36 months: ≥ 9 month delay;*
- *Chronological age 3-5 years: ≥ 1 year delay*
- *Chronological age >5 years: ≥ 1.5 year delay*

3. Magellan Healthcare advises that patients be evaluated by and/or be coordinating physical/occupational therapy services with other community service agencies and /or school system when available. The extent of these services must be indicated in the documentation. If services are not available then this should be indicated in the documentation.
4. Treatment goals must be realistic, measurable and promote attainment of developmental milestones, functional mobility and ADL skills appropriate to the patient's age and circumstances, such as rolling, crawling, pull to stand, assisted or independent ambulation, dressing, bathing, grooming and feeding skills.
5. Documentation should clearly reflect why the skills of a therapist are needed. There must be evidence as to whether the services are considered reasonable, effective treatments requiring the skills of a therapist or whether they can be safely and effectively carried out by non-skilled personnel without the supervision of qualified professionals.

6. Progress notes/updated plans of care that cover the patient's specific progress towards their goals with review by the primary care practitioner or other NPP will be required every 60-90 days or per state requirements. If the patient is not progressing then documentation of a revised treatment plan is necessary.
7. It is expected that a discharge plan, with the expected treatment frequency and duration, must be included in the plan of care. The discharge plan must indicate the plan to wean services once the patient has attained their goals, if no measurable functional improvement has been demonstrated or if the program can be carried out by caregivers or other non-skilled personnel.
8. It is expected that there be evidence of the development of age-appropriate home regimen to facilitate carry-over of target skills and strategies and education of patient, family, and caregiver in home exercises and self-monitoring.
9. For patients no longer showing functional improvement, a weaning process of three to six months should occur. If the patient shows signs of regression in function then need for skilled physical or occupational therapy can be re-evaluated at that time. Periodic episodes of care may be needed over a lifetime to address specific needs of changes in condition resulting in functional decline.

REFERENCES

CMS – EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents, June 2014. https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf

Coolman R, Foran W, Lee J. Oregon Guidelines for Medically-based Outpatient Physical Therapy and Occupational Therapy for Children with Special Health Needs in the Managed Care Environment, 1998

Guide to Physical Therapist Practice. 3.0 Alexandria, VA: American Physical Therapy Association; 2014. Available at: http://guidetoptpractice.apta.org/. Accessed 07/23/15.

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