

	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS24.14
		<i>Effective Date</i>	08/01/2023
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	<i>Subject</i> Habilitative Therapy Services - USFHP	<i>Supersedes Date</i>	N/A
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This document applies to the following Participating Organizations:

US Family Health Plan

Keywords: Maintenance , Habilitative

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I. ACTION

X	New Policy	
	Revising Policy Number	
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II. POLICY DISCLAIMER

Johns Hopkins Health Plans (JHHP) provides a full spectrum of health care products and services for Advantage MD, Employer Health Programs, Johns Hopkins Health Plan of Virginia Inc., Priority Partners, and US Family Health Plan. Each line of business possesses its own unique contract, benefits, regulations, and regulators' clinical guidelines that supersede the information outlined in this policy.

III. POLICY

Cross Reference:

- RPC.010 Therapy Modifiers - Rehabilitative and Habilitative Care (PT, OT, ST/SLP)

For USFHP refer to: [Tricare Policy Manual](#)

- Tricare Policy Manual 6010.63-M, April 1, 2021, Chapter 7, Section 18.2 Physical Medicine/Therapy
- Tricare Policy Manual 6010.63-M, April 1, 2021, Chapter 7, Section 18.3 Occupational Therapy
- Tricare Policy Manual 6010.63-M, April 1, 2021, Chapter 7, Section 7.1 Speech Services

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IV. POLICY CRITERIA

- A. Initiation of Habilitative Therapy: When benefits are provided under the member's contract, JHHP considers initiation of outpatient habilitative therapy medically necessary when InterQual[®] criteria for outpatient habilitative occupational therapy, physical therapy, OR speech therapy have been met.
- B. Continuation of Habilitative Therapy up to 24 weeks: When benefits are provided under the member's contract, JHHP considers continuation up to 24 weeks of outpatient habilitative therapy medically necessary when InterQual[®] criteria for outpatient habilitative occupational therapy, physical therapy, OR speech therapy have been met.
- C. Continuation of Habilitative Therapy beyond 24 weeks: When benefits are provided under the member's contract, JHHP considers continuation beyond 24 week of habilitative therapy, (occupation, physical, or speech) medically necessary when the following criteria are met:
 1. The clinical notes and the re-evaluation reflect the following:
 - a. Individualized treatment goals with expected outcomes, specific interventions to meet established goals, and anticipated discharge plans; AND,
 - b. Measurable physical and functional progress toward goals documented in the treatment plan; AND,
 - c. Adherence to the established home program and carryover of targeted skills in the community/home environment is occurring; AND,
 - d. The member is actively participating in therapy sessions; AND,
 - e. Goals of therapy are not yet met and objective measurements demonstrate continued physical or functional deficits compared to normal values or developmentally appropriate level of function; AND,
 - f. The level and complexity of the services requested can only be rendered safely and effectively by a licensed physical therapist, occupational therapist and/or speech and language pathologist.
- D. Excluded Services: Unless benefits are provided under the member's contract, JHHP considers habilitative therapy not medically necessary for ANY of the following:
 1. Services that do not require the skills of a physical therapist, occupational therapist, or speech language pathologist; OR,
 2. Services that are duplicative of services provided in a school setting under an Individualized Education Program (IEP); OR,
Note: For members receiving services under an IEP when the intensity or timeliness of therapy services proposed by the educational agency are not meeting the needs, additional community services will be considered for medically necessary.
 3. Services that are primarily educational in nature; OR,
 4. General exercises to promote overall fitness/conditioning; OR,
 5. Continued services when no functional improvements have been documented during the prior 24 weeks of habilitative therapy and the underlying medical conditions were stable during that time; OR,
 6. Documentation of consistent lack of attendance or participation in the home exercise program; OR,
 7. Custodial/non-skilled services, OR,
 8. Services provided to address employment/occupational deficits; OR,
 9. Ongoing maintenance therapy extending beyond the creation, design, instruction of a maintenance therapy program; OR,
 10. Treatment that is investigational or unproven.

V. DEFINITIONS

Activities of Daily Living (ADL): A term used to collectively describe fundamental skills required to independently care for oneself, to meet basic physical needs such as eating, bathing, grooming, dressing, toileting, and mobility for transferring or ambulating (Edemekong, 2022).

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Developmental Delay: Delay in achieving developmental milestones at the typical chronological age (Molinexu, 2017).

Developmental Milestones: Developmental milestones are behavioral or physical skills that most children can do by a certain age (CDC). Milestones follow predictable courses in infants and children, and later developmental skills build on previous ones achieved (Scharf, 2016).

Dystonia: Dystonia, by comparison, is defined as “involuntary sustained or intermittent muscle contractions causing twisting and repetitive movements, abnormal posture, or both (McClugage, 2021).

Fine Motor Coordination: Ability to control small muscles in order to control movements of small joints. It is typically used to refer to movements of fingers and hands (Molinexu, 2017).

Functional Outcomes: Outcomes that can be measured in terms of experience in the child's life (Carter, 2023).

Gross Motor Coordination: Ability to control large muscles/muscle groups in order to control movements of larger joints such as shoulder and hip (Molinexu, 2017).

Gross Motor Function Classification System (GMFCS): Tool used to evaluate a child’s ability to undertake normal daily tasks and the assistance required to do so (McClugage, 2021).

Habilitative Therapy: Habilitative services are therapeutic services that are provided to children with congenital or genetic conditions present from birth to enhance the child’s ability to function. (MIA, 2023). Habiliative therapy is provided to keep, learn, or improve skills and functioning for activities of daily living and teach compensatory strategies for deficits. Services include occupational therapy, physical therapy, and speech therapy.

Instrumental Activities of Daily Living (IADL): A term describing more complex activities related to the ability to live independently in the community, including activities such as e.g., managing finances and medication, food preparation, housekeeping, laundry (Edemekong, 2022).

Individualized Education Program (IEP): A written statement for a child with a disability that is developed, reviewed, and revised in a meeting in accordance with the Individuals with Disabilities Education Act (IDEA). The statement includes the child’s present levels of academic achievement and functional performance; the special education and related services to be provided to the child; and a statement of the program modifications, accommodations or supports for school personnel that will be provided to enable the child to advance appropriately toward attaining the annual goals (U.S. Dept of Ed, 2017).

Maintenance Therapy: Therapy that is performed to maintain progress, prevent or slow further deterioration due to disease or illness (CMS, 2023). Services to keep skills and functioning for daily living.

Medical Necessity: The frequency, extent and types of medical services or supplies, which represent appropriate medical care and that are generally accepted by qualified professionals to be reasonable and adequate for the diagnosis and treatment of illness or injury (Tricare, 2021).

Medical Necessity Determination: A review to determine if the recommended health care services are reasonable for the diagnosis and treatment of illness, injury, pregnancy, mental disorders and adequate for well-baby care (Tricare, 2021).

Modified Ashworth Scale: A tool used to assess tone specific to individual muscle groups and is used to assess the benefits of treatment over time (McClugage, 2021).

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Sensory Integration: Ability to receive a wide range of sensory information, interpret that information, and use it to make an adaptive response. It includes the use of visual, auditory, tactile, olfactory, taste, vestibular, and proprioceptive sensory input (Molinexu, 2017).

Sensory Motor: Related to the integration of sensory input and motor output (Molinexu, 2017).

Sensory Processing Disorder: A sensory processing disorder involves difficulties with interpreting and using sensory information from the environment for behavioral regulation and motor performance. Sensory processing disorder manifests through atypical behaviors, referred to as patterns of sensory responsiveness, such as hypo- or hyper-responsiveness to sensory stimuli (Ryckman, 2017).

Spacticity: A resistance to externally imposed movement with increasing speed of stretch and varies with the direction of joint movement, and/or a resistance to externally imposed movement that rises rapidly above a threshold speed or joint angle (McClugage, 2021).

Process Skills: Performance skills that represent small, observable actions related to selecting, interacting with, and using tangible task objects (e.g., tools, utensils, clothing, food); carrying out individual actions and steps; and preventing problems of occupational performance in performing a daily life task (AOTA, 2020).

VI. BACKGROUND

Habilitative services are therapeutic services that are provided to children with a genetic or congenital condition or disability with the intent to keep, learn, or improve skills and enhance functioning for daily living. Habilitative Services include, but are not limited to, physical therapy, occupational therapy, and speech therapy. The overarching habilitation goals for children with disabilities are to help the child achieve developmentally appropriate functional skills, prevent maladaptive consequences, provide adaptive strategies to minimize the impacts of functional deficits, and ensure carry over into other settings through caregiver training and community integration strategies (Houtrow, 2019).

Occupational therapy utilizes everyday life occupations with individuals for the purpose of enhancing or enabling participation in meaningful occupations and emphasizes the importance of occupations to individuals of all ages and abilities in order to grow and thrive. Practitioners perform assessments to design intervention plans that include activities - actions performed on a daily basis (AOTA, 2020). Interventions target physical or functional deficits in gross or fine motor skills, sensory or perceptual processing disorders, cognition (e.g. memory, attention, sequencing), muscle strength, tone, spasticity, and activities in daily living, to promote acquisition and preservation.

Physical therapy addresses a variety of symptoms and conditions, with a focus on those that impact movement and function (APTA, 2023). Habilitative physical therapy promotes optimal physical function and health by addressing deficits in gross motor skills, posture, core stability, balance, strength, and endurance with interventions geared toward achieving optimal functional mobility and participation (Houtrow, 2019).

Speech-language pathology services are provided for diagnosis and treatment of swallowing (dysphagia), speech-language, and cognitive-communication disorders that result in communication disabilities. Speech-language pathologists treat disorders of speech sound production (e.g., articulation, apraxia, dysarthria), resonance (e.g., hypernasality, hyponasality), voice (e.g., phonation quality, pitch, respiration), fluency (e.g., stuttering), language (e.g., comprehension, expression, pragmatics, semantics, syntax), cognition (e.g., attention, memory, problem solving, executive functioning), and feeding and swallowing (e.g., oral, pharyngeal, and esophageal stages) (ASHA, 2015).

The goals of habilitative therapy should be developed collaboratively with the therapist, child and caregiver at increments appropriate for the child's level of ability and progress. Interventions to achieve goals should be practiced in the home

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and community environments and goals updated appropriately. Goals must be clearly delineated and measurable. Use of standardized outcome and performance-based measures are an essential component in demonstrating an individual's response to skilled care. The medical necessity for continuation of habilitative services, and the dosage of therapy, including frequency and duration defined in terms of number of sessions per week, and the time period, in days or weeks, over which interventions are delivered, must be supported in clinical documentation. Research on the dosage of therapy services is limited and difficult to generalize, and perspectives often vary considerably among families, therapists, and other stakeholders (Houtrow, 2019; Gee, 2016; Palisano, 2009).

VII. CODING DISCLAIMER

CPT® Copyright 2023 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Note: The following CPT®/HCPCS codes are included below for informational purposes and may not be all inclusive. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member's specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee of payment. Other policies and coverage determination guidelines may apply.

Note: All inpatient admissions require preauthorization.

Adherence to the provisions in this policy may be monitored and addressed through post-payment data analysis and/or medical review audits.

US Family Health Plan (USFHP): US Family Health Plan (USFHP): Regulatory guidance supersedes JHHP Medical Policy. If there are no TRICARE policies, or other regulatory guidelines, apply the Medical Policy criteria.

VIII. CODING INFORMATION

CPT® CODES ARE FOR INFORMATIONAL PURPOSES ONLY	
CPT® CODES	DESCRIPTION
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92521	Evaluation of speech fluency (eg, stuttering, cluttering)
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing dysfunction and/or oral function for feeding

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97010	Application of a modality to 1 or more areas; hot or cold packs
97012	Application of a modality to 1 or more areas; traction, mechanical
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97016	Application of a modality to 1 or more areas; vasopneumatic devices
97018	Application of a modality to 1 or more areas; paraffin bath
97022	Application of a modality to 1 or more areas; whirlpool
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
97026	Application of a modality to 1 or more areas; infrared
97028	Application of a modality to 1 or more areas; ultraviolet
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each <u>15</u> minutes
97033	Application of a modality to 1 or more areas; iontophoresis, each <u>15</u> minutes
97034	Application of a modality to 1 or more areas; contrast baths, each <u>15</u> minutes
97035	Application of a modality to 1 or more areas; ultrasound, each <u>15</u> minutes
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
97039	Unlisted modality (specify type and time if constant attendance)
97110	Other Therapeutic Techniques With Direct Patient Contact
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minute
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
97139	Unlisted therapeutic procedure (specify)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each <u>15</u> minutes
97150	Therapeutic procedure(s), group (2 or more individuals)

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97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, <u>20</u> minutes are spent face-to-face with the patient and/or family.		
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, <u>30</u> minutes are spent face-to-face with the patient and/or family.		
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, <u>45</u> minutes are spent face-to-face with the patient and/or family.		
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, <u>20</u> minutes are spent face-to-face with the patient and/or family.		
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.		
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.		

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97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, <u>30</u> minutes are spent face-to-face with the patient and/or family.		

IX. REFERENCE STATEMENT

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins Health Plans (JHHP) Medical Policy Team during the development and implementation of this medical policy. The Medical Policy Team will continue to monitor and review any newly published clinical evidence and revise the policy and adjust the references below accordingly if deemed necessary.

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	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS24.14
		<i>Effective Date</i>	08/01/2023
		<i>Approval Date</i>	05/16/2023
	<i>Subject</i> Habilitative Therapy Services - USFHP	<i>Supersedes Date</i>	N/A
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XI. APPROVALS

Historical Effective Dates: 08/01/2023