

Wyoming Medicaid

Maintenance Therapy (PT, OT, ST) Review Guidelines

December 21, 2017

(revised 6/15/2018)

The Wyoming Department of Health, Division of Healthcare Financing, Institutional Manual ICD10 dated July 1, 2017, indicates that it **covers maintenance and habilitative therapy for Medicaid enrolled children 20 years of age or younger.**

Definitions/Examples:

Maintenance therapy consists of drills, techniques, and exercises that preserve the present level of function so as to prevent regression of the function and begins when therapeutic goals of treatment have been achieved and no further functional progress is apparent or expected.

Habilitative Services – Services that help patients keep, learn, or improve skills and functioning for daily living. Examples would include therapy for a child who isn't walking or talking at the expected age.

Maintenance begins when the therapeutic goals of a care plan have been achieved, or when no additional functional progress is apparent or expected to occur. This may apply to patients with chronic and stable conditions where skilled supervision is no longer required and clinical improvement is not expected. The specialized knowledge and judgment of a skilled provider may be required to establish a maintenance program; however, the continuation of therapy services to **maintain** a level of function does not require skilled care.

Examples of maintenance or habilitative therapy may include, but are not limited to:

Additional PT, OT or ST therapy services when the patient's chronic medical condition has reached maximum functional improvement.

Continuing education for clients with life-long disabilities as they mature and are able to learn more advanced skills to bring them closer to age appropriate skills

PT, OT or ST therapy services that enhance performance beyond what is needed to accomplish routine functional tasks.

Learning new skills or acquiring new abilities the client has not previously had (Examples: a previously non-verbal child learning to talk, a previously non-walking child learning to walk)

Passive stretching exercises that maintains range of motion and are performed by non-skilled Personnel.

A general home exercise program that is not focused on the identified impairments or functional limitations.

Non-skilled services: Activities that maintain function and could be done safely and effectively by the patient or a non-medical person without the skills or supervision of a qualified provider.

Non-skilled services may include, but are not limited to:

Activities that the patient performs without direct supervision of a skilled provider, such as treadmill, stationary bike, or other aerobic activity for warm-up or general conditioning.

Modalities that the patient self-applies without direct supervision of a skilled provider, such as stretching/resistance exercises with a TheraBand™, traction, automobilization tables (Spinalator, Anatamotor, etc.) or Wobble Chairs.

Passive range of motion (PROM) treatment that is not related to restoration of a specific loss of function.

Treatment modalities that the patient self-applies without direct supervision of a skilled provider, such as traction.

Unskilled repeated procedures that reinforce previously learned skills to maintain a level of function and/or prevent a decline in function.

Questions/Answers:

Question: When requesting therapy visits, what information does Qualis Health need to conduct a review?

Answer:

1. Initial plan of care (start of treatment)
2. Current plan of care (to show progress/lack of progress/ goal progression)
3. Last 5 progress notes. Each discipline should demonstrate: patient current functional abilities, interventions provided with measureable goals & outcomes (e.g., ROM to shoulder---> 55 degrees and the goal is at least 80 degrees). Documentation of hands-on education to parent/caregiver with regards to PROM/ROM/straw exercises/new or updated equipment/gait/balance training/etc.
4. Current prescription
5. Any medical documentation to support continuation of therapies
6. Services provided to the child under the Individual Educational Program
7. Notes to include time in and time out
8. Are there are barriers to the parent/caregiver actively participating in providing home treatment/exercises? If yes, please state these barriers. (This will help guide us on the level of care the child truly needs vs what may be more social.)
9. Discharge plan

Question: When would it be appropriate to have skilled therapists deliver services to patients who are **new** to maintenance/habilitative therapy?

Answer: Typically, therapy services for a new child under the age 21 for maintenance therapy would involve additional therapy sessions to evaluate, establish a maintenance program, re-evaluate, and complete parent/caregiver trainings of home program. This could consist of 2 visits per week for 1 month and then convert to once a week with progression to 2 times a month.

Question: When would it be appropriate to have skilled therapists deliver services to patients who are **established** to maintenance/habilitative therapy?

Answer: Typically, therapy services would be at 1x per week with the family providing care the rest of the time. Depending on the individual patient, therapy visits may be reduced even further, (maybe 2x/month, for example). However, there are other patient situations where a child's disease process worsens and the child's functional status regresses and it may be necessary to re-evaluate the maintenance program to address this regression. Or a parent does not follow through on the care they are to provide their children at home and a child's functional status regresses. It would be imperative to include the documentation of those situations in the medical record. Once patient is at baseline without any exacerbations or regression, approvals will be once every other week or 2 times per month.

Question: When would it be appropriate to have skilled therapists deliver services to patients who are **having regression or an exacerbation** for maintenance/habilitative therapy?

Answer: Typically, additional documentation with full re-evaluation notes to support the request. Could approve 2 times weekly for 1 month to update a maintenance program, re-evaluate and complete parent/caregiver trainings of updated home program. After one month, continue at once weekly visits. Once patient is at baseline without any exacerbations or regression, approvals will be once every other week or 2 times per month.

Question: When would it be appropriate to have skilled therapists deliver services to established patients who are on maintenance/habilitative therapy?

Answer: Typically, that would be done when a maintenance program for a patient is being established and periodically when a patient's response to a program needs to be re-evaluated. Example: recent regression in patient's functional status due to change in clinical status or lack of parental support.

Question: What therapy services are not considered appropriate under maintenance/habilitative therapy?

Answer:

1. Community integration that doesn't have a technology component. Technology component is equipment to learn while in the community.
2. Day habilitation services (money management, job skills)
3. Services provided under a child's Individual Education Program or for educational purposes
4. Any duplicative therapy

Question: When a land-based and a water-based therapy request are made, is there a separate prior authorization for each that is required?

Answer: No, only one prior authorization request would be required for the two and it would be considered 2 therapy visits requested. The providers would have to identify how many visits for each.

Additional information:

- A visit is considered one hour or up to 4 units.
- A provider will need to request a new PA for regression/exacerbation of symptoms.
- If requested clinical or clarification is not received this will result in a technical denial. (The provider will need to resubmit when they have all the information for the PA.)
- Qualis Health may technically deny codes requested for services listed above that are not allowed for outpatient therapy sessions (community integration that doesn't have a technology component, Day Hab services for money management or life skills, educational services, or duplicative services).