Children's Special Health Care Services
Administrative Policy Manual

Benefit – Limited Services Policy # C-2g
PA Dept.

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10/18/10
Date

Effective Date: **January 1, 2005**
Revision Reason: **New Policy**

Previous Title: **Reimbursement of Home Therapies**
Effective Date: **July 1, 1993**
Revision Reason: **Incorporation into this overall Therapy Policy`**

Title: **Therapy**

Purpose: To describe the benefits available concerning Physical, Occupational and Speech & Hearing Therapy health care services provided in the **Limited Services** included in the **Health Care Service Package.**

Rule References:

410 IAC 3.2-1-33 – "Therapy" defined
410 IAC 3.2-7-1 – Health care delivery system
410 IAC 3.2-7-3 – Limited services included in the health care service package

Policy: **Therapy services for Physical, Occupational and Special Otorhinolaryngologic (Speech & Hearing) health care services are available within guidelines established by CSHCS.**

- **All therapy services must have been documented as being medically necessary by a CSHCS approved physician.**
- **The therapy must be appropriate treatment of & directly related to the participant's eligible medical condition.**
- **The therapy must not be experimental in nature.**

All therapy services require Prior Authorization.

- **An initial Treatment Plan of Care with goals is required prior to authorization of treatment.**
- **Progress Notes must be periodically submitted to CSHCS showing previous goals & progress towards those goals by a CSHCS approved therapist to receive authorization for continuing Therapy treatment.**
- **Treatment Plans need to include a Home exercise program. Progress notes need to reflect the therapist's opinion as to how effectively the Home Program is being executed.**

Sign language communications skills are an approved treatment however, teaching the use of a communication board is not an approved treatment.

Co-treatment is not an authorized treatment approach. If co-treatment is performed the therapists must divide the treatment time among themselves and bill only for their partial segment.

Therapy services will normally be provided in/at an office/hospital/rehabilitation center or other treatment facility, however, Therapy may be provided in the home setting when:

- **the participant cannot be transported to a treatment facility due to medical necessity, or**
- **treatment in the home setting is no more costly than if received in a treatment facility (therapist may not bill for travel related costs), or**
- **if requested for the convenience of the participant's parent/guardian, not to exceed fourteen (14) days treatment per calendar year (including all modalities) at home, even to include when the cost of treatment may be greater than if received at a treatment facility & is being requested due to short-term hardship including but not limited to:**
  - **documented temporary loss of transportation;**
  - **documented illness or incapacity of caregiver;**
  - **documented that the primary caregiver is also caring for a newborn infant, newly adopted child or sick family member.**

Physical & Occupational Therapy and Special Otorhinolaryngologic (Speech & Hearing) Services covered by CSHCS are defined in the document titled: Therapy Services Covered by CSHCS.

Therapy will normally be authorized no less frequently than once per week or more frequently than three (3) times per week, in increments of three (3) to six (6) months with variation dependent upon diagnosis, individual need & treatment plan. Guidelines for Therapy authorization by CSHCS are defined in the document titled: CSHCS Therapy Guidelines

Requested Therapy health care services, exceeding the scope of approval of the Prior Authorization Nurse, will be referred to supervisor

References: **Home Health Care "Nursing" Services Policy**
Prior Authorization Policy
Exclusion Policy