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AETNA BETTER HEALTH®OF TEXAS

Dear Provider,

Occupational Therapy Policy

The purpose of this policy is to provide criteria for the prior authorization review of requests for occupational therapy for the treatment of occupational deficits resulting from developmental delay or injury.

Policy:

For initial evaluations, the provider must submit a request for prior authorization signed by the primary care physician (Stamped signatures will not be accepted), along with records from that physician documenting the detection of a deficit which may be remediated by occupational therapy. For treatment, initial or continuing, the provider must submit the results of the most recent evaluation, including results of standardized testing using an approved test, an order, and treatment plan signed by the primary care physician. The treatment plan should contain specific goals, the prognosis for achieving these goals, and include the provision of a home exercise program (HEP) with the frequency that the caregiver is to perform the HEP specified. Occupational therapy may be authorized for no longer than six months duration.

Medical Necessity

Occupational therapy is a covered benefit when medically necessary. This policy specifically addresses medical necessity of requests for occupational therapy for deficits which result from developmental delay or injury. Before the initiation of occupational therapy, the treating physician must order a comprehensive evaluation of the member's potential for improvement in activities of daily living. This initial evaluation must be pre-authorized, and the results, including standardized testing appropriate for the child's age, and the treatment plan, signed by the provider, must be submitted in support of a request for therapy.

Occupational therapy is not considered medically necessary for children with behavioral diagnoses such as Attention Deficit Hyperactivity Disorder, Sensory Processing Disorder, or for children with feeding disorders. Occupational therapy also will not be approved when the sole purpose is to address learning skills, which should be remediated in the classroom environment.

The occupational therapy evaluation for children with developmental delay should include a generally accepted standardized test that reports results as a normalized score with standard deviation. Occupational therapy will be approved for scores > 1.5 standard deviations below the mean for tests with a mean of 100 (<75), and > 1.33 standard deviations below the mean for tests with a mean of 10 (<6). Please include any behavioral observations, psychosocial factors, and pertinent past history in the assessment.

In the unusual circumstance that standardized testing cannot be completed after more than one attempt, tests with criterion-referenced age equivalency scores may be considered as an acceptable alternative. In this circumstance, occupational therapy may be approved if the functional age equivalency is 65% or less than the chronological age. Occupational therapy may be approved for 3 months by the medical director pending a re-evaluation.

The number of therapy visits authorized will be based on the severity and type of condition. Frequency of therapy is expected to be 1-2 times per week up to a maximum of 3 times per week for severe problems. There is no evidence that therapy more often than 3 times per week improves outcomes. Initial therapy will not be approved when:

1. The test results are in the normal range.
2. The proposed therapy is considered to be experimental and investigational.
3. The proposed therapy is solely educational such as handwriting, cutting, or other subjects which are part of a school curriculum.

A re-evaluation is required every 6 months for continuation of therapy unless the medical director requests it more frequently. The same standardized tests must be utilized for re-evaluation as were used to evaluate the member initially unless these are no longer appropriate for the member's age.
A request for continuation of therapy must include the following documentation:

• A referral and authorization form, including a current, handwritten prescription and/or treatment plan with the original physician's signature and date
• Documentation of progress made from the beginning of the previous treatment period to the current service request date, including progress towards previous goals and the number of treatments used to date from the previously authorized visits.
• Documentation of the parent/member's attendance and participation in the therapy sessions.
• Documentation of the provision of a home exercise program and the parent/member's performance of that program.
• Assessment of the member's capability for continued measurable progress
• A proposed treatment plan for the requested extension dates with specific goals related to the client's individual needs.

Results of patient-specific measures should demonstrate that the individual is consistently improving and that a plateau (i.e., where no additional meaningful improvements are being measured or are expected

to occur) has not been reached. It should also include documentation that therapy skills are being carried over into the member's natural environment.

Continued therapy is no longer medically necessary and will not be approved when:
1. Test scores have improved to within 1.33 SD from the mean; or
2. The member has not made significant progress towards meeting goals and/or improvement in standardized scores.

If continuation of therapy is not approved because the child has reached goal or is no longer progressing, he/she may be re-evaluated in 3-6 months to determine if deterioration of function has occurred and additional therapy is medically necessary.

Therapy providers are required to refer children younger than 35 months to Early Childhood Intervention within 2 business days of identification according to Sec. 5.1.5 of the Texas Medicaid Providers Manual. In addition, therapy providers must refer preschool children to Head Start, or to the school district for evaluation for inclusion in the Preschool Program for Children with Disabilities (PPCD) depending upon the severity of the child's developmental delay, or provide documentation of parental refusal. If the child is enrolled in school, therapy providers must coordinate services with the school, including obtaining a release of information or document refusal of the parents to consent.

Please fax completed referral forms and clinical information to Aetna Better Health of Texas:
866-835-9589.

For assistance with coordination of care, members changing health plans or therapy providers, call Aetna Better Health of Texas Member Services:
Tarrant Medicaid 800-306-8612,
Tarrant CHIP 800-245-5380;
Bexar Medicaid 800-248-7267,
Bexar CHIP 866-818-0959.

To appeal a denied or partially denied service, please refer to the denial letter and the Aetna Better Health of Texas provider manual for the process.