Comprehensive Non-Acute Rehabilitative Services For Children 0 – 6 Years Old

Rehabilitative services include physical therapy, occupational therapy and speech therapy. Speech therapy includes the services of a speech therapist or pathologist. In order to determine the medical necessity for these services it is important to assess the child's general development particularly with regard to the neurological status. Various procedures as outlined below are to be used in assessing children 0-6 years of age to determine the medical necessity of carrying out rehabilitative services.

I. Reasonable and Necessary

All rehabilitative services must be considered reasonable and necessary.

A. Reasonable and Necessary – To be considered reasonable and necessary the following conditions must be met:

1) The services must be considered under accepted standards of medical practice to be a specific and effective treatment for the patient's condition. Experimental therapies are excluded from coverage.

2) There must be an expectation that the condition will improve significantly in a reasonable (and generally predictable period of time based on the assessment made by the physician or the patient's rehabilitative potential after any needed consultation with the qualified therapist, or services must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific developmental or disease state).

3) The services must be of such a level of complexity and sophistication or the condition of the patient must be such that the services required can be safely and effectively performed only by a qualified therapist/pathologist or under the immediate supervision of a therapist.

4) The amount, frequency, and duration of the services must be reasonable, although there is no limitation on the number of sessions allowed as long as significant progress is being made.

5) Referrals for therapeutic services must be made by a physician. The physician is expected to employ clinical

judgment, the history and physical, testing, etc. in determining the medical necessity of rehabilitative services. The Denver Child Development and/or the Milani Comparetti Neurological scales are generally accepted screening tools that may be used to aid the physician in assessing the developmental level of a patient and the medical necessity of evaluation by the therapists.

6) Evaluation of the patient's developmental or therapeutic status shall be measured and expressed in objective, unambiguous concise language which possess as much reliability as possible. The language which meets this criteria best is that of numbers (See IV. Plan of Care). Reliable assessment is not based on subjective, qualitative, or emotional assessments. The results of tests as well as goals, and therapeutic results should be recorded on appropriate forms that will be submitted for review and necessary action.

II. Application of Procedures for Rehabilitation Services

A. Assessment

1. Motor

- Movement Assessment of Infants
- Upper Extremity Motor Development Test
- Lower Extremity Motor Development Test
- Amiel-tison Neurological
- Peabody Motor Scales

2. Speech/Language

- Receptive Expressive Emergent Language Scale
- Sequence Inventory of Communication Development
- Preschool Language Assessment Instrument
- Clinical Evaluation of Language Functions
- Detroit Tests of Learning Aptitude

3. Multi-Domain Tools

- Bayley Scales of Infant Development
- Gesell Developmental Schedules
- Hawaii Early Learning Profile

Appropriate tests as stated above but not limited to the above are to determine the patient's condition and needs.

III. Rehabilitation Therapy

A. Therapy will be deemed appropriate if an evaluation justifies intervention and clear goals with a time frame are given.

B. A child will be authorized to receive continued therapy where there is clear progress toward meeting the objective for habilitation as stated in the plan of care.

C. Speech therapists/pathologists, physical therapists and occupational therapists may provide initial assessments without prior Medicaid medical authorization upon referral by a physician for children aged 0-6 years old.

D. Medical authorizations (Form 1144) are required for therapy and/or for a therapeutic program taught by a qualified therapist. The physician refers the patient for therapy. He should sign the 1144 form and attach a copy of the plan of care (see Section IV).

E. An alternate system will be recommended for intervention at another level of caregiver, e.g. nurse, assistant or aide, or parent or relative when there is regression or no change in status after a reasonable trial of direct therapy. Periodic re-evaluation by a qualified therapist is appropriate.

F. A child will be discontinued from therapy when the therapeutic goals are met (which may be less than the chronological age) or where continued therapy will not result in further improvement as determined by the physician in consultation with the therapist.

IV. Plan of Care

For therapy to be provided, a plan of care should include (1) time frame for re-evaluation, (2) long-range goals, (3) short-term objectives, and (4) frequency of treatment. Also included should be the results of the administered developmental tests (listed under II.A.1). Since many institutions have different methods for recording these evaluations, it is recommended that a uniform format be adopted for children aged 0-6. The following examples can be used to assess gross motor, fine motor, and speech development. They are based on the concept of looking at the developmental age compared with the chronological age.

A. Delay by Months

0	No function present
0.5	Delay more than 2 years
1.0	Delay 1-2 years
2.0	Delay 5 months - 1 year
3.0	Delay 3 months – 6 months
4.0	Delay less than 3 months
5.0	No delay

B. Developmental Age
Chronological Age x 100 = %

0	No function
0.5	less than 10 %
1.0	10 – 25 %
2.0	25 – 50 %
3.0	50 – 75 %
4.0	75 – 99 %
5.0	100%

By using a grading scheme for various modalities, a base line developmental level can be determined. The Plan of Care can reference this grading scheme in establishing therapeutic goals. When the patient has achieved the desired goal or is no longer improving, then a maintenance plan can be completed and further therapy transferred to the family or nursing staff as appropriate.

Since the evaluations prior to provisions of therapy are extensive and include objective developmental testing and a plan of care with clear objectives and goals, it is Medicaid's decision to reimburse evaluations that conform to the guidelines at a flat rate of $15.00 per 15 minutes not to exceed one hour and a half (a total of six 15 minute periods) per evaluation. In keeping with existing protocols for the services to children ages 0 to 6, only one such extensive evaluation can be reimbursed every six months for each therapeutic service. To qualify for the enhanced reimbursement, the following codes should be used:

W9775-X6	Physical Therapy Evaluation
W9777-X6	Occupational Therapy Evaluation
92506-X6	Speech Evaluation

Re-evaluations performed more frequently will be reimbursed at existing customary rates. The following codes should be used for these re-evaluations:

W9776	Physical Therapy Re-evaluation
W9777	Occupational Therapy Re-evaluation
92506	Speech Re-evaluation

The above codes, at this writing, are considered local codes and will be changed at a later date in order to meet HIPPA compliance.

Since reimbursement will be based on 15-minute blocks of time, please enter the appropriate units in Form Locator Block 24F of the HCFA 1500 billing form or 52 on UB82 billing form. Thus a 45-minute evaluation will be coded as three (3) units.