Gateway

El Paso Health Clinical Guideline

Guidelines For Medical Necessity Determination.
Physical Therapy

These guidelines for establishing medical necessity identify the clinical information required to determine if criteria is met. These guidelines are based on generally accepted standards of practice, medical literature, and federal and state policies and laws applicable to the health plan's utilization management programs

Evidenced Based Practice (EBP) and Related Terminology

1) **Evidenced Based Practice:** If an intervention or assessment is "evidence-based," it has been shown to produce meaningful and reproducible results in carefully controlled research studies.

2) **EBP Steps for all therapy disciplines:**

   a) STEP 1: Frame Your Clinical Question: *identify the clinical problem or question for which you are seeking evidence.*

   b) STEP 2: Find Evidence: *search and find external scientific evidence.*

   c) STEP 3: Assess the Evidence: *consider evidence from similar populations or interventions and determine if the results are generalizable to your client or clinical situation.*

   d) STEP 4: Make Your Clinical Decision: D.E.C.I.D.E.

      i) D- DEFINE your clinical question, find research evidence, and determine the validity of the results

      ii) E- EXTRAPOLATE clinically applicable info from the evidence

      iii) C- CONSIDER your clinical expertise and expertise of others

      iv) I- INCORPORATE your client's perspectives and needs

      v) D- DEVELOP an assessment or treatment plan

      vi) E- EVALUATE your clinical decision

3) **PARAMETERS:** Physical therapists use a variety of treatments to help build strength, improve movement, and strengthen skills needed to complete daily activities.

   a) Treat disorders of…..

      i) sports injuries

      ii) developmental delays

      iii) cerebral palsy

      iv) genetic disorders

      v) orthopedic disabilities/injuries

      vi) heart and lung conditions

      vii) birth defects (such as spina bifida)

      viii) effects of in-utero drug or alcohol exposure

ix) acute trauma

x) head injury

xi) limb deficiencies

xii) muscle diseases

b) Therapy activities may include:

i) Developmental activities, such as crawling and walking

ii) Balance and coordination activities

iii) Adaptive play

iv) Improving circulation around injuries by using heat, cold, exercise, electrical stimulation, massage, and ultrasound

v) Training to build strength around an injury

vi) Flexibility exercises to increase range of motion

vii) Safety and prevention programs

viii) Play therapy

ix) Dance and movement therapy

x) Aquatic therapy (therapeutic swimming)

xi) Hippotherapy (therapeutic horseback riding)

c) Diagnoses often treated for adult conditions, including but not limited to:

i) Cardiopulmonary: Chronic Obstructive Pulmonary Disease (COPD), Cystic Fibrosis, Post-Myocardial Infarction

ii) Hand therapy: carpal tunnel, trigger finger

iii) Musculoskeletal: back pain, rotator cuff tear, TMJ Disorders

iv) Neurological: stroke, spinal cord injury, Parkinson's Disease, Multiple Sclerosis, vestibular dysfunction, traumatic brain injury

v) Sports Injuries: concussion

vi) Women's health/ pelvic floor: lymphedema, urinary incontinence, wound care, burns, diabetic ulcers

d) Diagnoses that may require extended pediatric physical therapy care. Therapy may include therapeutic exercise, balance training, facilitation of movement, gross motor skills, functional mobility, gait training, adaptive equipment, positioning, or orthoses. The following include, but not limited to:

i) Autism: includes activities and exercises that build motor skills and improve strength, posture, and balance. Problems with movement are common in autism spectrum disorder (ASD).

ii) Cerebral Palsy: affects muscle tone, movement, and motor skills. It hinders the body's ability to move in a coordinated way. It also can affect other body functions that involve motor skills and muscles, like breathing, bladder and bowel control, eating, and talking.

iii) Traumatic Brain Injury: depending on the severity will include physical, cognitive, behavioral, psychological, and emotional changes. The individual brain structure, as well as neuroplasticity change potential, determine the functional recovery following brain damage.

iv) Congenital Syndromes (e.g., Congenital Muscular Torticollis, Down Syndrome): large variety, range from addition or loss of an entire chromosome in each cell to loss of part of chromosome to micro-deletion of a number of contiguous genes within a chromosome. Can cause mild or severe developmental disabilities.

v) Multiple Sclerosis: is a chronic, immune-mediated disease of the central nervous system (brain, spinal cord, and optic tracts) that is characterized in the majority of people by relapses (also known as exacerbations) and remissions of neurological symptoms, and variable progression of disability over time. Repeated inflammatory attacks on the central nervous system, which cause damage to the myelin covering on nerve fibers, the nerve fibers themselves and the cells that make myelin.

vi) Birth defects (e.g., Spina Bifida): While in the womb, some babies have problems with how their organs and body parts form, how they work, or how their bodies turn food into energy. More than 4,000 different kinds, ranging from minor ones that need no treatment to serious ones that cause disabilities.

Criteria for Physical Therapy Reviews

1) BEST PRACTICE:

a) Initial evaluation must include **three (3)** or more of the following criteria:

i) Age of diagnosis,

ii) Developmental history,

iii) Description of the current condition,

iv) General medical history, including history of the pregnancy, delivery, known medical conditions,

v) Medical and surgery history,

vi) Personal factors and comorbidities an individual may have in executing a task, action, or activity, and his or her ability to progress through it,

vii) Diagnostic interpretive reports (for prognosis),

viii) Current and previous functional status, including activity participation,

ix) Coexisting conditions, if applicable, that might have implications for management,

2) Initial/ Re-evaluation must include documentation of **two (2)** or more of any of the following body assessments:

i) Neurological assessment of gross coordinated movement (e.g., balance, gait, locomotion, transfers, and transitions) and motor function (motor control and motor learning),

ii) Musculoskeletal assessment of gross symmetry, gross range of motion, gross strength, height, and weight,

iii) Integumentary assessment of pliability (texture), presence of scar formation, skin color, and skin integrity,

iv) Cardiopulmonary systems: the assessment of heart rate, respiratory rate, blood pressure, and edema,

v) Screens of vision, gastrointestinal history, postural preference, structural/ movement symmetry of the neck, face and head, trunk, hips, upper and lower extremities,

vi) Standardized assessment: to examine motor development for milestones, using an age appropriate, valid and reliable standardized test,

vii) Measures include, but are not limited to, the following: BMI, Body Length Measurement, Girth Measurement, Head Circumference, Height/Weight Measurement, Impedance Measurement, Observation, Scales, Skinfold Thickness Measurement, Volumetry, Waist Circumference,

3) Initial/ Re-evaluation provided will consist **one (1)** or more of the following criteria:

a) Standardized test: using an age appropriate, valid and reliable standardized test,

b) Criterion-referenced information: screens or checklists, diagnostic reports, ROM (range of motion) assessments with degrees of rotation,

c) Parent report and/or therapy clinical observations: daily management information; home exercise program; all other clinical supplemental information

4) Prognosis: should include **one (1)** or more of the following criteria:

a) Extent of symptom outcome,

b) Episode of care after completion of the evaluation,

c) Education to parent/caregiver with specifics of home exercise program,

d) Possible need to refer for more invasive intervention.

Requirements for Physical Therapy visits

1) In order to establish medical necessity for physical therapy services, the following criteria must **ALL** be met:

a) The treatment must be considered specific and effective for the patient's condition under evidence-based practice guidelines.

b) The complexity of the condition must be such that the skills of a physical therapist are required for the frequency requested.

c) The goals of the services provided are directed at maintaining, improving, adapting, or restoring functions which have been lost or impaired due to a recent illness, injury, loss of body part, congenital abnormality, degenerative disease, or developmental delay.

d) Services do not duplicate those provided concurrently by any other therapy.

e) Services must meet acceptable standards of medical practice and be specific and effective treatment for the client'scondition.

f)) Services are provided within the provider's scope of practice, as defined by state law. The complexity of the condition must be such that the skills of a speech therapist are required for the frequency requested.

g) Treatment for chronic medical conditions and developmental delay will only be considered for clients who are birth through 20 years of age.

h) Frequency and duration must be considered acceptable under established standards of practice.

i) Continuation of care is supported by functional progress resulting from a positive response to skilled treatment.

Frequency and Duration Criteria

1) Treatment frequency and duration must be based on:

a) Severity of objective findings,

b) Presence of complicating factors and comorbidities,

c) History of condition,

d) Prognosis for functional improvement with skilled therapy,

e) Documented response to treatment provided,

f) Members level of independence,

g) Consultation to a specialist or physician is needed when,

h) Discharge criteria specifics.

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GUIDELINE HISTORY

Guideline History

Effective Date:	*Description of Change or update*
02/2020	Guideline created
03/28/2020	Reviewed and approved by the UM Committee.
03/26/2021	Reviewed and approved by the UM Committee.
02/2022	Policy reviewed, signature block update to reflect title change for Chief Operations Officer to Interim Chief Executive Officer.
03/25/2022	Reviewed and approved by the UM Committee
03/2023	Reviewed and no changes needed.
03/24/2023	Policy approved by the UM Committee.
04/19/2024	Reviewed and approved by the UM Committee

Electronic Approval

Date	***Approver(s)***
04/19/2024	*Vianka Sanchez, MS, CCC-SLP, BSN, RN* **Director of Health Services**
04/19/2024	*Janel Lujan, LMSW* **Chief Operations Officer, Medicaid**
04/19/2024	*Jorge Guzman, MD* **Medical Director (or designee)**