Physical & occupational therapy - outpatient habilitative

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Outpatient habilitative physical and occupational therapy requires prior authorization.

Pool/Aquatic therapy requires prior authorization and is subject to the therapy guidelines and any applicable plan benefit limits for therapy.

Pool/aquatic therapy for sensory integration requires prior authorization.

Coverage

Habilitative PT and OT or habilitative PT and OT with Sensory Integration (SI) therapy, as defined below, are available subject to the following indications, and your plan documents.

Habilitative therapy services are covered only when provided in a clinic, office or in an outpatient setting and when ordered by either a primary care provider or specialist.

Indications that are covered

1. Must have written orders from primary care or specialist physician. Autism diagnoses and treatment recommendations must be made by a psychiatrist, psychologist or developmental pediatrician who has training and expertise in autism spectrum disorder and child development.
2. To be eligible for habilitative physical or occupational therapy services, evaluations must include standardized age-appropriate tests documenting a condition/developmental delay resulting in ADL, fine motor, or gross motor functionality that is:
   A. at or below the 10th percentile or 1.5 or greater standard deviations below the norm for the member’s age and
   B. below the average functionality for 12 year olds.
   When standardized testing resulting in standard deviation or percentile ranking is unable to be completed, age equivalency scores will be accepted to meet criterion 3.a. As age equivalency scores are the least accurate statistical measurement, standard deviation scores or percentile rankings are preferred. The delay must show at least a 25% delay based upon the age of the child in months. For individuals who are unable to complete standardized testing, medical necessity will be determined based on clinical information.
3. Sensory Integration therapy is covered when part of a covered habilitative therapy treatment plan if the member has definite differences/dysfunction (scores equivalent to 2.0 deviations or greater below the norm) documented in the standardized testing.
4. Treatment goals should promote achievement of developmental milestones appropriate to the member’s age and condition, such as rolling, crawling, pulling to stand, assisted or independent ambulation, dressing and feeding skills.
5. Annual evaluations from providers are required for ongoing treatment and should contain specific documentation regarding progress toward goals. Periodic re-evaluations are required to document measurable functional progress and the continued medical necessity for therapy.
6. For continued habilitative therapy coverage, members must continue to demonstrate a significant delay (e.g., 1.5 standard deviations), and must demonstrate measurable functional improvement, and must continue to be functioning below the 12 year old level.
7. A discharge plan, with proposed treatment duration, must be submitted that demonstrates plans to wean services once the above criteria are no longer met.
8. For members no longer meeting coverage criteria, a weaning process of three to six months will occur. If regression in function occurs, services will need to be reevaluated for coverage.

Indications that are not covered

1. Group therapy, except when used in the context of a child diagnosed with autism.
2. Educational therapy.
3. Therapy when measurable functional improvement is not expected or progress has plateaued.
4. Vocational and community reintegration services.
5. **IADL training**

6. Therapy to improve attention, memory, problem solving, organizational skills and time management.

7. Fine or gross motor skills typically acquired after 12 years of age.

8. Equine or hippotherapy (horse riding therapy).

9. Recreational therapy

10. Metronome therapy

11. Integration of primitive reflexes as standalone treatment.

**Definitions**

**Educational therapy** refers to skills that are typically taught in a school or educational setting.

**Habilitation occupational therapy (OT) or physical therapy (PT)** - care rendered by a licensed physical or occupational therapist for conditions which have significantly limited the successful initiation of normal motor development. To be considered habilitative, measurable functional improvement and measurable progress must be made toward achieving functional goals (ADLs), within a predictable period of time toward a member's maximum potential.

**Sensory integration/Processing disorder** - thought to be a neural system disorder that causes the sensory system to receive incoming information via the senses in a disorganized manner. Sensory integration therapy (SI) is often used with children diagnosed with autism or other pervasive developmental disorder when the disorder is so severe that the patient is not able to take part in the other goals of the habilitative occupational, physical, or speech therapy program.

**Functional skills** - essential activities of daily life (ADLs) common to all members such as dressing, feeding, ambulation, transfers and fine motor skills. Measurable progress emphasizes mastery of functional skills and independence in the context of the member's potential ability as specified within a care plan or treatment goals.

Measurable functional improvement for habilitative therapy will be assessed by comparison of the progress towards goals as documented in current progress reports. The determination of whether measurable progress is being made is at the sole discretion of the medical director and his or her designee and is made on a case by case basis. In cases where progress is questioned, the medical director and his or her designee will consult with the treating therapist, and/or a Physical or Occupational Therapist consultant when making the coverage determination.

**Activities of daily living (ADLs)** - include everyday activities such as eating, bathing, dressing, toileting, transferring, continence, personal hygiene and mobility necessary to achieve these activities.

**Recreational therapy** - The prescribed use of recreational activities as treatment interventions to improve functional living competence.

**Instrumental activities of daily living (IADLs)** - activities related to independent living, such as cleaning, using a telephone, shopping, laundry, managing medications, transportation and managing money.

**References**


4. Hayes Directory, Occupational Therapy for Attention-Deficit/Hyperactivity Disorder (ADHD), April 2011 (reviewed February 2015).


This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy contact Member Services at 952-883-7979 or 800-233-9645.

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