



PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPIES FOR CHILDREN UNDER THE AGE OF 21 YEARS GUIDELINE

- I. What is covered:
 - A. Gold Coast Health Plan (GCHP) covers Physical, Occupational, and Speech Therapies that are evidence-based when medically necessary. This includes services necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by screening services (EPSDT).
 - B. GCHP does not cover Physical, Occupational, and Speech Therapies as follows:
 1. Are not medically necessary.
 2. Are deemed not evidence-based and are experimental / investigational in nature.
 3. Are covered by other agencies, such as:
 - a. Regional Centers / Early Start: Based on eligibility for children under 3 years of age.
 - b. Local Educational Agencies: Educational goals.
 - c. California Children's Services (CCS): Based on medical eligibility.
 4. Are requested for Sensory Processing Disorder.
 - a. Sensory Processing Disorder, also known as Sensory Integration Dysfunction, is not a recognized stand-alone medical condition and does not have an ICD 10 code.
 - b. GCHP does not cover Physical and Occupational therapies for Sensory Processing Disorder as therapies are not evidence-based.
 - c. GCHP does not fund Physical and Occupational therapies for Sensory Processing Disorder as medically necessary, as behavioral modification can be addressed by BHT/ABA therapies.
- II. Determining Medical Necessity:
 - A. **Physical and Occupational therapy services** are designed to:
 1. Assess the existence or extent of a medical condition.
 2. Assess the impact of a medical condition, injury or surgery upon function and role performance.
 3. Restore deterioration in physical function and physical performance of activities of daily living from previous function, due to medical condition, injury, or surgery.
 4. Treat physical limitations or physical dysfunctions in physical activities or activities of daily living, due to a medical condition, surgery or procedure.
 5. Treat sensory dysfunctions due to a (evidence-based) medical condition, injury or surgery that impact oral / pharyngeal intake or lead to bodily damage.
 - B. **Physical and Occupational therapy services** will be authorized according to medical necessity, as set forth in MCG, GCHP's primary utilization management resource, and/or under the following conditions, as not all medical conditions are addressed in MCG:
 1. There is a reasonable expectation, consistent with evidence-based medicine and determined by a physical or occupational therapist and the attending physician that in a predictable period of time the therapy will achieve measurable improvement in the member's mobility or activities of daily living.
 2. A reasonable expectation shall take into consideration the member's mental alertness to participate and benefit from the therapy process.
 3. The approval of continuation of therapy will be based on documentation of measurable improvement in the member's condition in a reasonable and predictable period of time, based on the written care plan and the clinical judgment of the treating physical or occupational therapist with the member's referring physician. Regular evaluation of the member is required to determine that continuation of therapy is medically appropriate.
 - C. **Physical and Occupational therapy services** will not be authorized under the following conditions:
 1. When a member has met established treatment goals, or has stabilized and is not expected to continue to make significant gains, based on the written care plan and the clinical judgment of the treating physical or occupational therapist with the member's referring physician, continued therapy will not be approved.
 2. Maintenance physical or occupational therapy to preserve the member's present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of the treatment plan have been achieved and when no further functional progress is apparent or expected to occur. Maintenance does not require the skills of a qualified provider of physical or occupational therapy services. The member's family is responsible for practicing learned drills, techniques and exercises to preserve member's present level of function and prevent regression of that function.

- D. **Speech therapy services** will be authorized according to medical necessity, as set forth in MCG, GCHP’s primary utilization management resource.
- E. **Speech therapy services** will not be authorized under the following conditions:
 1. Speech and language therapy for hearing impaired children who have hearing aids or need to use sign language but do not have physical impairment of the articulators (refer to CCS).
 2. Supplant speech therapy provided by LEA.
 3. Assume responsibility of speech therapy that is not medically necessary during school holidays and breaks.

References:

Title 22 CCR Sections 51340, 51340.1

UpToDate Article, Autism spectrum disorders in children and adolescents: Behavioral and educational interventions, last updated, 06/28/2018. Available at: https://www.uptodate.com/contents/autism-spectrum-disorder-in-children-and-adolescents-behavioral-and-educational-interventions?-search=occupational%20therapy%20for%20sensory%20processing%20disorder&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H17. Accessed January 6, 2020.

MEDICAL ADVISORY COMMITTEE GUIDELINE HISTORY			
Adopted By MAC	Reapproved	Revised	Retired
January 24, 2019			
	January 23, 2020		