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| TITLE: | OCCUPATIONAL THERAPY POLICY |
| POLICY #: | MM-PNP-043 |
| VERSION #: | 01 |
| DEPARTMENT: | MEDICAL MANAGEMENT |
| ORIGINAL EFFECTIVE DATE: | 3/15/2024 |
| CURRENT REVISION DATE: | N/A |

1. PURPOSE

This policy addresses the medical necessity review of Occupational Therapy requests.

2. SCOPE

Medical UM Department

3. DEFINITIONS

N/A

4. RESPONSIBILITIES

N/A

5. POLICY

Provides guidelines regarding the medical necessity review and criteria for Occupational Therapy authorization requests.

Medical Necessity

Requires Pre-Authorization for initial and all subsequent authorization extension requests

Curative considers occupational therapy (OT) medically necessary for the following indications, unless otherwise specified:

- Short-term OT in selected cases when this care is prescribed by a physician, and the following criteria are met:
 - To learn or relearn daily living skills (e.g., bathing, dressing, and eating) or compensatory techniques to improve the level of independence in the activities of daily living; or to provide task-oriented therapeutic activities designed to significantly improve, develop or restore physical functions lost or impaired as a result of a disease, or injury; *and*
 - The following criteria are met:
 - The member's participating physician or licensed health care practitioner has determined that the member's condition can improve significantly based on objective measures within 1 month of the date that therapy begins or the therapy services proposed must be necessary for the establishment of a safe and effective maintenance program that will be performed by the member without ongoing skilled

therapy services. These services must be proposed for the treatment of a specific illness or injury; **and**

- The OT services provided are intended to cover only episodes of therapy for situations where there must be a reasonable expectation that a member's condition will improve significantly in a reasonable and generally predictable period of time; **and**
- OT services must be ordered by a physician or other licensed health care practitioner and performed by a duly licensed and certified, if applicable, OT provider. All services provided must be within the applicable scope of practice for the provider in their licensed jurisdiction where the services are provided; **and**
- The services provided must be of the complexity and nature to require that they are performed by a licensed professional therapist or provided under their direct supervision by a licensed ancillary person as permitted under state laws. Services may be provided personally by physicians and performed by personnel under their direct supervision as permitted under state laws. As physicians are not licensed as occupational therapists, they may not directly supervise OT assistants; **and**
- OT must be provided in accordance with an ongoing, written plan of care that is reviewed with and approved by the treating physician in accordance with applicable state laws and regulations. The OT plan of care should be of such sufficient detail and include appropriate objective and subjective data to demonstrate the medical necessity of the proposed treatment
- **Occupational therapy services are considered medically necessary only if there is a reasonable expectation that OT will achieve measurable improvement in the member's condition in a reasonable and predictable period of time;**

Once maximal therapeutic benefit has been achieved, or transition to a home program could be used for further gains, continuing supervised OT is considered not medically necessary;

Occupational therapy in persons whose condition is neither regressing nor improving is considered not medically necessary;

Occupational therapy in asymptomatic persons or in persons without an identifiable clinical condition is considered not medically necessary;

Home-based OT is considered medically necessary in selected cases based upon the member's needs (i.e., the member must be homebound). This is usually used in the transition of the member from hospital to home and is an extension of case management services.

Policy Limitations and Exclusions

- Occupational therapy is not covered when provided in educational settings:
- Driver training is not considered treatment of disease because driving an automobile is not a basic activity of daily living.

6. PROCEDURE

N/A

7. TRAINING REQUIREMENT

7.1. All Curative Employees are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

8. ENFORCEMENT

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal and equitable remedies may apply.

9. DOCUMENTATION

Background

Occupational therapy (OT) is a health care service that involves the use of purposeful activities to help people regain performance skills lost through injury or illness. Individual programs are designed to improve quality of life by recovering competence, maximizing independence, and prevent injury or disability as much as possible, so that a person can cope with work, home, and social life.

According to the American Occupational Therapy Association (2002), occupational therapists work with adults and children across the lifespan who may suffer from physical, developmental or psychological impairments.

Occupational therapy services emphasize useful and purposeful activities to improve neuromusculoskeletal function and to provide training in activities of daily living (ADL), including bathing, dressing, feeding, personal hygiene and other self-care activities. Other occupational therapy services include the design, fabrication and use of orthoses, and guidance in the selection and use of adaptive equipment. OT also includes specific task oriented therapeutic activities designed to restore physical function of the shoulder, elbow, wrist and/or hand that has been lost as a result of illness or injury.

Occupational therapy is considered medically necessary only when provided to achieve a specific diagnosis-related goal as documented in the plan of care. Occupational therapy should:

- meet the functional needs of a patient who suffers from physical disability;
- achieve a specific diagnosis-related goal for a patient who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time;
- be specific, effective and reasonable treatment for the patient's diagnosis and physical condition; and
- be delivered by a qualified provider of occupational therapy services (i.e., one who is licensed, where required, and is performing within the scope of license).
- meet the functional needs of a patient who suffers from physical disability;
- achieve a specific diagnosis-related goal for a patient who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time;
- be specific, effective and reasonable treatment for the patient's diagnosis and physical condition; **and**

- be delivered by a qualified provider of occupational therapy services (i.e., one who is licensed, where required, and is performing within the scope of license).

Medically necessary OT services must be restorative in nature or for the specific purposes of designing and teaching a maintenance program for the patient to carry out at home. The services must also relate to a written treatment plan and be of the level of complexity that requires the judgment, knowledge and skills of an occupational therapist (or medical doctor/doctor of osteopathy) to perform and/or directly supervise these services. The amount, frequency and duration of occupational therapy services must be medically appropriate for the specific treatment regimen and be performed by an occupational therapist. These services must not be of a palliative nature or provided for maintenance of the patient's status.

A qualified occupational therapist for benefit coverage purposes is a person who is licensed as an occupational therapist by the state in which he or she is practicing. An occupational therapy assistant (OTA) is a person who is licensed as an OTA, if applicable, by the state in which he or she is practicing. The services of an OTA must be supervised by a licensed occupational therapist at a level of supervision determined by state law or regulation. The services of an OTA cannot be provided incidental to a physician/appropriately licensed other practitioner as they are not specifically qualified as licensed occupational therapists.

OT is generally covered for members with eligible conditions that require improvement in the ADLs. These include, but may not be limited to:
bathing, communication, dressing, feeding, grooming, mobility, personal hygiene, self-maintenance, skin management, and toileting.

Treatments and/or therapies that are intended to specifically improve what are known as Instrumental Activities of Daily Living (IADL) are not covered because they are not considered treatment of disease. These include, but are not limited to: community living skills including balancing a checkbook, use of public transportation; home management skills including meal preparation, laundry; leisure activities including hobbies, sports or recreation of all types even if suggested as part of a OT treatment plan; motor vehicle driving evaluations and driving instruction - this includes automobiles, trucks, motorcycles and bicycles; or personal safety preparedness.

OT for members whose condition is neither regressing nor improving, is not medically necessary. An exacerbation or flare-up of a chronic condition or illness is not considered a new illness or condition. It is the intent of the OT coverage to have the member receive those services that are medically necessary, who show demonstrated improvement over a reasonable period of time, consistent with the condition under treatment and to achieve the stated treatment goals.

Non-skilled services are certain types of treatment that do not generally require the skills of a qualified occupational therapist. Non-skilled services include, but are not limited to,

- passive range of motion (PROM) treatment which is not specifically part of a restorative program related to a loss of function **and**
- services which maintain function by using routine, repetitive and reinforced procedures after initial teaching of the patient has taken place.
- passive range of motion (PROM) treatment which is not specifically part of a restorative program related to a loss of function **and**

- services which maintain function by using routine, repetitive and reinforced procedures after initial teaching of the patient has taken place.

These also include most situations where general conditioning, recovery from an acute medical/surgical illness that caused deconditioning or increased general ability to exercise or walk are undertaken. Services that can be safely and effectively furnished by non-skilled (non-licensed occupational therapists or their assistants under appropriate supervision) personnel are non-skilled services.

Maintenance care consists of activities that generally are intended to preserve the patient's present level of function and/or prevent regression of that level of function. Maintenance begins when the therapeutic goals of the treatment program are achieved or when no further significant progress is made or reasonably seen as occurring. Specifically, these include continued activities for patients who have achieved generally accepted levels of function and/or muscle strength and are at a plateau or have reached "normal" levels. A plateau is a period of four weeks or dependent on the specific condition and/or patient situation, a lesser period of time that is seen as generally accepted.

10. REFERENCE DOCUMENTS AND MATERIALS

N/A

11. COLLABORATING DEPARTMENTS

N/A

12. DOCUMENT CONTROL

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| APPROVED BY: | | | <small>DocuSigned by:</small> |
| Charles, Brandon | 3/25/2024 | <i>Charles, Brandon</i> | |
| (Printed Name) | (Date) | (Signature) | |

| REVISION HISTORY | | | |
|------------------|--------|---------|-----------------|
| Date | Author | Version | Comments |
| | | | Initial Version |
| | | | |
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APPENDICES

N/A