

Wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:

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Prior authorization for maintenance therapy

The purpose of this Update is to clarify when and how to obtain prior authorization (PA) for Medicaid reimbursement of maintenance therapy services provided by a certified therapist.

Wisconsin Administrative Code describes maintenance therapy services

Maintenance therapy is a covered service of Wisconsin Medicaid as defined in HFS 107.16(3)(c), 107.17(3)(d), and 107.18(3)(d), Wis. Admin. Code, only when one or more of the following conditions are met:

1. The skills and training of a therapist are required to execute the entire preventive and maintenance program.
2. The specialized knowledge and judgment of a (physical, occupational, or speech and language) therapist are required to establish and monitor the therapy program, including the initial evaluation, the design of the program appropriate to the individual recipient, the instruction of nursing personnel, family or recipient, and necessary re-evaluations.
3. When, due to the severity or complexity of the recipient's condition, nursing personnel cannot handle the recipient safely and effectively.

Approving maintenance therapy services

Maintenance therapy services may be approved when the therapist is able to supply documentation supporting the determination that the recipient's functional abilities would not be maintained without therapy and the skills of a therapist are required to perform the service.

A prior authorization (PA) request for maintenance services is adjudicated by a peer Medicaid reviewer in order to understand the unique therapy needs of each recipient. Special consideration is given to the following:

- Where the recipient lives (e.g., nursing home, group home, private residence, etc.).
- Caregivers involved with the recipient.
- The exercises that have been prescribed in the home exercise program/preventive maintenance plan (HEP/PMP).
- The specific functional outcome(s) of the HEP/PMP.
- Who assists the recipient with the HEP/PMP.
- What skills and expertise the therapist brings to the maintenance plan.
- The outcome of intervention.

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This information, in combination with the recipient's diagnosis, history, present level of function, cognitive abilities, and the chronic/progressive nature of the diagnosis/current condition, etc., are evaluated to determine whether or not the PA request for maintenance therapy is approved. Each of these elements should be clearly documented in the PA request.

Therapist required to execute the therapy program

Maintenance services may be requested and approved for any frequency from one time per year to two times per week. In general, when maintenance services are approved at a frequency of two times per week, the therapist's skills and expertise are needed to provide a "hands on" treatment that allows the recipient to maintain his or her functional abilities.

Typically, in "hands on" treatment:

- The plan of care and the recipient's condition require a constant adjustment of therapeutic input and/or constant use of therapeutic principles.
- The two-times-per-week treatment intervention allows the recipient a specific level of functional independence.

It is generally not considered effective maintenance of the recipient's functional level when "hands on" treatment is provided one time per week or less. For maintenance to be effective, the recipient should be involved in a routine HEP/PMP.

Routine HEP/PMPs can be performed by another caregiver or the recipient. Daily, twice daily, or "as necessary" HEP/PMPs will

influence the recipient's functional abilities at the most opportune time and are considered more effective than a treatment session provided one time per week or less.

Therapist required to establish and monitor the therapy program

Requested maintenance therapy services are most often approved at frequencies between one time per year and one time per week when needed to monitor and modify a home program that caregivers typically carry out.

Modifications of home programs require the specific skills and knowledge that only a therapist can offer. It is expected that the recipient's medical condition or functional abilities change often enough to warrant evaluation and modification of the HEP/PMP at the frequency requested.

Maintenance therapy services approved at these frequencies may also involve the process of teaching a routine HEP/PMP to a caregiver to assure follow-through and understanding of the HEP/PMP techniques. The requested frequency should reflect the need for intervention/teaching from a therapist.

The frequency the provider chooses to request when the goal is to modify an HEP/PMP should be based upon the predictability of change. Subsequently, an assessment to modify an HEP/PMP needs to be justified in a PA by a change in the recipient's medical condition, living situation (including equipment), functional requirements, caregiver status, and/or specific changes to the HEP/PMP.

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Therapist required to intervene in the therapy program

Occasionally a therapist will evaluate and treat a recipient for a certain amount of time, instruct the caregivers in an HEP/PMP, and then discontinue the recipient from active therapy intervention.

When there is an established treatment program and the recipient's response to treatment is predictable, the following examples of HEP/PMPs, which after initial treatment and instruction *may not* require the skills and expertise of a therapist, would not be covered by Medicaid:

- Range of motion exercises.
- Active-assisted, active, and resisted exercises.
- Ambulation when level of assistance and/or assistive device has been determined.
- Play activities that stimulate development/strength/range of motion/coordination.
- Rote, drill activities.
- Hot/cold treatments.
- Aquatic exercises.
- Unattended electrical stimulation.
- Exercises to promote overall fitness.
- Stretching exercises.
- Strengthening exercises.
- Standing table.
- Chest physical therapy.
- Massage.
- Cognitive skills – orientation, attention span, problem solving, conceptualization, integration of learning.
- Memory sequencing.
- Activities of daily living.

Approval on one PA does not guarantee approval on all PAs.

- Sensory integration.
- Positioning.
- Coping skills.
- Independent living skills.
- Fluency (e.g., stuttering).
- Voice quality.
- Expressive language.
- Language structure, content, functions.

The recipient's maintenance may require the skilled intervention of a therapist if there is documentation that the nursing staff/caregivers had routinely performed the HEP/PMP as prescribed, but the outcome was affected by one or more of the following:

- The recipient had or continues to have complicating factors related to his or her diagnosis.
- There were unforeseeable problems associated with the recipient's functional abilities being maintained by other caregivers.
- The therapist reassessed the HEP/PMP, and the recipient's health continued to be at risk.

In these situations it may be necessary for a therapist to provide a period of brief, intensive treatment (if the recipient's status had regressed) prior to resumption of a maintenance program. These situations may require a new PA.

Change in condition may affect need for therapy services

As with all Medicaid therapy services, it is recognized that the recipient's abilities, needs, and medical conditions are unique and have the

potential to change. Therefore, approval on one PA does not guarantee approval on all PAs.

Conversely, a denied PA should not be interpreted to mean that therapy services will not meet the definition of medically necessary again in the future. Every PA request stands on its own merit, documenting the need for therapy services and describing the recipient's unique circumstances at that time.

This *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about its prior authorization procedures. Wisconsin

Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.