

### Medically Necessary Therapy Services Resources and Training

Annual Medicaid and Education Conference

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## Many different paradigms coming together ...



## eQHealth Solutions, Inc.

- Founded in 1986 Baton Rouge, LA
- 501(c)(3) Non-profit organization
- Health care quality improvement, utilization management and health information technology organization
- Serving the Medicaid and Medicare population in Louisiana, Mississippi, Illinois and Florida
- 2000 Physician member and sponsored organization

### Mission and Vision

#### **Mission Statement:**

"To Improve the Quality of Health and Health Care by Using Information and Collaborative Relationships to Enable Change"

#### Vision:

"To be an Effective Leader in Improving the Quality and Value of Health Care in Diverse and Global Markets"

## **Learning Objectives**

Upon completion of the program the attendee will be able to:

- 1. Analyze the definition of medical necessity in Florida.
- 2. Describe the role of documentation in establishing medical necessity.
- 3. Discuss needed resources and training.

## Medical Necessity Reviews

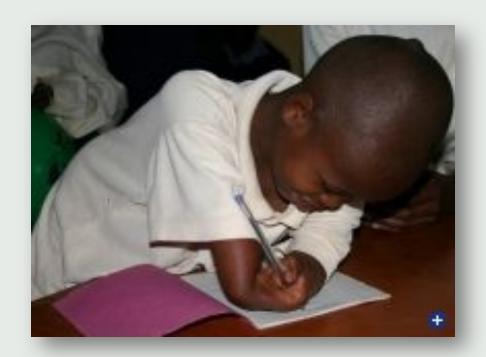
eQHealth Solutions performs Medical Necessity reviews for physical therapy, occupational therapy, speech and language pathology, in addition to Durable Medical Equipment for Florida Medicaid.

## The common goal...



## Medical Necessity Criteria

## How to establish medical necessity



http://fl.eqHs.org

## How to establish medical necessity



http://fl.eqhs.org

## **Medical Necessity Definition**

#### **Florida**

#### Chapter 59G-1.010 (166), Florida Administrative Code:

"Medically necessary" or "medical necessity" means that the medical or allied care, goods, or services furnished or ordered must meet the following conditions:

- 1. Be necessary to protect life, to prevent significant illness or significant disability or to alleviate severe pain
- 2. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs
- 3. Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational
- 4. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
- 5. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

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## Medical Necessity Florida

#### Medicaid reimburses services that:

- Do not duplicate another provider's service; and
- Are medically necessary for the treatment of a specific documented medical disorder, disease or impairment.

The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

## Medical Necessity Florida

The purpose of the therapy services program is to provide medically necessary:

- Physical Therapy (PT)
- Occupational Therapy(OT)
- Speech-Language Pathology (SLP)

to recipients under the age of 21.

## Applying Medical Necessity Florida

- Definition of medical necessity as stated in Chapter 59G-1.010 (166), Florida Administrative Code (F.A.C.)
- General coverage requirements for therapy services, including those specified in the Florida Medicaid Therapy Coverage and Limitations Handbook
- Agency-approved clinical criteria or guidelines

## Medically Necessary Documentation

# Therapy Codes Authorization Required

Code	Description
97110	Physical Therapy Evaluation Treatment
97530	Physical Medicine Treatment, Therapeutic Exercise (OT)
92507	Speech Therapy - Individual
92508	Group Speech Therapy* *groups are permitted in PT and OT in School Based Medicaid
92507-HM	Speech Therapy Provided by a Speech Therapy Assistant
97530-HM	Occupational Therapy Provided by an Occupational Therapy Ass't.
97110-HM	Physical Therapy Provided by a Physical Therapy Assistant

### **Evaluations and Reevaluations**

- Use national professional guidelines
- Use metrics
- Clearly identify the deficits
- Clearly identify co morbidities

## Prescriptions\*

- Prescriptions (orders) are needed in Medicaid FFS and Managed Care
  - Written order
  - Verbal order not acceptable

## Plan of Care Components

Achievable, measurable, time-related long and short term goals and objectives that are related to the functioning of the recipient and are based on the primary care providers prescription

2008 Florida Medicaid Therapy Services Coverage and Limitations Handbook

## Frequently asked question...

How do you write achievable, measureable, time-related long and short terms goals and objectives?

Is this a good goal?

Johnnie will meet developmental criteria for age.

## A measurable goal is...

- Quantifiable
- Assessable
- Computable
- Clear
- Calculable
- Determinate
- Finite
- Verifiable

### Considerations in developing a measurable goal

#### In your goals add...

- # of repetitions
- Timed tests
- # trials
- How much assistance

#### Consider...

More than one goal

## Selecting Correct Measurements

## **Types of Documentation**

- Admission (Initial)
- Continued stay
- Modification

## **Supporting Documentation**

#### **Initial requests**

DOCUMENT	REQUIREMENT	LICENSE REQUIREMENT*
Evaluation Results	Must be signed and dated by the ordering provider and therapist.	PT,OT, SLP No assistants or students
Order for Therapy* (FFS, managed care)	Patient name, diagnosis, date of birth, NPI number, date	PCP, ARNP, PA, designated physician specialist
Plan of Care	Must be developed by the therapist.	PT,OT,SLP No assistants or students

## Required Supporting Documentation

#### Continuation of Services:

DOCUMENT	REQUIREMENT
Re-Evaluation results (if applicable and prior to the development of an updated POC)	May be ordered by the PCP, an ARNP, PA or designated physician specialist. Note: Medicaid reimburses for one re-evaluation every six months, per therapy provider type.
Current Order for Services* (FFS, managed care)	May be ordered by the PCP, an ARNP*, PA or designated physician specialist.
Updated POC	A POC must be changed by a licensed PT, OT or SLP.*

#### **Evaluations and Reevaluations**

#### Evaluation tests to be used:

- Standardized for a specific disorder, or
- Consist of a standardized caregiver report format, or
- Composed of professionally acceptable, therapeutic observational technique.

Age equivalent score reporting does not report a standard score and is not an acceptable evaluation test.

## Documenting deficits/impairments/functional limitations

#### Measurement



#### **Function**



## National goal writing source

## APTA: Defensible Documentation for Patient/Client Management 2011

- 1. Identification of the person (patient or caregiver)
- 2. Description of the movement or activity
- 3. A connection of the movement /activity to a specific function
- 4. Specific conditions in which the activity will be performed
- 5. Factors for measuring the outcome
- 6. Time frame for achieving the goal

## National goal writing source

ASHA: Writing measurable goals and objectives adapted from Hamilton County Educational Services Center Smart Sheet, Chalfant and McGraw 4/2004

#### **SMART**

- Specific
- Measurable
- Achievable
  - Relevant
- Trackable

## Plan of Care\*

The POC must be reviewed and revised as necessary.

The therapist must make the necessary revisions to the POC.

A copy of the POC must be retained in the recipient's medical record.

\*Electronic signatures are permissible as defined by: Fla. Stat. § 668.004 and 45 CFR § 164.312.

## Specific, Achievable, Measureable Goals

#### Not Acceptable

 Patient will ambulate independently without loosing balance.

#### Better

 Patient will ambulate 50 feet independently without loosing balance or touching others 4/5 trials.

## **Treatment Coordinating\***

#### Not Acceptable

 Treatment will be coordinated with PT and OT.

#### **Better**

 Treatment session goals will be coordinated with PT and OT through regular, weekly communications to eliminate unnecessary overlap in seating activities.

# Methods for Demonstrating and Teaching the Patient

#### Not Acceptable

 Patient will be provided with a home exercise program to improve balance.

#### Better

 Patient will be provided a written and illustrated home exercise program to improve balance after demonstrated competence in ¾ activities during practice sessions.

# Methods for Demonstrating and Teaching the Caregiver\*

#### Not Acceptable

 Caregiver training will be provided.

#### **Better**

 Caregiver training will be provided through demonstrations and opportunity to practice in the final 15 minutes of each session.

# Parental Role in Medical Necessity





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## Summary: Learning Objectives

Upon completion of the program the attendee will be able to:

- 1. Analyze the definition of medical necessity in Florida
  - a) Describe the <u>role of therapist documentation</u> in establishing medical necessity
  - b) Describe necessary <u>components of</u> <u>documentation to establish medical necessity</u>
  - Select correct <u>measurements/metrics</u> to describe deficits, goals and outcomes
- 2. Discuss needed resources and training

## Thank you for your continued efforts in this very important job!

