

# Clinical Policy: Habilitative Services



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Effective Date: 01/01/2014

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CPT Codes: 92507, 92521-92524, 97012-97014, 97018-97036, 97110-97127, 97140, 97161-97168, 97530, 97533, 97535, 97537, 97542, 98940, 98941, 98942, 98943, G0153, S9128, T2012, T2013, T2014, T2015, T2016, T2017, T2018, T2019, T2020, T2021, T2047 and V5362, V5363, V5364, 97129-97130

Document: BI398:00

## Public Statement

### Effective Date:

- a) This policy will apply to all services performed on or after the above revision date which will become the new effective date.
- b) For all services referred to in this policy that were performed before the revision date, contact customer service for the rules that would apply.

This policy applies only to metallic (individual and small group) plans that offer coverage for Habilitative services for plan years on or after 1 January 2015. This policy also applies to FEHBP plans.

1. Habilitative services are services provided in order for a person to attain and maintain a skill or function that was never learned or acquired and is due to a disabling condition.
2. Eligible providers are Physical, Occupational and Speech therapists, Chiropractors, and fully licensed Developmental Delay Treatment Clinic Services (DDTCS).
3. Even though habilitative services are covered only for the above mentioned plans, services designed to assist children with congenital disabilities and developmental delays are available regardless of insurance plan under TEFRA. These programs are sponsored by Arkansas and Federal governments without restriction based on the income or assets of the family. Therefore, we encourage parents to enroll developmentally impaired or disabled children in the TEFRA program. Information is available on the internet at: <http://www.arkansas.gov/dhhs/NewDHS/TEFRA.html>.
4. Rehabilitation services are provided with the expectation of significant restoration of functions lost by illness or injury (which is different from habilitative/developmental services). Rehabilitative services have benefit limitations which are specified in BI020 (Chiropractic Care), BI067 (Speech Therapy) and BI307 (Physical and Occupational Therapy Services).

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## Medical Statement

1. Habilitative/developmental services (for those plans in which this is a covered benefit) are subject to pre-authorization and a treatment plan with measureable goals for progression, using the attached form.
2. Developmental services are billed with codes T2013 or T2015. T2012, T2014 and T2016-T2021 are not covered codes.
3. For autism treatment, see BI184.
4. Chiropractic therapy codes are subject to payment limitation noted in BI020.
5. Speech therapy codes are subject to payment limitations noted in BI067.
6. Physical/Occupational therapy codes are subject to payment limitations noted in BI307.

## Codes Used In This BI:

92507	Tx of speech, language, voice, commun, &/or auditory procsng disorder; indiv
92521	Evaluation of speech fluency
92522	Evaluation of speech sound production;
92523	w/eval of language comprehension & expression
92524	Behavioral & qualitative analysis of voice & resonance
97012	traction, mechanical
97014	electrical stimulation
97018	paraffin bath
97022	whirlpool
97024	diathermy
97026	infrared
97028	ultraviolet
97032	electrical stimulation (manual), ea 15 mn
97033	iontophoresis, ea 15 mn
97034	contrast baths, ea 15 mn
97035	ultrasound, ea 15 mn
97036	Hubbard tank, ea 15 mn
97110	Therapeutic proc, 1+ areas, ea 15 mn; therapy exercises to devel strength & endurance, range of motion & flexibility
97112	neuromusc reduce of mvmt, balance, coord, kinesthetic sense, posture/proprioception for sitting/standing activities
97113	aquatic therapy w/therapy exercises
97116	gait training
97124	massage, incl. effleurage, petrissage and/or tapotement
97127	Therapeutic interventions that focus on cognitive function & compensatory strategies to manage the performance of an activity, dir pt contact (new code 1/1/18) (Deleted and replaced by new code 97129 eff 01/01/2020)

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97140	Manual therapy techniques, 1+ regions, ea 15 mn
97161	PT Evaluation: low complexity
97162	PT Evaluation: med complexity
97163	PT Evaluation: high complexity
97164	PT Re-evaluation
97165	OT Evaluation: low complexity
97166	OT Evaluation: med complexity
97167	OT Evaluation: med complexity
97168	OT Re-evaluation
97530	Therapeutic activities, direct patient contact, ea 15 mn
97533	Sensory integrative technq to enhance sensory processing & promote adaptive responses to environ demands, dir pt contact, ea 15 mn
97535	Self-care/home mgmt training, direct pt contact, ea 15 mn
97537	Community/work reintegr training, direct pt contact, ea 15 mn
97542	Wheelchair mgmt, ea 15 mn
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	spinal, 3-4 regions
98942	spinal, 5 regions
98943	extra spinal, 1 or more regions
G0153	Speech/Lang services in home/hospice, ea 15 min
S9128	Speech Ther in home, per diem
T2012	Habilitation, educational; waiver, per diem
T2013	waiver, per hr
T2014	waiver, per diem
T2015	waiver, per hr
T2016	waiver, per diem
T2017	Habilitation, residential; waiver, 15 mn
T2018	Habilitation, supported employment, waiver; per diem
T2019	per 15 mn
T2020	Day habilitation, waiver; per diem
T2021	per 15 mn
T2047	Habilitation, prevocational, waiver; per 15 minutes (new code 10/2/2020)
V5362	Speech Screening
V5363	Language Screening
V5364	Dysphagia Screening
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; initial 15 min.
97130	each add'l 15 min

## Limits

The following do not meet the medical necessity guidelines, therefore coverage will not be authorized:

- Therapy when measurable functional improvement is not expected or progress has plateaued.
- Services that is primarily educational in nature.
- Services encountered in school settings (e.g. psychosocial speech delay, behavioral problems, attention disorders, conceptual handicap, mental retardation).
- Services provided by school personnel pursuant to an individual education program are not subject to reimbursement.
- Services that is not medically necessary.
- Treatment whose purpose is vocationally or recreationally based.
- Treatment that is investigational or unproven, including, but not limited to facilitated communication, Auditory Integration Therapy (AIT), Holding Therapy, Higashi (Daily Life Therapy).
- Respite care, day care, recreational care, residential treatment, social services, custodial care, or education services of any kind.

## Background

## Reference

### Addendums:

- 1) **Effective 01/01/2017:** Updated *Claim Statement & Codes Used in This BI* section to reflect new/deleted CPT codes. The following codes were deleted 1/1/17: 97001 – 97004. These codes were replaced with the following new codes effective 1/1/17: 97161 – 97168.
- 2) **Effective 01/01/2018:** Updated *Codes Used in This BI* section to reflect new/deleted CPT codes. The following code was deleted 1/1/18: 97532. This code was replaced with the following new code effective 1/1/18: 97127.
- 3) **Effective 06/01/2018:** Further clarified distinction between habilitative and rehabilitative therapies, which plans cover habilitative services and which policies govern payment limitations on chiropractic, ST and PT/OT service codes. Also combined with policy for services for disabled children to eliminate confusion and duplication.
- 4) **Effective 01/01/2020:** Code update: Added new codes and their descriptions 97129 and 97130 eff 01/01/2020. Deleted code 97127 eff 01/01/2020
- 5) **Effective 10/1/2020:** New code T2047 added (non-covered)

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## Application to Products

This policy applies to all health plans administered by QualChoice, both those insured by QualChoice and those that are self-funded by the sponsoring employer, unless there is indication in this policy otherwise or a stated exclusion in your medical plan booklet. Consult the individual plan sponsor Summary Plan Description (SPD) for self-insured plans or the specific Evidence of Coverage (EOC) for those plans insured by QualChoice. In the event of a discrepancy between this policy and a self-insured customer's SPD or the specific QualChoice EOC, the SPD or EOC, as applicable, will prevail. State and federal mandates will be followed as they apply.

Changes: QualChoice reserves the right to alter, amend, change or supplement benefit interpretations as needed.