How to Use this Document
This document explains the clinical criteria Blue Cross Blue Shield of Massachusetts (BCBSMA*) uses to determine coverage of habilitation services for outpatient physical and occupational therapy services. Please be sure to check member benefits and eligibility before rendering services. This process applies to Commercial Managed Care members only.

Description
The National Association of Insurance Commissioners defines Habilitation Services as “health care services that help a person keep, learn, or improve skills and functioning for daily living... These services may include physical and occupational therapy, speech language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.” An example of this type of treatment is when a child isn’t walking or talking within expected age range.

A habilitative and/or maintenance therapy program includes an evaluation of the member, development of an individualized treatment plan with goals, education of the member and/or caregiver, and follow up to ensure that the therapy program is effective in either progressive skill development, maintaining current functional status or slowing further deterioration.

During a course of therapy to prevent or slow further loss of function, the skilled therapist’s expertise is used not only to create and modify a treatment plan for the member, but also to educate the member, caregiver and/or unskilled personnel in an appropriate home program. Periodic re-assessment by the skilled therapist may be indicated to determine the effectiveness of the home program and provide modifications to the program as needed. A skilled therapist is not required to carry out the maintenance program unless the member’s medical condition or the complexity of the program requires the specialized knowledge, judgment and skills of a therapist to perform the program safely and effectively.

Examples of therapy services that are not considered to be habilitative in nature are those that are for recreation, respite care, day care, educational or custodial care.

Coverage Guidelines
Habilitation services are covered as outlined by each BCBSMA’s benefit Design or subscriber certificate when the following functional limitation guidelines are met.
Initial Authorization

• **Member Demographics**

• **Diagnosis**

• **Pertinent Past Medical History and Social History**

  • **Chief Complaint** related to the diagnosis (i.e. what the Member and/or Member’s Caregiver reports is the primary reason for coming to therapy)
  
  • This may include, but is not limited to: difficulty with daily activities, delayed or inability to perform an activity/skill at an age appropriate level.

• **Previous Treatment** (medical or therapy related) if applicable

• **Symptoms** including date of onset, intensity, frequency and duration.

• **Objective Measurements**: developmental fine and gross motor skill milestone status, self-care skills, functional mobility (including whether assistive/adaptive equipment and/or level of assistance needed), coordination, range of motion of trunk and upper and/or lower extremities; strength of trunk and upper and/or lower extremities, skin integrity

• **Rehab Potential** (expectation that goals and maximal potential will be met)

• **Plan of Care** to include treatment and estimated frequency and duration with anticipated discharge date

• **Goals** (functional, measurable and time specific short and long term goals)

Ongoing Review

Update on Symptoms describe intensity, frequency and duration of symptoms and indicate if improved, worsened or no change

Update on Objective Measurements provide updated measures to verify improvement, worsening or no change.

Functional Progress describe specific functional improvements and continued deficits

Updated Functional, Measurable and Time Specific Goals

Compliance with Home Program/Behavior Modification

If not progressing as expected, include barriers to progress and anticipated medical follow up: may include lack of compliance with home program, chronicity or severity of symptoms, level of impairment, comorbid or premorbid conditions, medication changes, stress or lifestyle changes, environmental changes, etc.

Updated plan of care including treatment, frequency and duration and estimated discharge date
Guidelines for Visits initial/ongoing
(8 week timeframe)

No Limitations (<\=4 visits)
Periodic Re-assessment and Modification of Home Program only
No limitations with age appropriate skills
No limitations compared to most recently established baseline

Minimal Limitations (<\=8 visits), >\= 2 criteria needed
Intermittent symptoms with variable intensity
Minimal functional limitations with age appropriate ADLs or IADLs
Minimal delay in meeting developmental milestones
Requires little or no assistance for mobility
Gait disturbance / Fall within last 3 months
Cognition minimally impacting participation in ADLs or IADLs
Minimally impaired Balance / Coordination / Fine Motor / Gross Motor /
Motor Planning / ROM / Strength

Moderate Limitations (<\=16 visits), >\= 3 criteria needed
Consistent symptoms with variable intensity
Consistent functional limitations with age appropriate ADLs or IADLs
Moderate delay in meeting developmental milestones
Requires assistance for mobility
Clumsiness or frequent dropping of items
Moderate gait disturbance / Fall within last 3 months
Cognition moderately impacting participation in ADLs or IADLs
Difficulty with motor initiation or sequencing movements
Moderately impaired Balance / Coordination / Fine Motor / Gross Motor /
Motor Planning / ROM / Strength

Severe Limitations (<\=24 visits), >\= 4 criteria needed
Consistent symptoms with variable intensity
Unable to complete or avoids age appropriate ADLs or IADLs
Unable to perform age appropriate self-care tasks due to motor problems
Adaptive equipment required for functional mobility / positioning
Significant delays in meeting developmental milestones
Requires maximal assist for ambulation or transfers / Fall within last 3 months
Cognition severely impacting participation in ADLs or IADLs
Significantly impaired Balance / Coordination / Fine Motor / Gross Motor /
Motor Planning / ROM / Strength
How to Submit an Authorization Request

Providers may send relevant clinical information to:

Before services are rendered
Blue Cross Blue Shield of Massachusetts
Clinical Intake
One Enterprise Drive
Quincy, MA 02171
Tel: 1-800-327-6716
Fax: 866-577-9901

For services already billed
Blue Cross Blue Shield of Massachusetts
Provider Appeals
P.O. Box 986065
Boston, MA 02298

Resources:


12. Rehabilitation Measures Database: Tintenetti Falls Efficacy Scale: http://www.rehabmeasures.org/Lists/RehabMeasures/DispForm.aspx?ID=899&Source=http%3A%2F%2Fwww%2Erehabmeasures%2Eorg%2FLists%2FRehabMeasures%2FAdmin%2Easpx%3FPaged%3DTRUE%26p%5FTitle%3D%2520Cord%2520Injury%2520%252d%2520Quality%2520of%2520Life%2520Bladder%2520Complications%26p%5FID%3D1287%26View%3D%257B4DD65C08%252dBAF4%252d4E91%252dA98A%252d37BE41A72E76%257D%26PageFirstRow%3D301 (cited 11/28/16)

13. Rehabilitation Measures Database: Tintenetti Performance Oriented Mobility Assessment: http://www.rehabmeasures.org/Lists/RehabMeasures/DispForm.aspx?ID=1039&Source=http%3A%2F%2Fwww%2Erehabmeasures%2Eorg%2FLists%2FRehabMeasures%2FAdmin%2Easpx%3FPaged%3DTRUE%26p%5FTitle%3D%2520Cord%2520Injury%2520%252d%2520Quality%2520of%2520Life%2520Bladder%2520Complications%26p%5FID%3D1287%26View%3D%257B4DD65C08%252dBAF4%252d4E91%252dA98A%252d37BE41A72E76%257D%26PageFirstRow%3D301 (cited 11/28/16)


Document History:
Original Effective Date: December 1, 2016
Last Review Date: December 1, 2016

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711)

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).