

Pediatric Physical & Occupational Therapy Services, LLC
Pacific Northwest Pediatric Therapy, LLC

The offices of Rosemary White, OTR/L & Associates

Main Office

Ped PT & OT Services

20310 19th Ave NE

Shoreline, WA 98155

Ph: 206.367.5853

Fax: 206.367.9609

pedptot@comcast.net

www.pedptot.com

South End Office

Ped PT & OT Services

6617 So 193rd Pl, Suite P-103

Kent, WA 98032

[Call, Fax or e-mail Main Office]

Portland Office

Pacific NW Pediatric Therapy

4305 SE Milwaukee Ave

Portland, OR 97202

Ph: 503.232.3955

pnpt1@comcast.net

Prescription or Referral information for Neurodevelopmental Therapy in Washington State

Washington State law mandates that employer-sponsored group insurance plans include benefits for Neurodevelopmental Therapy (Occupational, Physical and Speech Therapy) for covered *children age six years and under*. Although Neurodevelopmental therapy benefits are mandated, the benefits can be limited by dollar amount or number of visits per calendar year. The limitations will vary based on the specific plan. Please contact your insurance to verify your benefits for Neurodevelopmental Therapy.

Benefits under this law shall be provided for medically necessary services as determined by the insurance company. Therefore proof of medical necessity is most often requested when claims are processed and a written prescription/referral from a physician is frequently sufficient to prove medical necessity.

- RCW 48.44.450 (law requiring benefits for Neurodevelopmental therapy) *applies only to employer-sponsored group medical plans that originate in Washington State*. This law does **not** apply to individual medical plans, or to self insured plans. Self insured plans have the option to either allow or deny benefits for Neurodevelopmental therapy. For example, larger companies such as Boeing and Microsoft are self-insured and therefore have the *option* to cover Neurodevelopmental therapy and to set their own plan limitations and guidelines.

When insurance companies request a prescription or referral to establish proof of medical necessity they are looking for very specific information. They want to see the type of service being recommended (Neurodevelopmental or Occupational or Physical Therapy), the reason for the therapy (or diagnosis), the frequency and the duration and using the verbiage **“evaluate and treat as recommended” will leave it open for the Occupational Therapist to determine when it is appropriate for a child to discharge from therapy**. *Please give these details to your physician when you request a prescription/referral*. We use the CPT (procedure code) 97530 for billing and bill insurance with the diagnosis on the physician’s referral/prescription.

The following is an example of a prescription from a physician for a child who is 6 years or younger:

Please provide Neurodevelopmental or Occupational Therapy services for _____(Name).

Evaluate and treat as recommended. *He/she requires services to address his/her Neurodevelopmental disorder and underlying Hypotonicity 728.9 (low muscle tone) and Dyspraxia 781.3 (motor planning difficulties), which impacts his/her gross and fine motor skills and contributes to functional difficulties.*

This blanket type of referral can cover children with motor coordination difficulties (balance, postural control) fine motor difficulties (writing, feeding, self help skills) as well as children with a diagnosis within the Autistic Spectrum (Autism, PDD, Aspergers) or for children with Cerebral Palsy and other motor coordination difficulties.

It is important that the prescription is written for Neurodevelopmental or Occupational Therapy and *not for a specific treatment modality* as the modalities are determined based on the individual child’s needs. For example, it is important to **not** use the term “Sensory Integration Therapy” as the type of service or to refer for a diagnosis of Sensory Integration Dysfunction as it is not an official diagnosis found in the IDC-9 code books. Use of either of these terms on the prescription/referral or when you call your insurance company to confirm benefits may cause them to deny payment for therapy services.

For children 7 years and over, based on our experience, Occupational Therapy is usually not covered by insurance. If your child is 7 or over, we strongly suggest that when you call your insurance to verify the Occupational Therapy benefits you *ask specifically if Occupational Therapy is considered to be a Rehabilitation Service for members 7 years and over*. *If so, it is important to ask what is required to meet the criteria of medical necessity in order for these services to be a covered expense under rehabilitation services*. We find that under rehabilitation, insurance companies require a diagnosis that is an illness or injury (with date of onset or injury), they are looking for something that happened to cause loss of function and the need for therapy to restore function to what it was before the illness or injury. Most often this is not the case and services are not considered to be medically necessary, claims are denied and not paid by insurance.