Evolent Clinical Guideline 1506 for Outpatient Habilitative Physical and Occupational Therapy

Guideline Number: Evolent_CG_1506		
"Evolent" refers to Evolent Health LLC and Evolent Specialty Services, Inc. 		
Original Date: November 2015	**Last Revised Date:** November 2024	**Implementation Date:** July 2025

TABLE OF CONTENTS

STATEMENT

General Information

It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

Purpose

This guideline describes the documentation requirements for an episode of care for outpatient **or home health** habilitative physical or occupational therapy.

All recommendations in this guideline reflect practices that are evidence-based and/or supported by broadly accepted clinical specialty standards.

Scope (1,2)

This guideline applies to all physical medicine practitioners. ~~Services are not considered a skilled therapy service because it is furnished by a therapist or by a therapy assistant under the direct or general supervision of a therapist.~~ If a service can be self-administered safely and effectively by an unskilled person without the direct supervision of a therapist, then the service cannot be regarded as a skilled therapy service even ~~though~~**if** a therapist rendered the service. The unavailability of a competent person to provide a non-skilled service, notwithstanding the importance of the service to the patient, does not make it a skilled service when a therapist renders the service.

~~National Imaging Associates~~**Evolent** will review all requests resulting in adverse determinations for Medicaid members for coverage under federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines ~~[1, 2].~~.

INDICATIONS

The following criteria must be addressed to justify the medical necessity of the prescribed treatment. Medically necessary services are reasonable or necessary, and require:

- Specific training, skills, and knowledge of a physical or occupational therapist to:
  - Diagnose, correct, or significantly improve/optimize a condition.
  - Prevent deterioration or development of additional physical and mental health conditions.
- Complexity of care that can only be safely and effectively performed by or under the general supervision of a skilled therapist.

Documentation (3,4,5)

- Have written referral from primary care practitioner or other non-physician practitioner (NPP) if required by state guidelines.
- Physical and occupational therapy initial evaluations and re-evaluations that include:

- Patient history - such as recent illness, injury, or disability
- Diagnosis and date of onset and/or exacerbation of the condition
- Prior and current level of function
  - Identification of any underlying factors that have impacted current functional performance must also be noted**.**
- Re-evaluations must be performed ~~annually~~ at a minimum **annually** to show **functional** progress**.**
  - ~~Support ongoing delays or functional deficits and~~**~~Demonstrate~~ Provide evidence supporting** medical necessity for **the** continu**ation** ~~ed~~ **of** services**.**
  - ~~With~~**Use** current objective measures to show significant progress and support ongoing delays ~~(see progress note section below)~~
  - Re-evaluations should include updated formal testing that is**:**
    - Age-appropriate
    - Norm-referenced
    - Standardized
    - Specific to the type of therapy provided**.**

- Skilled services ~~are not also~~ being provided by other community service agencies and/or school systems**.**
  - **Services should not duplicate those being provided by community programs or agencies.**
  - Document coordination of services with other agencies**.**
  - Document unavailable services**.**
- Evidence that the services are considered reasonable and ~~effective treatments requiring the skills of a therapist.~~ **planned treatments require the ongoing skills and knowledge of a therapist.**
- Clinical updates at regular intervals or when additional care is requested and include:
  - Current objective measures
  - Progress towards goals
  - Requested frequency and duration of care**.**
  - The patient's current level of function
  - Any conditions that are impacting their ability to benefit from skilled intervention**.**
  - Objective measures of the patient's overall functional progress relative to each treatment goal as well as a comparison to the previous progress report
  - Skilled treatment techniques that are being utilized
  - Explanation of any significant changes in the plan of care and clinical rationale for why the ongoing skills of a PT/OT are medically necessary**.**
  - Evidence of discharge planning
  - Measurable improvement and progress towards functional goals within an anticipated and reasonable timeframe toward a patient's maximum potential.

- Maintenance programs
  - Skilled interventions rendered and objective details of how these interventions are preventing deterioration or making the condition more tolerable.
  - Evidence that the specialized judgment, knowledge, and skills of a qualified therapist (as opposed to a non-skilled individual) are required for the safe and effective performance of services.
  - **Should have a plan of care that clearly reflects maintenance treatment.**

Evaluation[6]

- Habilitative Physical or Occupational Therapy
  - ~~Measurable improvement and progress towards functional goals within an anticipated and reasonable timeframe toward a patient's maximum potential~~
  - Treatment is reasonable and appropriate for an individual with a progressive disorder and has the potential to prevent the loss of a functional skill or enhance the adaptation to such functional loss.
  - Ongoing treatment is not appropriate when a steady state of sensorimotor functioning or treatment has yielded no measurable functional progress over a reasonable amount of time.
- Establishing a delay or deficit
  - Formal testing/functional assessments ~~[6,~~ [7],[8]
    - Age-appropriate, norm-referenced, standardized, and specific to the therapy provided.
    - Test scores and interpretation should establish the presence of a **significant** motor or functional delay as defined **by** the specific test.
      - Raw scores are not sufficient to establish the presence of a delay.
      - Score reports should include percentile ranks and/or standard deviations from the mean as applicable for the test used.
    - **While standardized testing is preferred, scores alone may not be used as the sole criteria for determining a patient's medical need for skilled intervention.**
    - Test information must be linked to difficulty with or inability to otherwise perform everyday tasks.
    - Orthopedic diagnoses not related to functional delay should include appropriate tests and measures specific to the deficit and the therapy provided.
    - When standardized testing cannot be completed, the documentation must clearly state the reason formal testing could not be done.
    - At minimum, re-testing must occur yearly, but may occur every 180 days.
      - Providers must assess patient status with the same testing instrument used in the initial evaluation or explain the reason for the change **in testing instrument**.
  - In the absence of standardized testing or when test scores show skills within

normal ranges, the documentation must include ~~either~~**one of the following**:

- Detailed clinical observations and objective data to document the degree and severity of the condition**.**
- A caregiver interview/questionnaire
- Informal assessment supporting Functional Mobility/ADL (Activities of Daily Living) deficits and the medical need for skilled services**.**

- In the case of feeding difficulties, the notes must clearly indicate a functional feeding delay as a result of underlying impairments.
  - Indications of a delay may include:
    - Gagging/choking
    - Oral motor or upper extremity coordination deficits
    - Maladaptive behaviors due to a food intolerance/aversion preventing adequate oral intake that contribute to malnutrition or decreased body mass index**.**
  - If the delay is the result of fine/oral motor or sensory delays or deficits, testing and detailed clinical observations of oral motor skills should be included in the documentation.
  - Parent report of limited food choices is not adequate to support the medical need for feeding therapy.
  - Evidence of ongoing progress and a consistent home regimen to facilitate carry-over of target feeding skills, strategies, and education of patient, family, and caregiver.
  - Therapies are not medically necessary for picky eaters who:
    - Can eat and swallow normally**.**
    - Meet growth and developmental milestones**.**
    - Eat at least one food from all major food groups (protein, grains, fruits, etc.)
    - Eat more than 20 different foods**.**

~~Treatment Goals~~Plan of Care [9]

- **Evaluations and re-evaluations must include a plan of care.**
- **The plan of care should** ~~D~~**d**etail type, amount, duration, and frequency of therapy services required to achieve targeted outcomes**.**
- Short and long-term functional goals **in the plan of care** should:
  - ~~b~~**B**e SMART: ~~s~~**S**pecific, ~~m~~**M**easurable, ~~a~~**A**ttainable, ~~r~~**R**elevant, and ~~t~~**T**imed ~~[~~[10]~~]~~
  - Include the date the goal was established and the date the goal is expected to be met.
  - Target the functional deficits identified during the assessment and promote attainment of age-appropriate developmental milestones, functional mobility and/or ADL skills.

- Short and long-term functional goals **in the plan of care should NOT:**~~:~~
  - Have underlying factors, (performance skills, client factors, the environment) as the targeted outcome of long-term goals**.**
  - Have underlying factors (strength, range of motion, cognition) as the sole focus of short-term goals**.**
- **The plan of care should include a reasonable anticipated timeframe to meet the established goals.**
  - **If goals are not met within the expected timeframe, documentation should explain why they were not met and if the plan of care was adjusted accordingly.**
    - **If the plan of care was not adjusted, documentation must demonstrate why the skills of a therapist are still medically necessary to address the goals.**
- Interventions **in the plan of care** must be:
  - Evidence-based, requiring the skills of a therapist to perform and/or teach the task**.**
  - Chosen to address the targeted goals**.**
  - Representative of the best practices outlined by the corresponding national organizations**.**
  - Considerate of functional limitations outlined in the most recent evaluation/assessment**.**
  - Promote motor learning or relatively permanent differences in motor skill capability that can be transferred and generalized to new learning situations**.**
  - Explicitly linked to the targeted goal/outcome they address**.**
  - **Reinforced by the parents or other caregivers and can be practiced in the child's environment to sustain positive benefits.**
- **Plan of care should be reviewed at intervals appropriate to the patient and in accordance with state and third-party requirements. This review should include:**
  - **Total visits from the start of care**
  - **Changes in objective measures**
  - **Updated outcome measure scoring and interpretation of results**
  - **Overall quantified progress towards each goal (including if the goal has or has not been met)**
  - **Modification of treatment interventions needed to meet goals**
  - **Goals updated as appropriate**
  - **Summary of patient's response (or lack thereof) to intervention**
    - If the patient is not progressing, documentation of a revised **plan of care** ~~treatment plan~~ is necessary, and must include specific barriers to progress**.**
  - **Brief statement of the prognosis or potential for improvement in functional status**

- **Updates to the frequency or amount of expected care in preparation for discharge**

Frequency and Duration (11,12,13)

- Must be supported by skilled treatment interventions regardless of level ~~of~~**or** severity of delay.
- ~~Include reasonable or anticipated timeframe to meet the established goals.~~
  - ~~If goals are not met within the expected timeframe, documentation should explain why they were not met and if the plan of care was adjusted accordingly.~~
    - ~~If the plan of care is not adjusted, documentation must demonstrate why the skills of a therapist are still medically necessary to address the goals.~~
- Must be commensurate with:
  - Patient's level of disability
  - Medical and skilled therapy needs.
  - Accepted standards of practice
  - ~~Reflecting~~ **C**~~c~~linical reasoning and current evidence
- **Intense frequencies (on a case-by-case basis, > 3x/week for a short duration ≤4 weeks) which does not meet the above criteria may be considered with ALL of the following documentation:**
  - **Letter of medical need from the prescribing provider documenting the patient's rehabilitation potential for achieving the goals identified.**
  - **Purpose of the intense frequency requested (e.g., during an acute phase, close to achieving a milestone)**
  - **Identification of the functional skill which will be achieved with high frequency therapy.**
  - **Specific measurable goals related to the high frequency requested and the expected date the goal will be achieved.**
- High frequencies (3x/week for a short duration of 2-6 weeks)
  - Considered when documented delays are classified as severe as defined by the specific test utilized and supported by corresponding testing guidelines used in the evaluation.
    - Include documentation and testing supporting a medical need to achieve an identified new skill or recover function with specific, achievable goals within the requested intensive period and details on why a higher frequency is more beneficial than a moderate or low frequency.
  - Considered when the treatment plan is rapidly evolving necessitating frequent updates to the home program.
  - Necessary in the acute phase
    - Progressive decline in frequency is expected within a reasonable time frame.
  - ~~Intense frequencies (on a case-by-case basis, > 3x/week for a short duration ≤4 weeks) which does not meet the above criteria may be considered with **ALL** of the~~

following documentation;:

- Letter of medical need from the prescribing provider documenting the patient's rehabilitation potential for achieving the goals identified.
- Purpose of the high**intense** frequency requested (e.g., during an acute phase, close to achieving a milestone)
- Identification of the functional skill which will be achieved with high frequency therapy.
- Specific measurable goals related to the high frequency requested and the expected date the goal will be achieved.

- Moderate frequency (2x/week)
  - Consistent with moderate delays as established in the general guidelines of formal assessments used in the evaluation.
  - Therapy provided 2x/week may be considered when documentation shows one or more of the following:
    - Patient is making very good functional progress toward goals.
    - Patient is in a critical period to gain new skills or restore function or is at risk of regression.
    - Licensed therapist needs to adjust the patient's therapy plan and home program weekly or more often than weekly based on their progress and medical needs.
    - Patient has complex needs requiring ongoing education of the responsible adult.
    - Each treatment session involves skilled and unique interventions that are not repetitive when compared to recent treatment sessions.
- Low frequency (≤ 1x/week)
  - One time per week or less is appropriate when:
    - Patient is making progress toward their goals, but the progress has slowed.
    - Patient is at risk of deterioration due to their medical condition.
    - Licensed therapist is required to adjust the patient's therapy plan and home program weekly to every other week based on the patient's progress.
  - Every other week is supported appropriate when:
    - Medical condition is stable.
    - Patient is making progress.
    - Anticipated member will not regress with every other week therapy.
  - Less than every other week is appropriate when:
    - The patient cannot yet tolerate more frequent therapy sessions.
    - The patient has needs that are addressed on a periodic basic as part of comprehensive management in a specialty clinic.
      - Occasional consultation may be appropriate to ensure gains continue, to address emerging concerns, or to help order equipment and train in its

use.

- Maintenance Level/Prevent Deterioration (e.g., every other week, monthly, every 3 months)
  - Is appropriate when:
    - Therapy plan changes very slowly
    - Home program is at a level that may be managed by the patient or the responsible adult/caregiver.
    - Therapy plan requires infrequent updates by the skilled therapist.
    - Progress has slowed or stopped (documentation supports that ongoing skilled therapy is required to maintain the progress made or prevent deterioration)
    - Patient may be making limited progress toward goals or that goal attainment is extremely slow.
    - Factors are identified that inhibit the patient's ability to achieve established goals.
  - Documentation must show the following:
    - Habilitative plan of care has ended, and a new plan of care established for maintenance.
    - Goals in the plan of care must be updated to reflect that care is focused on maintaining the current level of functioning and preventing regression, rather than progressing or improving function.
      - Skilled interventions rendered and objective details of how these interventions are preventing deterioration or making the condition more tolerable must be provided.
    - Patient and responsible caregiver have a continuing need for education, a periodic adjustment of the home program, or regular modification of equipment to meet the patient's needs.
    - Specialized judgment, knowledge, and skills of a qualified therapist are required for the safe and effective performance of services.

Discontinuation of Treatment (14)

A discharge plan must be included in the plan of care.

- The discharge plan must indicate the plan to wean services if:
  - Patient has attained their goals.
  - No **sustained,** measurable functional improvement has been demonstrated.
  - Program can be carried out by caregivers or other non-skilled personnel.
- For members no longer showing functional improvement, a weaning process of one to two months should occur.
- Treatment can be discontinued if the patient:
  - Returned to expected level of function.
  - Adapted to impairment with assistive equipment or devices.

- Is able to perform ADLs with minimal to no assistance from caregiver.
- Achieved maximum functional benefit from therapy.
- Will no longer benefit from additional therapy
- Is unable to participate in the treatment plan or plan of care due to:
  - Medical, psychological, or social complications
- Caregiver received instructions on the home treatment program and is able to demonstrate independence with the program.
- Skills of a therapist are not needed to provide or supervise the service.
- Standardized testing shows they no longer have a developmental delay (as defined by the specific test used).
- Plateau in response to therapy or lack of significant progress towards therapy goals.
- Is non-compliant.
  - Poor attendance of member or responsible caregiver
  - With therapy and home treatment program
- Treatment ceases to be of therapeutic value.

- Development of an age-appropriate home regimen to facilitate carry-over of targeted skills and strategies as well as patient, family, and caregiver education in home exercises and self-monitoring should be evident in the documentation.
  - Indication of compliance of the home regimen should be documented to show maximum benefit of care.
- Skilled care may be appropriate to resume after discharge if the patient shows signs of regression in function despite a comprehensive home program. Periodic episodes of care may be needed over a lifetime to address specific needs or changes in condition resulting in functional decline.

CODING AND STANDARDS

Applicable Lines of Business

☒	CHIP (Children's Health Insurance Program)
☒	Commercial
☒	Exchange/Marketplace
☒	Medicaid
☒	Medicare Advantage

POLICY HISTORY

Date	Summary
November 2024	• **This guideline replaces Evolent Clinical Guideline 603 for Outpatient Habilitative Physical and Occupational Therapy** • **Updated references** • **Edited language for clarity** • **Moved Intense Frequency to its own section rather than a subsection of High Frequency**
December 2023	• Required test score cut-offs removed, replaced with requirement that any testing method be interpreted in accordance with its scoring method. • Distinction made between high frequency and intense frequency of treatments

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

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Plan of Care [9]

- Evaluations and re-evaluations must include a plan of care.
- The plan of care should detail type, amount, duration, and frequency of therapy services required to achieve targeted outcomes.
- Short and long-term functional goals in the plan of care <u>should</u>:
    - Be SMART: Specific, Measurable, Attainable, Relevant, and Timed [10]
    - Include the date the goal was established and the date the goal is expected to be met.
    - Target the functional deficits identified during the assessment and promote attainment of age-appropriate developmental milestones, functional mobility and/or ADL skills.
- Short and long-term functional goals in the plan of care **<u>should NOT</u>**:
    - Have underlying factors, (performance skills, client factors, the environment) as the targeted outcome of long-term goals.
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    - Summary of patient's response (or lack thereof) to intervention
        - If the patient is not progressing, documentation of a revised plan of care is necessary, and must include specific barriers to progress.
    - Brief statement of the prognosis or potential for improvement in functional status
    - Updates to the frequency or amount of expected care in preparation for discharge

Frequency and Duration [11,12,13]

- Must be supported by skilled treatment interventions regardless of level or severity of delay.
- Must be commensurate with:
    - Patient's level of disability

- Medical and skilled therapy needs.
- Accepted standards of practice
- Clinical reasoning and current evidence

- Intense frequencies (on a case-by-case basis, > 3x/week for a short duration ≤4 weeks) which does not meet the above criteria may be considered with **ALL** of the following documentation:
  - Letter of medical need from the prescribing provider documenting the patient's rehabilitation potential for achieving the goals identified.
  - Purpose of the intense frequency requested (e.g., during an acute phase, close to achieving a milestone)
  - Identification of the functional skill which will be achieved with high frequency therapy.
  - Specific measurable goals related to the high frequency requested and the expected date the goal will be achieved.
- High frequencies (3x/week for a short duration of 2-6 weeks)
  - Considered when documented delays are classified as severe as defined by the specific test utilized and supported by corresponding testing guidelines used in the evaluation.
    - Include documentation and testing supporting a medical need to achieve an identified new skill or recover function with specific, achievable goals within the requested intensive period and details on why a higher frequency is more beneficial than a moderate or low frequency.
  - Considered when the treatment plan is rapidly evolving necessitating frequent updates to the home program.
  - Necessary in the acute phase
    - Progressive decline in frequency is expected within a reasonable time frame.
- Moderate frequency (2x/week)
  - Consistent with moderate delays as established in the general guidelines of formal assessments used in the evaluation.
  - Therapy provided 2x/week may be considered when documentation shows one or more of the following:
    - Patient is making very good functional progress toward goals.
    - Patient is in a critical period to gain new skills or restore function or is at risk of regression.
    - Licensed therapist needs to adjust the patient's therapy plan and home program weekly or more often than weekly based on their progress and medical needs.
    - Patient has complex needs requiring ongoing education of the responsible adult.
    - Each treatment session involves skilled and unique interventions that are not repetitive when compared to recent treatment sessions.

- Low frequency (≤ 1x/week)
  - One time per week or less is appropriate when:
    - Patient is making progress toward their goals, but the progress has slowed.
    - Patient is at risk of deterioration due to their medical condition.
    - Licensed therapist is required to adjust the patient's therapy plan and home program weekly to every other week based on the patient's progress.
  - Every other week is supported appropriate when:
    - Medical condition is stable.
    - Patient is making progress.
    - Anticipated member will not regress with every other week therapy.
  - Less than every other week is appropriate when:
    - The patient cannot yet tolerate more frequent therapy sessions.
    - The patient has needs that are addressed on a periodic basic as part of comprehensive management in a specialty clinic.
      - Occasional consultation may be appropriate to ensure gains continue, to address emerging concerns, or to help order equipment and train in its use.
- Maintenance Level/Prevent Deterioration (e.g., every other week, monthly, every 3 months)
  - Is appropriate when:
    - Therapy plan changes very slowly
    - Home program is at a level that may be managed by the patient or the responsible adult/caregiver.
    - Therapy plan requires infrequent updates by the skilled therapist.
    - Progress has slowed or stopped (documentation supports that ongoing skilled therapy is required to maintain the progress made or prevent deterioration)
    - Patient may be making limited progress toward goals or that goal attainment is extremely slow.
    - Factors are identified that inhibit the patient's ability to achieve established goals.
  - Documentation must show the following:
    - Habilitative plan of care has ended, and a new plan of care established for maintenance.
    - Goals in the plan of care must be updated to reflect that care is focused on maintaining the current level of functioning and preventing regression, rather than progressing or improving function.
      - Skilled interventions rendered and objective details of how these interventions are preventing deterioration or making the condition more tolerable must be provided.
    - Patient and responsible caregiver have a continuing need for education, a

periodic adjustment of the home program, or regular modification of equipment to meet the patient's needs.

- Specialized judgment, knowledge, and skills of a qualified therapist are required for the safe and effective performance of services.

Discontinuation of Treatment [14]

A discharge plan must be included in the plan of care.

- The discharge plan must indicate the plan to wean services if:
  - Patient has attained their goals.
  - No sustained, measurable functional improvement has been demonstrated.
  - Program can be carried out by caregivers or other non-skilled personnel.
- For members no longer showing functional improvement, a weaning process of one to two months should occur.
- Treatment can be discontinued if the patient:
  - Returned to expected level of function.
  - Adapted to impairment with assistive equipment or devices.
  - Is able to perform ADLs with minimal to no assistance from caregiver.
  - Achieved maximum functional benefit from therapy.
  - Will no longer benefit from additional therapy
  - Is unable to participate in the treatment plan or plan of care due to:
    - Medical, psychological, or social complications
  - Caregiver received instructions on the home treatment program and is able to demonstrate independence with the program.
  - Skills of a therapist are not needed to provide or supervise the service.
  - Standardized testing shows they no longer have a developmental delay (as defined by the specific test used).
  - Plateau in response to therapy or lack of significant progress towards therapy goals.
  - Is non-compliant.
    - Poor attendance of member or responsible caregiver
    - With therapy and home treatment program
  - Treatment ceases to be of therapeutic value.
- Development of an age-appropriate home regimen to facilitate carry-over of targeted skills and strategies as well as patient, family, and caregiver education in home exercises and self-monitoring should be evident in the documentation.
  - Indication of compliance of the home regimen should be documented to show maximum benefit of care.
- Skilled care may be appropriate to resume after discharge if the patient shows signs of regression in function despite a comprehensive home program. Periodic episodes

of care may be needed over a lifetime to address specific needs or changes in condition resulting in functional decline.

CODING AND STANDARDS

Applicable Lines of Business

☒	CHIP (Children's Health Insurance Program)
☒	Commercial
☒	Exchange/Marketplace
☒	Medicaid
☒	Medicare Advantage

POLICY HISTORY

Date	Summary
November 2024	• This guideline replaces Evolent Clinical Guideline 603 for Outpatient Habilitative Physical and Occupational Therapy • Updated references • Edited language for clarity • Moved Intense Frequency to its own section rather than a subsection of High Frequency
December 2023	• Required test score cut-offs removed, replaced with requirement that any testing method be interpreted in accordance with its scoring method. • Distinction made between high frequency and intense frequency of treatments

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

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