
PHYSICAL AND OCCUPATIONAL THERAPY FOR PEDIATRIC DEVELOPMENTAL DELAY & DEVELOPMENTAL COORDINATION DISORDER

Policy

Physical and occupation therapy is considered appropriate for children with significant developmental delays in order to improve function and motor skills needed for activities of daily living.

VCHCP provides an evaluation by a contracted physical or occupational therapist familiar with the treatment of pediatric developmental delay for members who meet the following criteria:

Referrals for an evaluation must include documentation by the referring provider of specific concerns of a significant delay from the normal for age.

VCHCP provides physical or occupational therapy for developmental delay or developmental coordination disorder after an evaluation by a professional physical or occupational therapist familiar with pediatric developmental delay and upon the recommendation of the therapist and the evaluation and recommendation must include:

1. Standardized testing that evaluates the member for age equivalency
2. The member must be in the 15th percentile for age or below
3. There must be a medically recognized diagnosis
4. There must be a care plan provided that is signed by the ordering provider and it must contain:
 - a. Statements of short term and long term goals
 - b. Quantitative objectives
 - c. A reasonable estimate of when the goals will be reached
 - d. The frequency and duration of treatment
 - e. The specific treatment techniques to be used
 - f. Recommendations for treatments to be done in the home between scheduled therapy visits.

The plan of care should be ongoing (i.e. updated as the member's condition changes) and should demonstrate reasonable expectation of improvement (as defined below):

1. Physical and occupational therapy services are considered medically necessary only if there is a reasonable expectation that the therapy will achieve measurable improvement in the member's condition.

2. The member should be re-evaluated regularly, and there should be documentation of progress being made in a reasonable and predictable period of time toward the stated goals of the therapy.
3. The treatment goals and subsequent documentation of treatment results should specifically demonstrate that physical or occupational therapy services are contributing to such improvement.

A. Attachments: None

B. History:

Author/Reviewer: Albert Reeves, MD; Date: 5/4/12
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C. References:

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1. American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
 2. Marion, DW. Developmental Coordination Disorder. In: UpToDate, Basow, DS (Ed), UpToDate, Waltham, MA, 2012.