Rehabilitation Services for Individuals with Special Healthcare Needs: Physical, Occupational and Speech Therapy  
(Applies only to Centennial Care and/or Medicaid Waiver Programs)  
MPM 16.4  

Disclaimer  
Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in these criteria.

Description  
This document will provide a treatment/referral model for children and adults (individuals) to:  
- Advocate that individuals with special healthcare needs receive appropriate therapy services.  
- Define appropriate parameters for therapy, including format, frequency, and review of progress.  
- Direct the responsible use of medically based outpatient physical therapy (PT), occupational therapy (OT) and speech therapy (ST).

This document also will seek to clarify the delivery of PT, OT, and ST services for individuals with special healthcare needs. These guidelines focus primarily upon managed care and accordingly emphasize the central coordinating role of the primary care physician.

Clinical Indications and Coverage Determination  
Prior Authorization is not required for contracted providers; however, all claims are subject to retrospective review.

Best Practice in PT, OT, and ST in the Managed Care Environment:  
There is widespread acceptance that the services of PT, OT and ST are pertinent, appropriate and beneficial for individuals with special healthcare needs. Therapy resources are most responsibly allocated when they are driven not simply by the existence of a sensorimotor diagnosis but rather by their potential to improve sensorimotor function, or prevent loss of previously acquired function.

Best practice in PT, OT and ST avoids learned helplessness and dependence on therapy while striving to achieve maximum independence and mobility. Best practice:  
- Fosters the member’s competence in his or her environment  
- Prevents secondary complications and disability  
- Acknowledges periodic steady states of sensorimotor functioning  
- Uses home programs and other community resources to promote self-determination and optimal societal inclusion
GUIDELINES

Oregon Guidelines for Medically-based Outpatient Physical Therapy and Occupational Therapy for Children With Special Health Care Needs in the Managed Care Environment, Third Edition, February 1998, is the treatment model and reference tool that will be utilized in the management of all Rehabilitation referrals for the Pediatric population. This includes referrals for individuals with special healthcare needs.

Application of these guidelines must remain flexible to accommodate special circumstances.

These guidelines propose that individuals with special healthcare needs are best served when medically based therapy services are used for periodic and episodic courses of treatment that will address specific functional deficits. Many of these episodes can be anticipated. Treatment periods alternate with periodic steady states of sensorimotor functioning when other community resources may effectively help generalize gains made in treatment and more appropriately, meet the individual's evolving sensorimotor needs. This model differs from previous models in which treatment was diagnosis-driven and continuous, or from models of treatment for acute or sub-acute orthopedic injuries.

These guidelines are not applicable to educationally based therapy services. Educationally based therapy services are provided at no cost to parents and are driven by the IEP/IFSP process to address educational access or developmental milestones. The need for medically based therapy services should be considered in partnership with other community-based therapies.

Two Guidelines Tables, located on pages 12 and 13, are provided to assist in determining whether the member has emerging or periodic life issues (first column) for which medically based therapy services might be warranted. Read across that row for examples of functional need, recommended format, frequency and progress review date. Frequency will typically be the low end of the recommended ranges; occasionally potential for functional improvement warrants the higher frequencies. Use Table 1 for the member newly diagnosed, and Table 2 thereafter.

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.

[MPMPPC111006]
Rehabilitation Services for Individuals with Special Healthcare Needs:
Physical, Occupational and Speech Therapy
(Appplies only to Centennial Care and/or Medicaid Waiver Program)
MPM 16.4

Miscellaneous Circumstances (Refer also to PHP Policy HS.059, "Care Coordination For Individuals With Special Health Care Needs")

1. If member is in Early Intervention (EI), Home and Community Based Waiver program, or a school program and additional therapy services are deemed to be medically necessary to augment the current therapy:
   • Coordination of therapies begins at the level of referral and authorization, and is specific to functional problems encountered within a period of physical and/or health status change.
   • Collaboration is pivotal in identifying a member’s therapy needs that have exceeded the scope of these programs. When special needs programs recognize a member’s level of therapy needs have changed and can no longer be met, that program will access medically based therapy services.
   • Determine that additional therapy will augment, not duplicate therapy services already being delivered in multiple settings.
   • Once a member has reached the maximum benefit from medically based services, such services can be modified for maintenance level of function or be discontinued. The member will continue to receive the previously established therapies under the additional programs.

2. If a member has secondary insurance (if a request is made of secondary insurance):
   • Determine if benefits have been exhausted by primary insurance.
   • If benefits have been exhausted, authorization for additional therapies will be considered under the secondary insurance plan.
   • Home and Community-based waiver programs pay benefits before Salud benefits are accessed, unless services are provided through EPSDT, in which case Salud pays for medically necessary therapy. EPSDT only provides services for Medicaid recipients under the age of 21.
   • In the following circumstance, the State allows Salud to pay for services without waiting for a denial from the primary insurance.
     ◦ Member is under 21 and on a waiver program
     ◦ Therapy services are provided in the home and billed under G codes
   • In all other circumstances, Salud benefits are paid last.

3. If a member demonstrates a steady state of sensorimotor functioning, i.e. the sensorimotor dysfunction is stable or changing so slowly that no functional effect is measurable, and yet the
Rehabilitation Services for Individuals with Special Healthcare Needs:
Physical, Occupational and Speech Therapy
(Applies only to Centennial Care and/or Medicaid Waiver Program)

referring physician and licensed therapist agree the member still needs to continue to receive medically necessary therapy benefits, then the following is possible:

- Monitoring of a home program (that has been implemented by the therapist and provided by the caregiver) on a periodic, monthly or PRN basis will allow a member to continue with therapy on a maintenance level to prevent loss of function.
- During the regular monitoring of the home program, the therapist can modify the home program to address the necessary changes or needs.
- If there is an additional periodic life issue that arises and there is documentation to support that fact, the physician can request additional therapy intervention.

4. If a member has demonstrated that all previously established functional goals have been met and there is potential for further gain, an additional treatment period can be provided (based on member’s eligibility and benefits).

5. Emerging Life Issues on Guideline Table 1

- Developmental delay
- Global delay (e.g. Down Syndrome, etc.)

Evaluation/consultation by a therapist also includes instruction and/or training provided to the member, the family, and other community resources.

If the evaluation determines there are periodic life issues needing to be addressed, the authorization process moves to Guideline Table 2.

Definitions

**Individuals with Special Healthcare Needs** are members (children and adults) with special healthcare needs who are at risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by individuals generally.

**Physical Therapy**: The evaluation, treatment, and instruction of individuals to assess, prevent, correct, alleviate and limit the signs and symptoms of physical disability, bodily malfunction and pain. Physical therapy includes:

- Performance of tests and measurements as an aid to evaluation of function, and the administration, evaluation and modification of treatment and instruction through the use of physical measures, activities and devices for preventive and therapeutic purposes.
- Provision for consultative, educational and other advisory services to reduce the incidence and severity of physical...
Rehabilitation Services for Individuals with Special Healthcare Needs:
Physical, Occupational and Speech Therapy
(Appplies only to Centennial Care and/or Medicaid Waiver Program)
MPM 16.4

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.

disability, bodily malfunction and pain.

**Occupational Therapy:** The analysis and use of purposeful activity with individuals who are limited by physical injury or illness, developmental or learning disabilities, psychosocial dysfunction or the aging process to maximize independence, prevent disability and maintain health. The practice of occupational therapy encompasses evaluation, treatment and consultation. OT includes, but is not limited to:

- Activities of daily living (ADL), perceptual motor and sensory integrated activities, and development of work and leisure skills
- Design, fabrication or application of selected orthotics or prosthetic devices
- Use of specifically designed crafts
- Guidance in the selection and use of adaptive equipment, exercises to enhance functional performance, prevocational evaluation and training, performing and interpreting manual muscle and range of motion tests
- Appraisal and adaptation of environments for people with mental and physical disabilities

The services are provided individually, in groups or through social systems.

**Speech Therapy:** The provision for diagnostic and therapeutic services provided by or under the direct supervision of a speech pathologist for the treatment of speech and language disorders that result in communication disabilities and cognitive dysfunctions, or for the treatment of dysphagia (difficulty swallowing).

**PT, OT, ST evaluation/consultation** is a detailed assessment of neuro-musculoskeletal (NMS) structure and function provided by a licensed PT, OT or ST coupled with instruction and/or training provided to the member, the family, and other community resources.

**PT, OT, ST direct treatment** provided by a licensed therapist is one-to-one intervention with the member focused on achieving treatment goals related to periodic life issues.

**Periodic Life Issues** represent recurrent episodes in the lives of the member with special healthcare needs when sensorimotor functioning is adversely affected by changes resulting from emerging issues of health, growth, development, environment or family context. Examples of periodic life issues include pre-and post-surgical needs; mobility, manipulation, activities of daily living, or feeding; access to assistive
Periodic steady state of sensorimotor functioning occurs when the sensorimotor dysfunction of individuals with special healthcare needs either remains stable or changes so slowly that no effect is measurable at the functional level. Direct PT, OT, or ST treatment at such time will not likely result in changes in the level of the member’s sensorimotor functioning beyond what would accrue from everyday experiences and developmental progress. Home programs, which are developed by the therapist and implemented by the caregivers, serve to sustain the member’s structural and functional status during this time, with the option of monthly or PRN monitoring of the home program by the therapist.

Medically based therapy services means that PT, OT and ST are referred and authorized as medically necessary by the primary care physician or rehabilitation specialist to address specific functional problems encountered within the periodic life issues. These therapy services are responsive to changing medical and surgical conditions and emphasize developing and monitoring home programs to be implemented in their residence (e.g., at home with family). Medically based therapy services are provided in hospitals, clinics, nursing facilities, rehabilitation centers, private practices and home health settings.

The periodic and episodic nature of medically based therapy services for individuals with special healthcare needs differs from the traditional treatment model, as exemplified with acute and sub-acute orthopedic injuries. In the traditional model, intensive therapy is provided in concentrated blocks of time, e.g., 20 sessions over 2 months. For most periodic life issues these same 20 treatment sessions are usually more appropriate for individuals with special healthcare needs when extended over a 4-6 month period, as suggested by the Guideline Tables. Medically based therapy may also include short-term intensive programs with potential for increasing specific functional skills. Such intensive programs are under the guidance of a rehabilitation specialist.

Educationally based therapy services are health related services provided and funded through the educational system enabling individuals to have access to free and appropriate education. Therapy services in the educational setting overlap and complement medically based therapy. When therapy needs exceed the scope of the educational mandate, the educationally based therapist recommends to the primary care physician to refer for medically based therapy. It is not the responsibility of the school district to provide or fund medically based therapy. Conversely, when an individual’s needs are sufficiently or more appropriately met by other community resources, tapering or
Rehabilitation Services for Individuals with Special Healthcare Needs:
Physical, Occupational and Speech Therapy
(Applies only to Centennial Care and/or Medicaid Waiver Program)
MPM 16.4

Discontinuation of medically based therapy services is warranted. Communication between therapists in the different settings is imperative for optimal coordination of service. Communication with families and primary care physicians/rehabilitation specialists will foster understanding of the roles of educationally based and medically based therapies, home programs, and other community resources.

**Home programs** are indispensable elements of PT, OT, and ST intervention, amplifying the effects of therapy and promoting generalization of acquired skills to functional applications. These programs are developed by physical, occupational and speech therapists and are implemented by parents or caregivers. They may also be self-directed as appropriate to the member’s developmental maturity and skill level.

- During times of direct treatment, the home program is an adjunct to treatment, and requires regular review and updating appropriate to the member’s status and the emphasis of therapy.
- During the steady states of sensorimotor functioning, the home program serves to sustain the member’s structural and functional status. The therapist recommends to the primary care physician anticipated needs for evaluation or consultation in monitoring the home program’s implementation, evaluating its appropriateness for the member’s status, and updating it as necessary. This could be scheduled on a monthly or PRN basis according to the member’s need.

**Other community resources** are indispensable adjuncts to PT, OT and ST intervention, amplifying the effects of therapy and promoting generalization of acquired skills to functional applications. Examples include:

- Educationally based therapy services in Early and Periodic Screening, Child Find and local school districts.
- Recreational activities, including Boys and Girls Club, YMCA, YWCA, Special Olympics, school-based athletics, and private sports and recreation programs.
- Support services, including parent groups, social service agencies, case management resources, respite services, counseling behavioral intervention, and vocational services. United Way information and referral sources available at [www.uwcnm.org](http://www.uwcnm.org).
- Healthcare providers including consulting physicians (e.g. developmental pediatricians, orthopedists, neurologists, neurosurgeons, and physiatrists), psychologists, audiologists, nutritionists and public health nurses.

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.

[MPMPPC111006]
Sensorimotor dysfunction is the inability of the member to perform in a developmentally appropriate or safe manner due to NMS impairment. Determination and documentation include:

- Functional significance for the member, expressed in terms of the periodic life issues.
- Performance on standardized testing.
- Magnitude of disproportion between sensorimotor and global developmental status.

Early Intervention (EI) programs provide PT, OT and ST for children who are eligible from birth to three years of age at no cost to the parents or third-party payors. These therapy services must be designed to meet the developmental needs.

Child Find programs provide PT, OT, and ST for individuals who are eligible from 3-22 years of age at no cost to the parents or third-party payors. These therapy services must be designed to meet the educational needs of the individual.

Initial or Current Prescription is defined as follows:

- The primary care physician’s initial prescription should contain, in addition to the individual’s diagnosis or description of the medical condition: precautions and anticipated type, frequency and duration of therapy.
- For individuals with special healthcare needs that have been in therapy for 4-6 months (as defined by Guidelines Table 2), and the provider is requesting additional therapy, the PCP or referring physician must write and sign (not stamp) a new prescription, which must be dated within 30 days of the request for additional services.
Rehabilitation Services for Individuals with Special Healthcare Needs:
Physical, Occupational and Speech Therapy
(Appplies only to Centennial Care and/or Medicaid Waiver Program)
MPM 16.4

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>92506</td>
<td>Evaluation of speech, language, voice, communication, and/or auditory processing disorder</td>
</tr>
<tr>
<td>92507</td>
<td>Treatment of speech, language, voice, communication, and/or auditory processing disorder, individual</td>
</tr>
<tr>
<td>92508</td>
<td>Treatment of speech, language, voice, communication, and/or auditory processing disorder, group</td>
</tr>
<tr>
<td>92526</td>
<td>Treatment of swallowing dysfunction and/or oral function for feeding</td>
</tr>
<tr>
<td>92607</td>
<td>Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with patient; first hour</td>
</tr>
<tr>
<td>92610</td>
<td>Evaluation of oral and pharyngeal swallowing function</td>
</tr>
<tr>
<td>92626-27</td>
<td>Evaluation of auditory rehabilitation status</td>
</tr>
<tr>
<td>92630</td>
<td>Auditory rehabilitation; prelingual hearing loss</td>
</tr>
<tr>
<td>92633</td>
<td>Auditory rehabilitation; postlingual hearing loss, replaces CPT code 92510</td>
</tr>
<tr>
<td>97001</td>
<td>Physical Therapy Evaluation</td>
</tr>
<tr>
<td>97002</td>
<td>Physical Therapy Re-Evaluation</td>
</tr>
<tr>
<td>97003</td>
<td>Occupational Therapy Evaluation</td>
</tr>
<tr>
<td>97004</td>
<td>Occupational Therapy Re-Evaluation</td>
</tr>
<tr>
<td>97010</td>
<td>Application of a modality to one or more areas; hot or cold packs</td>
</tr>
<tr>
<td>97110</td>
<td>Therapeutic Procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility</td>
</tr>
<tr>
<td>97112</td>
<td>Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities</td>
</tr>
<tr>
<td>97116</td>
<td>Gait training (includes stair climbing)</td>
</tr>
<tr>
<td>97533</td>
<td>Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct patient contact by provider, each 15 minutes</td>
</tr>
<tr>
<td>97535</td>
<td>Self-care/home management training (e.g., activities of daily living and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices) direct one-on-one contact by provider, each 15 minutes</td>
</tr>
</tbody>
</table>

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.
[MPMPPC111006]
Rehabilitation Services for Individuals with Special Healthcare Needs:
Physical, Occupational and Speech Therapy
(Appplies only to Centennial Care and/or Medicaid Waiver Program)
MPM 16.4

<table>
<thead>
<tr>
<th>HCPCS© Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0151</td>
<td>Services of physical therapist in home health setting, each 15 minutes</td>
</tr>
<tr>
<td>G0152</td>
<td>Services of occupational therapist in home health setting, each 15 minutes</td>
</tr>
<tr>
<td>G0153</td>
<td>Services of speech and language pathologist in home health setting, each 15 minutes</td>
</tr>
<tr>
<td>S9128</td>
<td>Speech therapy, in the home, per diem</td>
</tr>
<tr>
<td>S9152</td>
<td>Speech therapy, re-evaluation</td>
</tr>
<tr>
<td>V5362</td>
<td>Speech screening</td>
</tr>
<tr>
<td>V5363</td>
<td>Language screening</td>
</tr>
<tr>
<td>V5364</td>
<td>Dysphasia screening</td>
</tr>
</tbody>
</table>

Reviewed by:
- John P. Phillips, MD, Assoc. Prof., Neurology and Pediatrics, University of NM Health Science Center, Albuquerque, NM, April 2003, May 2004, August 2005
- John P. Phillips, MD, Medical Director, The MIND Institute, Albuquerque, NM. Associate Professor, Neurology and Pediatrics, University of NM Health Science Center, Albuquerque, NM, September/October 2006, November 2007

References:
5. Raphael C. Sneed, MD, et al., “Policy Versus Practice: Comparison of Prescribing Therapy and Durable Medical Equipment In Medical and Educational Settings,” PEDIATRICS Vol 114 No 5, November 2004, pp. e612 - e625

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.

[MPMPPC111006]
Rehabilitation Services for Individuals with Special Healthcare Needs:  
Physical, Occupational and Speech Therapy  
(Applies only to Centennial Care and/or Medicaid Waiver Program)  
MPM 16.4

8. Tetreault S; Parrot A; Trahan J, Rehabilitation Department, Faculty of Medicine, University of Laval, Quebec, Canada. “Home activity programs in families with children presenting with global developmental delays: evaluation and parental perceptions.” International Journal of Rehabilitation Research, 2003; 26(3):165-73 ISSN: 0342-5282.


Approval Signatures: 
Clinical Quality Committee: Ron Parton MD
Medical Director: Norman White MD
Date: January 29, 2014

Publication History
PHP Internal Criteria Effective Date: 25, 2001
02-11-08: Transitioned to Medical Policy
12-17-08: Annual Review and Revision
01-19-11: Biennial Review
01-30-13: Biennial Review
01-29-14: Review for ICD 10 and Criteria update project. Changed Salud to Centennial Care.

This medical policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services Staff and Presbyterian Medical Directors in determination of coverage. The medical policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the Medical Director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at our website at: http://www.phs.org/resources/documents/HLTHCRIT.pdf.

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.

[MPMPPC111006]
**Guideline Table 1:** For the Individual in the Diagnostic Period

<table>
<thead>
<tr>
<th>Emerging Life Issues</th>
<th>Examples of Functional Need</th>
<th>Format</th>
<th>Frequency</th>
<th>Progress Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Immediate Post-Diagnostic Period</strong></td>
<td>Sensorimotor dysfunction due to Neuro-Musculoskeletal (NMS) impairment (e.g., spastic weakness, movement disorders, hypotonia with weakness, disorders of perception or processing)</td>
<td>PT, OT, ST direct service as needed; Home program emphasis; Referral to other community resources</td>
<td>Varies from 1-3 times weekly</td>
<td>Four to six months</td>
</tr>
<tr>
<td><strong>Developmental Delay</strong></td>
<td>Sensorimotor delay as part of global delay</td>
<td>PT, OT, ST evaluation/consultation as needed for home program and other community resources. If the evaluation determines “periodic life issues” need to be addressed, then proceed to Guideline Table 2.</td>
<td>No direct treatment; evaluation as needed</td>
<td>Re-evaluate at request of PCP</td>
</tr>
</tbody>
</table>
### Guideline Table 2: For the Individual following the Diagnostic Period or with a Previously Established Diagnosis

<table>
<thead>
<tr>
<th>Periodic Life Issues</th>
<th>Examples of Functional Need</th>
<th>Format</th>
<th>Frequency</th>
<th>Progress Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Periodic Steady State</strong> (maintenance)</td>
<td>Sensorimotor functioning is stable; no need for direct treatment; evaluation/consultation as needed for home program and other community resources</td>
<td>PT, OT, ST evaluation/consultation as needed for home program and other community resources</td>
<td>No direct treatment; evaluation as needed</td>
<td>Re-evaluate at request of PCP</td>
</tr>
<tr>
<td><strong>Mobility</strong></td>
<td>Access to household and community activities impaired by sensorimotor dysfunction; Equipment and training</td>
<td>PT or OT direct service; Home program emphasis</td>
<td>Varies from 1-3 times weekly</td>
<td>Four to six months</td>
</tr>
<tr>
<td><strong>Manipulation</strong></td>
<td>Reach, prehension (pinching, grasping), or object manipulation impaired by sensorimotor dysfunction; Equipment and training</td>
<td>PT or OT direct service; Home Program emphasis</td>
<td>Varies from 1-3 times weekly</td>
<td>Four to six months</td>
</tr>
<tr>
<td><strong>Pre or Post-Medical/Surgical</strong></td>
<td>Pharmacologic, Orthopedic or Neurosurgical intervention affecting sensorimotor functioning; Equipment and training</td>
<td>PT or OT direct service; Home Program emphasis</td>
<td>Varies from 1-3 times weekly</td>
<td>Four to six months</td>
</tr>
<tr>
<td><strong>Assistive Technology</strong></td>
<td>Access to written or augmentative communication, powered mobility, environmental control; adaptive positioning; Equipment and training</td>
<td>PT, OT, or ST direct service; Home Program emphasis</td>
<td>Varies from weekly to monthly following deliver of equipment</td>
<td>Four to six months</td>
</tr>
<tr>
<td><strong>Feeding</strong></td>
<td>Oral motor skills impaired by sensorimotor dysfunction; Transition to oral feeding; Equipment and training</td>
<td>Specialized OT, PT, or ST direct service; Home Program emphasis</td>
<td>Varies from weekly direct to monthly consult</td>
<td>Four to six months</td>
</tr>
<tr>
<td><strong>Growth</strong></td>
<td>Progression toward contracture of tendons, joints; Equipment and training</td>
<td>PT or OT direct service; Home Program emphasis</td>
<td>Varies from weekly direct to monthly consult</td>
<td>Four to six months</td>
</tr>
<tr>
<td><strong>Obesity</strong></td>
<td>Progression toward obesity that threatens steady state of sensorimotor functioning</td>
<td>PT or OT evaluation/consultation as needed for home program and other community resources</td>
<td>No direct treatment; evaluation as needed</td>
<td>Re-evaluate at the request of the PCP</td>
</tr>
<tr>
<td><strong>Activities of Daily Living</strong></td>
<td>Personal care, homemaking, and community living skills impaired by sensorimotor dysfunction; Equipment and training</td>
<td>PT or OT direct service; Home Program emphasis</td>
<td>Varies from 1-3 times weekly</td>
<td>Four to six months</td>
</tr>
</tbody>
</table>