



NICA BENEFIT HANDBOOK
ADDENDUMS



Addendums

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Benefit: Intensive Therapy

(Effective Date January 1, 2024)

Retroactive Benefits:

There are no retroactive benefits related to this policy. Benefits are available only after the effective date.

Description:

Intensive therapy typically involves 1 to 5 weeks of one or more therapies (e.g., physical, occupational, speech therapy), provided for several hours each day, five days a week, by a licensed therapist.

In some cases, summer camps that also include therapy provided by licensed therapists can be considered intensive therapy sessions.

NICA will authorize one intensive session per quarter for each category of therapy. A quarter is defined as the 13-week period beginning with the date of the first attended intensive therapy. For example, a participant may attend a physical therapy intensive and a feeding intensive within the same 13-week period. However, for intensives of the same category, there must be a 9-week gap between the end date of one intensive and the start of the next. This is to ensure that appropriate adherence to maintenance therapy is achieved.

Here are some examples:

- A participant attends a 5-week physical therapy intensive from February 10, 2025, to March 14, 2025. The next time that participant would be eligible to attend another PT intensive would be May 16, 2025, which is 9 weeks from March 14th.
- A participant attends a 2-week physical therapy intensive from February 10, 2025, to February 21, 2025. The next time that participant would be eligible

to attend another PT intensive would be at the beginning of the next 13-week period, which would be May 12, 2025, because more than 9 weeks had passed since the end of the initial intensive.

- In the above examples, a participant could also attend Brain Plasticity or Feeding Therapy or some other intensive that is not a physical therapy intensive during the same 13 -week period (February 10, 2025, through May 12, 2025).

Maintenance therapy must follow best practices for a given therapy modality and be in accordance with the intensive provider’s recommendations. When NICA authorizes an intensive therapy session, they will request that the provider document those recommendations when they submit their billing and therapy notes after each intensive.

Insurance denials may be requested for some intensives.

Examples of intensives previously authorized:

Category	Specialty (if applicable)*	Providers Used (more may be added in the future)
Physical Therapy	Physical Therapy Intensive	Ability Plus Therapy, Believe Pediatric Physical Therapy, First Step Therapy, John Hopkins Medicine, Kenny Rogers Children’s Center, Kids PT By the Sea / Sarasota Pediatric Physical Therapy, NAPA Center, Neurowerks, Pediatric Therapy Associates, Starlight Intensive, Therapies4Kids
Physical Therapy	Therasuit	Ability Plus Therapy, Believe Pediatric Physical Therapy, John Hopkins Medicine, Kenny Rogers Children’s Center, Lampert’s Home Therapy, Inc., NAPA Center, Neurowerks, Therapies4Kids
Physical Therapy	Dynamic Movement Intervention	Family First Therapy, Kids PT By the Sea / Sarasota Pediatric Physical Therapy, Starlight Intensive
Physical Therapy	Universal Exercise Unit (Cage)	Believe Pediatric Physical Therapy, John Hopkins Medicine
Physical Therapy	Constraint-Induced Movement Therapy	Intensive Therapeutics
Occupational Therapy		Ability Plus Therapy, John Hopkins Medicine, Intensive Therapeutics, NAPA Center
Speech Therapy		Ability Plus Therapy, Brave Bunch Summer Camp, Kenny Rogers Children’s Center, Logos Therapy Group, NAPA Center
Feeding Therapy		NAPA Center, NJ Pediatric Feeding Associates
Brain Plasticity		Brainvive, Neurotru PLLC, Plasticity Center of Orlando
Vision		The Children’s Home of Pittsburgh

* Specialty Intensives are all considered Physical Therapy intensives so only one type of Specialty Intensive can be attended every 3 months

Medical Necessity Documentation:

- **First Intensive Session:** A letter of medical necessity from the primary care physician, physiatrist, or neurologist is required. For all physical therapy, occupational therapy, speech therapy, and feeding therapy, a letter of medical necessity is also required from the participant's therapist. In many cases, the therapist will prepare the initial letter of medical necessity, and the physician will indicate their concurrence with the recommendation. Note that Brain Plasticity intensives require a letter of medical necessity from a neurologist. Separate letters of medical necessity are required for each category and specialty of therapy.
- **Subsequent Intensive Sessions:** No letter of medical necessity is required, but documentation must show consistent attendance of any recommended maintenance therapy since the last intensive. If maintenance therapy recommended by the intensive provider involves at-home exercises as opposed to therapy, the parent will be asked to confirm that the prescribed maintenance exercises were completed.

Prior Authorization Requirements:

Prior authorization is required for all intensives. Note that if a parent elects to *schedule* an intensive prior to authorization, reimbursement cannot be guaranteed until the intensive is authorized.

Documentation Requirements for Reimbursement:

- Therapy notes
- Invoice
- In addition to above, if reimbursement is to be made to parent, proof of payment to provider (e.g., cancelled check, bank statement, credit card statement or sales slip, receipt from vendor, etc.)

Exclusions or Limitations:

Conferences that are not exclusively providing direct care to the participant are excluded.

[Reflecting Update to the Zip Code for the Department of Administrative Hearings:](#)

The purpose of this addendum is to update the zip code of the Department of Administrative Hearings. These updates are reflected in the text below.

DISAGREEMENTS & REIMBURSEMENT DENIALS

If a disagreement arises on a claim for benefits, we invite you to discuss the issue with a Nurse Claim Supervisor. They will welcome the opportunity to work with you in hopes of resolving the disagreement. In some instances, NICA may ask for a more clearly written letter of medical necessity or additional documentation.

If a disagreement arises and the Nurse Claim Supervisor cannot resolve it, upon written request, the Executive Director may review the claim and attempt to resolve the disagreement with the parents or legal guardians.

If the Executive Director cannot resolve the disagreement and a benefit is denied, the parents or legal guardians have the right to file a petition with the Division of Administrative Hearings to dispute the amount of actual expenses reimbursed or the denial of benefits. See DOAH.fl.us for more details. Parents or legal guardians may contact the Insurance Consumer Advocate at the Florida Department of Financial Services for additional guidance on an informal basis.

The address to submit a letter or petition is:

Division of Administrative Hearings

1230 Apalachee Parkway

Tallahassee, FL 32301

Phone: (850) 488-9675

Fax: (850) 921-6847

The contact information for the Insurance Consumer Advocate is:

Office of the Consumer Advocate

Florida Department of Financial Services

Office: 850.413.5923

Fax: 850.487.0453