



The Role of Functional Tests and Measures for Insurance Coverage

Functional tests and measures performed by physical therapists (PTs) play a critical role in the care and management of neuromuscular diseases. In addition to helping the care team understand the state of a patient's condition and its progression, these assessments are submitted to the patient's health insurance provider to justify coverage of therapies and medications.

To successfully obtain insurance coverage for patients, it's important to submit the right tests and documentation, according to Megan Iammarino, PT, DPT, a physical therapist at UT Health San Antonio. Here, Megan details specific assessments used for various conditions and functional levels, as well as strategies for documentation and appealing insurance denials.

Types of assessments

Megan emphasizes the importance of functional assessments and timed function tests for insurance justification. However, as a PT, her goal is to use tests and measures that aren't just useful for insurance but also help the care team optimize their patients' care.

"Ideally, you're meeting the requirements for insurance, but you're also collecting the necessary functional information to provide support to the patient and family," she says.

Here are some common tests and their uses:

Functional tests for Duchenne muscular dystrophy (DMD):

North Star Ambulatory Assessment (NSAA) — Used for ambulatory boys with DMD. Includes the 10-meter timed test and time to rise from floor.

100-meter timed test (100m) — Used for ambulatory patients.

Performance of Upper Limb (PUL) — Used for non-ambulatory patients.

Functional tests for Becker muscular dystrophy (BMD) and limb-girdle muscular dystrophy (LGMD):

North Star Assessment for Limb-Girdle Type Dystrophies (NSAD) — Includes all items in the NSAA in addition to lower-level bed mobility items, and higher-level items to limit the ceiling effect of the scale for slower progressing diseases. Also includes timed function tests, 10m, and rise from floor.

100-meter timed test (100m) — Used for ambulatory patients.

Performance of Upper Limb (PUL) — Used for non-ambulatory patients.

Functional tests for spinal muscular atrophy (SMA):

Neuromuscular Gross Motor Outcome (GRO) — Can be used across all ages and functional abilities. Tracks motor function across the lifespan without needing to switch scales when functional levels change.

Bayley Gross Motor Subtest — Best used for pre-ambulant infants to track motor development up to age 42 months.

Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders (CHOP INTEND) — Used for pre-ambulant infants until a ceiling is reached. Also useful for young non-sitters until handling prevents safe administration.

CHOP Adult Test of Neuromuscular Disorders (ATEND) — Used with non-sitter adults. Can be performed in the individual's wheelchair.

Hammersmith Functional Motor Scale - Expanded (HFMSE) — Used for children who can sit or ambulate independently and follow directions, typically after 2 years of age.

Revised Hammersmith Scale (RHS) — Same use as HFMSE; however, this version of the scale has undergone Rasch analysis, making it more psychometrically sound.

Revised Upper Limb Module (RULM) — Can be used with non-sitters, sitters, and those who are ambulatory. Assesses upper extremity function.

Six-minute walk test — Used for ambulatory patients.

Documentation and appeals

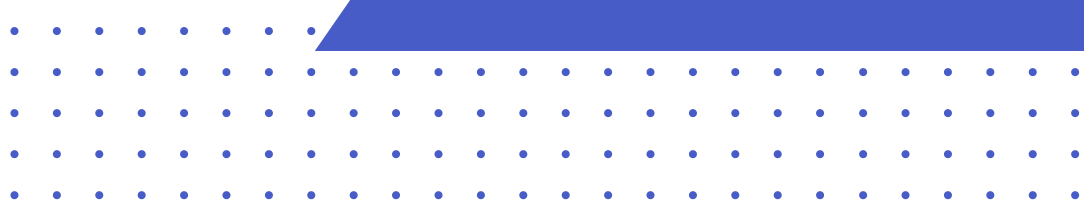
Submissions to health insurance providers should include data from functional assessments, as well as the physical therapist's full evaluation and notes on how the patient is doing compared to the natural history of the disease.

At Megan's institution, the electronic medical record (EMR) system is set up to provide a description of each assessment and track patient performance over time, which helps demonstrate functional trajectories and the impact of treatments for insurance submissions. She also includes notes to help payers interpret that information. "A goal for many of the treatments for neuromuscular diseases is a focus on functional stability, so we always include a statement reminding payers of this, regardless of the disease we are working with," she says. "Functional stability is often an improvement compared to the natural history of progressive functional decline."



Megan explains that while the EMR system helps compile necessary information, sometimes additional clarification or supporting documentation, such as relevant peer-reviewed articles and information on the efficacy of specific treatments, is needed to appeal rejections.

PTs may need to go beyond documentation and references to help educate payers about appropriate assessment tools and/or reasons for variability of patient performance. For example, the Motor Function Measure-32 (MFM32) was used in clinical trials of Evrysdi for SMA. "Insurance company policies typically follow the primary efficacy endpoint for the trial that led to approval of the drug," Megan says. However, the MFM32 is not routinely used in her clinic. When submitting approval for Evrysdi, Megan proactively includes justifications for using alternative scales, such as the Revised Hammersmith Scale, in her notes. "We inform and educate the payer that other scales are just as appropriate for a certain patient population, provide similar information on the motor function of the patient, and are able to track motor function over time for each individual," she says. "Further, sometimes changes in assessment scores are inevitable and can be the result of growth, worsening contractures, or surgery. When this is the case, it is important to provide details on the reason for these changes, highlighting that while the individual may not be able to roll anymore due to worsening hip flexor contractures, for example, they continue to be highly functional and independent in other areas and would continue to benefit from access to these disease-modifying therapies."



The role of physical therapy

In addition to educating payers, Megan emphasizes the importance of educating patients and families about the value of functional tests and measures beyond health insurance approvals.

“Many can be hesitant about motor function testing. At times, there’s a perception that all we do is tell individuals that they are getting weaker,” she says. “I would love to change that mindset. Yes, we might be measuring change, but the purpose of this is to work with individuals and families to manage these changes. We’re going to give you personalized recommendations and help you get the equipment you need for school or work that ensures you’re set up for success and functional independence in your life.”

A PT's role extends beyond measuring decline to actively managing changes and supporting patients and their families.

Resources

- Find MDA’s disease-specific At-Home Physical Therapy Guides at mda.org/education. Click on “Exercise.”
- Find online resources for specialist neuromuscular and community-based physiotherapists and occupational therapists at pod-nmd.org.