

# Physical Therapy/Occupational Therapy Documentation for Physicians

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## Acute Therapy

Referral for therapy services associated with an acute condition, such as knee or back injury, AND duration is expected to be less than 60 days.

- Prior authorization is not required for in-network evaluation.
- For approval of treatment, submit the following:
  - Signed order requesting evaluation and treatment.
  - A signed and dated visit note stating the nature of injury and need for physical/occupational therapy (PT/OT) services.
  - Signed and dated PT/OT Evaluation Report and Plan of Care.
- For treatment to be extended for up to an additional 60-day period, submit the following:
  - Signed and dated order requesting extension of treatment.
  - Signed and dated Progress Summary and Revised Plan of Care.

## Initial Evaluation

Referral to therapy provider for first time service, or referral to new therapy provider, for members requiring PT and/or OT expected to last 60-120 days.

- As of September 1st, 2019 prior authorization for in-network PT and OT evaluations is no longer required.

## Initial Treatment

Completed prior authorization form – may request 6 months of treatment at a time.

Order requesting OT and/or PT treatment, signed and dated within 60 days of submission for authorization.

Completed OT and/or PT Evaluation Report and Plan of Care, signed and dated within 60 days of submission for authorization, documenting the following:

- Diagnosis and reason for referral.
- Brief statement of the member's medical history and any prior therapy treatment.
- A description of the member's current level of functioning or impairment, to include current standardized norm-referenced test scores, age equivalents, and percentage of functional delay.
  - ◊ Therapy may be approved for scores > 1.5 standard deviation below the mean in at least one subtest area for standardized norm-referenced tests with a mean of 100 (<78); and > 1.33 standard deviation below the mean in at least one subtest for standardized norm-referenced tests with a mean of 10 (<6).
- A reasonable prognosis.
- A statement of the prescribed treatment modalities and their recommended frequency and duration.
- Short and long-term treatment goals, specific to the member's diagnosed condition or impairment.
- Prescribed home exercise program, including the responsible adult's expected involvement in the member's treatment.
- Plan for collaboration with ECI, Head Start, or SHARS, when applicable.
- Evidence of current Texas Health Steps wellness checkup in the form of:
  - ◊ Copy of current wellness checkup.
  - ◊ Signed attestation of current wellness checkup.
  - ◊ If current well checkup information is not provided, there is a 90-day approval process, per Medical Director review.

## Extension of Initial Treatment

Completed prior authorization form.

Signed Initial OT and/or PT Evaluation Report and Plan of Care that meets Texas Children's Health Plan requirements as indicated above.

Signed OT and/or PT Progress Reports that document attendance, compliance with home exercise program and therapeutic exercises, and objective progress towards short-term goals.

## Re-evaluation

- Included with ongoing treatment request – no additional documentation required.

## Ongoing Treatment

Requests be may approved for up to 6 months at a time.

Signed order requesting OT and/or PT treatment.

Signed PT/OT Re-Evaluation Report and Plan of Care, documenting the following:

- Diagnosis and reason for referral.
- Brief statement of the member's medical history and any prior therapy treatment.
- Objective documentation of compliance: BOTH parent/member's attendance to therapy sessions AND family/ member's participation in prescribed home exercise program.
- A description of the member's current level of functioning or impairment, to include current standardized norm-referenced test scores, age equivalents, percentage of functional delay, and comparison to prior test scores.
  - ◇ Ongoing therapy may be approved for scores >1.33 standard deviation below the mean in at least one subtest area for standardized norm-referenced tests with a mean of 100 (<80); and >1.33 standard deviation below the mean in at least one subtest for standardized norm-referenced tests with a mean of 10 (<7).

- A reasonable prognosis, including potential for continued progress.
- A statement of the prescribed treatment modalities and their recommended frequency and duration.
- Short and long-term treatment goals specific to the member's diagnosed condition or impairment, including objective demonstration of the member's progress.
- Prescribed home exercise program, including the responsible adult's expected involvement in the member's treatment.
- Documentation of collaboration with ECI, Head Start, or SHARS, when applicable.
- Evidence of current Texas Health Steps wellness checkup (previously submitted wellness checkup information will be applied if still current).

## Notes:

Physical and occupational therapy for chronic conditions is not a benefit for members 21 years of age or older.

A Change of Provider letter is required if a provider or member discontinues therapy during an existing pre-authorized period and the member requests services through a new provider.