

# Physical/Occupational Therapy Documentation for Referral Coordinators and Office Staff

---

## 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:
  - Completed prior authorization form.
  - Signed order requesting evaluation and treatment.
  - A visit note stating the nature of injury and need for physical/occupational therapy (PT/OT) services, signed and dated by the ordering provider within the last 90 days.
  - Completed PT/OT Evaluation Report and Plan of Care, signed and dated by the ordering provider within 30 days of submission for authorization.
- For treatment to be extended for up to an additional 60-day period, submit the following:
  - Completed prior authorization form.
  - Order requesting extension of treatment, signed and dated by the ordering provider within 30 days of the request.
  - Progress Summary and Revised Plan of Care, signed and dated by the ordering provider within 30 days of submission for authorization.

## 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 by the ordering provider within 60 days of submission for authorization.

Completed OT and/or PT Evaluation Report and Plan of Care, signed and dated by the ordering provider within 60 days of submission for authorization.

Evidence of current Texas Health Steps wellness checkup in the form of:

- Copy of current wellness checkup.
- Signed attestation of current wellness checkup.
- If the current wellness checkup information is not provided, there is a 90-day approval process, per Medical Director review.

## Extension of Initial Treatment

Completed prior authorization form.

Completed Initial OT and/or PT Evaluation Report and Plan of Care, signed by the ordering provider.

PT and/or OT Progress Reports, signed by the ordering provider.

## Re-evaluation

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

## Ongoing Treatment

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

Order for OT and/or PT treatment, signed and dated by the ordering provider within 30 days of the planned service start date.

Completed OT and/or PT Re-Evaluation Report and Plan of Care, signed and dated by the ordering provider within 60 days of submission for authorization.

Evidence of current Texas Health Steps wellness checkup (previously submitted wellness checkup information will be applied if still current).

- Copy of current wellness checkup.
- Signed attestation of current wellness checkup.

## 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.