

## THERAPY REQUEST CHECKLIST

### Required for Speech Therapy, Physical Therapy, Occupational Therapy

**Providers: Please provide supporting clinical documentation for the items indicated below. Effective 11/01/20**

#### Initial Evaluation and Request for Therapy Visits

*1st time for a therapy evaluation. Initial evaluation code is payable once every 3 years to the same rendering provider. Physician must sign the Evaluation.*

#### **Obtained from PCP or Therapy Provider:**

- The elements on any of the three options listed below **MUST** contain all of the following:  
**A) Frequency, B) Duration, C) Signature from referring PCP or Specialist.**  
The **OPTIONS** are as follows:  
1) Texas Standard Prior Authorization Request Form for Health Services **OR** 2) Physician Order (see below for specific instructions on physician orders) **OR** 3) Physician signed Plan of Care.
- THSteps **OR** clinical note from PCP/Specialist with any supporting clinical documentation.
- For Speech, Physical, Occupational Therapy Evaluation** – the Evaluation and Treatment Plan or Plan of Care (POC) with all of the required elements as described in current TMPPM 5.2.1.1 must be submitted. Per current TMPPM 5.3, raw scores must be reported along with score reflecting Standard Scores and Standard Deviations (SD) from mean. Testing instrument must be age appropriate and relevant to diagnosis. Include additional clinical information to report functional status of member.

#### Re-evaluation and Therapy continuation following Re-evaluation

*To determine progress. Approved every 3-6 months or due to a change in medical status. Request for additional therapy visits at the end of an authorization period can be completed no sooner than 30 days from end of authorization period. Therapy visit requests may be submitted by the therapy provider.*

#### **Obtained from PCP or Therapy Provider:**

- THSteps **OR** clinical note from PCP/Specialist with any supporting clinical documents.
- If new to EPH, all documentation listed for initial evaluation is required (see above).
- If previous evaluation/re-evaluation is less than 6 months old, documentation of the medical necessity for a new evaluation is required. A re-evaluation is a comprehensive evaluation and must take place every 180 days and contains all the elements of an initial evaluation.
- Documentation of client's participation/ attendance in treatment, as well as client or responsible adult's participation or adherence with a home treatment program. Include additional clinical information to report functional status of member.
- Documentation of progress made in therapy. **(Provide ALL of the following):**
  - New evaluation/re-evaluation, but this is required only once every 6 months.
  - Updated or new functional and measurable short and long-term treatment goals with new time frames, as applicable. Previous authorization period's goals and progress **MUST** be included (baselines and current %'s) per TMPPM 5.2.5.1. Raw scores must be reported along with score reflecting Standard Scores and Deviations (SD) from the mean per TMPPM 5.3.
  - Documentation of reasons continued therapy services are medically needed.
  - Prognosis with clearly established discharge criteria for the authorization dates requested. The discharge plan must reflect realistic expectations from the episode of therapy requested.

**Physician Orders Elements of a Valid Order:** According to the current edition of the TMPPM, Section 5.2.3, Volume 2, Provider Handbooks Physical Therapy, Occupational Therapy and Speech Therapy services Handbook, a physician order should include:

- New authorizations and recertifications of therapies, if the submitted request is not signed and dated by the prescribing provider, the request must be accompanied by a verbal or written order.
- A verbal order must meet the following criteria:
  - It must be signed and dated by the licensed professional who by state and federal law may take a verbal order.
  - It must have the name and credentials of the licensed professional who took the order and who is responsible for furnishing or supervising the ordered services.
  - The verbal order must include the date on which the verbal order was taken. The verbal order must include the services, frequency, and duration that was prescribed by the ordering provider.

**Supplemental Information:**

- History of any previous therapy, any therapy in the past 6 months
- **For feeding/swallowing evaluation** - Growth charts
- **If member is less than 33 mths of age** - ECI attestation of medical necessity
- Therapy attendance during the previous authorization period – **actual** number of visits attended

*Revision is based on the most current edition of the TMPPM (Texas Medicaid Provider Procedures Manual).  
Manual subject to change, please refer to new editions as available.*