

Physical Therapy/Occupational Therapy Documentation for Physicians

Acute Physical Therapy (Referral for Therapy Services associated with an acute condition such as knee or back injury AND duration is anticipated to be less than 60 days)

- You may refer the member for an evaluation without seeking prior authorization
- For approval of treatment – submit
 - o Signed order requesting an evaluation and treatment
 - o Document on a visit note the need for physical therapy services
 - o Signed Physical Therapy Evaluation and Plan of care
- Treatment may be extended for up to an additional 60 days
 - o Submit:
 - Signed order requesting extension of services
 - Signed 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 physical therapy for longer than 60-120 days AND Occupational Therapy)

- Signed Order requesting an Occupational and/or Physical therapy evaluation
- Document on a visit note the need for Occupational and/or Physical therapy services – ICD10 code is not sufficient
 - o Make sure to review the age-appropriate developmental screening
 - o Note should document that you have explained to the family that compliance with therapy and their recommended home exercise program are required
- If the patient is less than 3 years old include ECI referral

Initial Treatment (will be authorized for a maximum of 13 weeks to establish compliance and progress)

- Signed Order requesting Occupational and/or Physical therapy treatment
- Signed Therapy Evaluation report and Plan of Care that documents the following:
 - o Diagnosis and reason for referral
 - o Brief statement of the member's medical history and any prior therapy treatment
 - o A description of the member's current level of functioning or impairment, to include current norm-referenced standardized assessment scores, age equivalents, and percentage of functional delay
 - Therapy may be approved for scores > 1.5 standard deviations below the mean in at least one subtest area for norm-referenced standardized tests with a mean of 100 (<78), and > 1.33 standard deviations below the mean in at least one subtest for norm-referenced standardized tests with a mean of 10 (<6).
 - o A reasonable prognosis
 - o A statement of the prescribed treatment modalities and their recommended frequency and duration; and
 - o Short and long-term treatment goals which are specific to the member's diagnosed condition or impairment
 - o Prescribed home exercise program including the responsible adult's expected involvement in the member's treatment
 - o Plan for collaboration with ECI, Head Start, or SHARS when applicable

Extension of Initial Treatment

- Signed initial Occupational and/or Physical Therapy Evaluation report and Plan of Care that meets TCHP requirements as above
- Signed Occupational and/or Physical Therapy Progress reports that document attendance, compliance with home exercise program and therapeutic exercises, and objective progress towards short term goals

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Re-evaluation

- Signed Order requesting Occupational and/or Physical therapy re-evaluation

Ongoing Treatment

- Signed Occupational and/or Physical Order requesting ongoing therapy treatment
- Signed Occupational and/or Physical Therapy Re-Evaluation report and Plan of Care
 - o Diagnosis and reason for referral
 - o Brief statement of the member's medical history and any prior therapy treatment
 - o Objective documentation of compliance: BOTH parent/member attendance to therapy sessions AND family/member's participation in prescribed home exercise program
 - o A description of the member's current level of functioning or impairment, to include current norm-referenced standardized assessment scores, age equivalents, and percentage of functional delay and comparison to prior test scores
 - Ongoing therapy may be approved for scores >1.33 standard deviations below the mean in at least one subtest area for norm-referenced standardized tests with a mean of 100 (<80), and >1.33 standard deviations below the mean in at least one subtest for norm-referenced standardized tests with a mean of 10 (<7).
 - o A reasonable prognosis including capacity for continued progress
 - o A statement of the prescribed treatment modalities and their recommended frequency and duration; and
 - o Short and long-term treatment goals which are specific to the member's diagnosed condition or impairment including objective demonstration of the member's progress
 - o Prescribed home exercise program including the responsible adult's expected involvement in the member's treatment
 - o Documentation of collaboration with ECI, Head Start, or SHARS when applicable
- If the patient has been receiving more than 12 months of continuous therapy and has no underlying medical condition associated with developmental delay (Autism, Autism Spectrum Disorder, Pervasive Developmental Disorder, Down Syndrome, Cerebral Palsy, etc.) please submit the most recent THSteps/well child exam and developmental screening results.