

## **Changes to Physical, Occupational and Speech Therapy Policy for Adult Clients Age 21 and Over**

The following notification is to offer reminders and clarifications to several items related to prior authorization requirements and also to provide awareness of minor modifications and additions made to the policy since the effective date of the policy was announced on February 2, 2016.

### **Reminders and Clarifications**

To assist therapy providers, HHSC is offering several reminders and clarifications that may help avoid delays in processing therapy provider authorization requests and recertification requests.

### **The Following Statements Have Been Added to the Policy:**

#### **Functional Goals:**

*Functional goals* refer to a series of behaviors or skills that allow the client to achieve an outcome relevant to his/her safety and independence within context of everyday environments. Functional goals must be specific to the client, objectively measurable within a specified time frame, attainable in relation to the client's prognosis, relevant to client and family, and based on a medical need.

#### **Recertification Procedure Codes:**

A re-evaluation (procedure codes 97002, 97004, and S9152) requires authorization and must be submitted with the recertification request using the *Texas Medicaid Physical, Occupational, or Speech Therapy (PT, OT, ST) Prior Authorization Form*. Re-evaluations must be coded as such unless there has been a significant lapse in therapy services.

HHSC reminds providers that for acute therapy services, reevaluations may be a benefit once after the initial 60 day authorization period. A complete request must be received at least 28 days before the current authorization period expires.

Recertification requests must include previous authorization period's goals and progress.

#### **Discharge Criteria**

All recertification requests must have a clearly established discharge plan according to the client's prognosis. The discharge plan must reflect realistic expectations from the episode of therapy.

#### **Modifications to Policy Language**

Since HHSC announced the effective date of the therapy policy, HHSC has amended policy language for clarity purposes. Some policy language has been underlined or struck-through to highlight the amended language. Sub-headings have been used to assist the reader in identifying different sections where the language was originally stated in the article titled, "[Effective May 1,](#)

[2016, Policy to Change for Physical, Occupational, and Speech Therapy Services for Clients 21 Years of Age or Older](#)” that was published on the TMHP website February 1, 2016

## **Occupational Therapy**

Occupational therapy uses purposeful activities to obtain or regain skills needed for activities of daily living (ADL) and/or functional skills needed for daily life lost through ~~aeute~~, acute exacerbation of a medical condition or chronic medical condition related to injury, disease or other medical causes.

## **Non-Covered Services**

The following services are not a benefit of Texas Medicaid:

Separate reimbursement for VitalStim therapy for dysphagia. VitalStim must be a component of a comprehensive feeding treatment plan to be considered a benefit.

Treatments not supported by medically peer reviewed literature, including, but not limited to, investigational treatments such as sensory integration (~~with the exception of cognitive rehabilitation for client's with traumatic brain injury due to illness or injury who are able to actively participate in the treatment program~~), vestibular rehabilitation for the treatment of attention deficit hyperactivity disorder, anodyne therapy, craniosacral therapy, interactive metronome therapy, cranial electro stimulation, low-energy neuro-feedback, and the Wilbarger brushing protocol.

Additionally, in the Non-Covered Services section, the provider notification had the following statement which has since been removed:

- Training in nonessential tasks (e.g. homemaking, gardening, recreational activities, cooking, driving, assistance with finances, scheduling).

This statement in policy has been removed as the policy requires functional goals and these activities may be used as strategies and elements of a functional goal that addresses a medical need.

## **Fee-For-Service (FFS) Authorization Requirements for Outpatient and Home Health-PT/OT/ST**

Prior authorization requests may be submitted to the TMHP Prior Authorization Department via mail, fax, or the electronic portal. Prescribing or ordering providers, dispensing providers, clients' responsible adults, and clients may sign all prior authorization and authorization forms and supporting documentation using electronic or wet signatures. Providers may refer to the TMHP website periodically for additional information about electronic signatures, as it becomes available.

For more information about the authorization form, please refer to the article titled, "[New Therapy Prior Authorization Form to be Effective May 1, 2016](#)," that was published on the TMHP website February 5, 2016.

### **Requests for Revisions to Existing FFS Prior Authorization/ Recertification- Acute Therapy Services**

Requests for revision must be submitted with the following documentation:

- Texas Medicaid Physical, Occupational or Speech Therapy (PT, OT, ST) Prior Authorization Form, including the date the revision was initiated, signed and dated by the therapist and signed and dated by the prescribing provider. When the request form is not signed and dated by the provider, it must be accompanied by a written order or prescription or a verbal order for the prescribed services.
- Progress Summary for acute services indicating the medical rationale for the change requested, and
  - Updated treatment plan or POC addressing all the elements of the previous plan and addressing all revisions to the services planned, including ~~functional outcomes vs goals~~ 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, if applicable.
  - The updated treatment plan or POC must be signed and dated by the therapist responsible for the therapy services.

### **Change of Therapy Provider**

Clarified via grammatical changes that:

- The authorization period will not change when the provider changes.

### **Frequency and Duration Criteria for PT/OT/ST**

**High Frequency (3 times per week):** Can only be considered for a limited duration (approximately 4 weeks or less) or as otherwise requested by the prescribing provider with documentation of medical need to achieve an identified new skill or recover function lost due to surgery, illness, trauma, acute medical condition, or acute exacerbation of a medical condition, with well-defined specific, achievable goals within the intensive period requested.