Nursing Facility Therapy Add-on Services

Quick Reference Guide

Authorization Requests for Physician-Ordered Rehabilitation Add-On Service (Speech, Occupational or Physical Therapy)

Rehabilitative Services include speech, occupational or physical therapy services (not covered under the Nursing Facility Unit Rate) for Medicaid-Only nursing facility members who are not eligible for Medicare or other insurance. Please note:

- Coverage for Physical therapy, occupational therapy or speech therapy services includes evaluation and treatment of functions that have been impaired by illness.
- Rehabilitative services must be provided with the expectation that the member's functioning will improve measurably in 30 days.
- The provider must ensure that rehabilitative services are provided under a written plan of treatment based on the physician's diagnosis and orders, and that services are documented in the member's clinical record.

Medicaid Only:

- Non-waiver STAR+PLUS members 21 years of age and older, coverage for speech, occupational or physical therapy is only authorized in the instance of acute or exacerbation of a chronic illnesses or/and injuries. The treatment is not part of a Maintenance Program which continues the member's present level of function, or prevents regression of function. An injury or illness is considered to be acute if it lasts 120 days or less. Illnesses or injuries lasting more than 120 days are considered chronic, and speech, occupational or physical therapy services for chronic conditions are not covered benefits.

Requesting Authorization for Rehabilitation Add-on Services

Medicaid Only:

- Speech, occupational or physical therapy evaluation, re-evaluation and treatment visits must be pre-authorized by Superior before the service is performed.
- Superior does not require the use of any specific forms. However, in order to prevent delay, use of the Superior Prior Authorization Form is recommended, as this will ensure that all necessary referring provider and servicing provider information is provided correctly. This form can be found at: https://www.SuperiorHealthPlan.com/content/dam/centene/superior/provider/pdfs/shp_2013218-priorauthform-p-11212016.pdf
    - Please enter the Nursing Facilities information in the "Provider Information" section and the referring physician's information in the "Submitting/Referring/ Performing Provider" section.
- Requests may be submitted via fax to 1-800-690-7030 or through Superior's Secure Provider Portal: http://www.SuperiorHealthPlan.com/for-providers/secure-web-portal/.

- Evaluation and re-evaluation requests must be originated by the referring provider or nursing facility.
- MD orders for evaluation and re-evaluation must indicate discipline to be evaluated with MD signature and date.
  - NP, APRN and PA signatures are not accepted for members 21 years of age and older.
- For treatment visits, treatment plan or MD orders must be signed and dated the day of the evaluation or later indicating that the MD agrees with the services being proposed.
  - NP, APRN and PA signatures are not accepted for members 21 years of age and older.
- Treatment plan must be signed and dated by the evaluating therapist.
- Treatment plan must include:
  - Clinical documentation that may be no more than 90 days old.
  - A brief statement of the member's medical history and any prior therapy treatment.
  - Diagnosis with date of onset or exacerbation.
  - Reasonable prognosis.
  - Treatment techniques and interventions to be used – amount, frequency, and duration required to achieve measurable goals.
  - Education of the member and primary caregiver, if applicable.
  - Objective information regarding deficits and their severity level.
  - Short and long term goals that address the deficits identified and are member specific/measurable/attainable. Short term goals should reflect the timeframe being requested.
  - For continued authorization visits include all elements above and the following:
    - Objective documentation of progress towards short term goals.
    - Baseline and current function for any unmet goal reported in the same terms as the original goal.
    - Any circumstances that impacted therapy progress.
    - Reasons for revised goals should be discussed, if applicable.
  - Request documentation must clearly document an acute condition or an acute exacerbation of a chronic condition. In order to establish that a request is for an acute condition or an acute exacerbation of a chronic condition, documentation must include an appropriate combination of the following:
    - A comparison of prior level of function and current level of function to indicate a decline. Date of the prior level of function.
    - Onset date of acute injury/illness or an acute exacerbation of a chronic condition.
    - Mechanism of injury.
  - Certification dates: are not required on treatment plan.

Verbal Orders (Medicaid Only):

- Verbal physician orders may only be given to people authorized to receive them under state and federal law. It must be documented as a verbal order from a physician. They must be written, signed, and dated by the RN or qualified therapist responsible for furnishing or supervising the ordered service. Verbal orders must be co-signed and dated by a physician and submitted to Superior within 2 weeks.

Authorizations Not Received Prior to Service (Medicaid Only):

- If an authorization request for therapy services is not obtained prior to the services being rendered, the claim will deny. Retrospective therapy authorizations are not given without documentation explaining why the request was not submitted prior to rendering the service. Superior recommends that prior authorization requests be submitted at least 5 days prior to the start of service.

Dual-Eligible and STAR+PLUS Medicare-Medicaid Plan (MMP):

- For dual-eligible members, having both Medicare and Medicaid, submit their therapy add-on services requests to their Medicare carrier.
- Superior STAR+PLUS MMP members, submit their request using the In-Patient Prior Authorization Form: https://www.SuperiorHealthPlan.com/content/dam/centene/Superior/Provider/PDFs/TX-PAF-0906_10202016.pdf