

# Therapy Evaluation: Authorization Requirement Checklist



## Requests for Initial Evaluation

Initial evaluation requests must be submitted to Superior by the referring provider.

### **Ages: 0 months – 6 years**

- ✓ Current Texas Health Steps exam, based on the Department of State Health Services (DSHS) Periodicity Table. If a specialist is requesting, submit the clinic note describing the need for evaluation.
- ✓ Current developmental screen, done within the last 90 days.
- ✓ Signed and dated physician order, less than 30 days old, specifying the discipline to be evaluated.
- ✓ Documentation of a normal hearing screen is required, within the last 6 months for children under 3 years old and within 12 months for children 3 - 6 years old. If the hearing screen was not passed, and hearing loss is identified, a copy of a full audiological exam with plan of treatment must be submitted (if requesting speech therapy).

### **Ages: 6 – 18 years**

- ✓ Current Texas Health Steps exam, based on the DSHS Periodicity Table. If a specialist is requesting, submit the clinic note describing the need for evaluation.
- ✓ Signed and dated physician order, less than 30 days old, specifying the discipline to be evaluated.
- ✓ Medical necessity reason for therapy evaluation.

### **Ages: 21 years and above**

- ✓ Signed and dated physician order, less than 30 days old, specifying the discipline to be evaluated.
- ✓ Medical necessity reason for therapy evaluation.

**Note:** For all ages, medical necessity criteria for therapy services provided in the home must be based on the supporting documentation of the medical need and the appropriateness of the equipment, service, or supply prescribed by the prescribing provider for the treatment of the individual. The therapy service must be related to the member's medical condition, rather than primarily for the convenience of the member or provider.

## Requests for Re-evaluation

### **All Ages**

- ✓ If the request is 30 days or less from the end of an authorization period, a physician order that specifies the discipline to be evaluated that has been signed and dated no more than 30 days from when the request is submitted is required.
- ✓ If the request is more than 30 days from the end of an authorization period, a medical necessity reason along with the physician order is required.

# Therapy Treatment: Authorization Requirement Checklist



## Initial Authorization Visits

Initial authorization for therapy treatment must include a treatment plan. The treatment plan must be signed and dated by the Primary Care Physician (PCP) or appropriate specialist. If the treatment plan is not signed, the provider can submit a physician referral/order. This referral/order must be signed and dated on the day of the evaluation or after, specifying the frequency and duration of the requested service.

### **The Treatment Plan must document:**

- ✓ Date of evaluation.
- ✓ Member's age and birthdate.
- ✓ Member's primary language (for speech therapy only).
- ✓ A brief statement of the member's medical history, including onset date of the illness, injury, or exacerbation that requires the therapy services and any prior therapy treatment.
- ✓ Relevant review of systems.
- ✓ Pertinent physical assessment, including a description of the member's current deficits and their severity level, documented using objective data. This may include current standardized assessment scores, age equivalents, percentage of functional delay, criterion-referenced scores or other objective information as appropriate for the member's condition or impairment.
- ✓ A clear diagnosis and reasonable prognosis, including the member's potential for meaningful and significant progress.
- ✓ A description of the member's functional impairment with a comparison of prior level of function to current level of function.
- ✓ A statement of the prescribed treatment modalities and their recommended frequency/duration.
- ✓ Proposed patient and/or caregiver education.
- ✓ Short and long-term treatment goals, which are specific to the member's diagnosed condition or impairment. Short and long-term treatment goals must be functional, measureable, attainable and time based.
- ✓ Treatment plan, which may not be more than 90 days old.
- ✓ The treatment plan must be signed and dated by the treating therapist.
- ✓ If the treatment plan is part of a medically necessary program to maintain or prevent a significant functional regression, it must document skilled services to be provided and have goals that address maintenance.

### **Additional evaluation requirements for speech therapy include:**

- ✓ Oral motor/swallowing/feeding: if swallowing/feeding problems and/or signs of aspiration are noted as a concern, then a complete objective, clinical-bedside swallow evaluation is expected, as per ASHA standards for both pediatric and adult dysphagia. The member's language, speech, hearing, voice and fluency skills need to be addressed in the assessment through a screen or objective testing.

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Bilingual testing: the member's primary language(s) must be documented. Bilingual and multilingual speakers are frequently misclassified as having a language delay. Equivalent proficiency in both languages should not be expected. Based on the reported languages used by the member, an appropriate bilingual assessment of language abilities should be performed. If no standardized tool is available, then results should be reported using appropriate objective assessment methods in order to differentiate a language disorder versus a delay as well as the severity of that disorder, should it be identified.

## Continued Authorization Visits

Treatment progress must be clearly documented in an updated treatment plan/current progress summary. This documentation must be submitted by the servicing provider at the end of each authorization period or when additional visits are being requested. The treatment plan must be signed and dated by the PCP or appropriate specialist. If the treatment plan is not signed, the provider may submit a physician referral/order signed and dated on the day of the evaluation or after, specifying the frequency and duration of the requested service.

## Documentation must include the following:

- ✓ Number of therapy visits authorized and number of therapy visits attended.
- ✓ A clear diagnosis and reasonable prognosis, including the member's potential for meaningful and significant progress.
- ✓ A description of the member's current deficits and their severity level documented using objective data. This can include current standardized assessment scores, age equivalents, percentage of functional delay, criterion-referenced scores or other objective information as appropriate for the member's condition or impairment.
- ✓ Objective demonstration of the member's progress towards each prior short and long-term treatment goal. For all unmet short-term and long-term goals, baseline and current function must be submitted so that the member's progress towards goals can be measured. As the treating therapist has set the short and long-term goals for a specified time period, it would be expected that those goals would be met within the specified time frame. If the goals are unmet, it is the treating therapist's responsibility to objectively describe any barriers to progress that were encountered, and appropriate modifications to the treatment plan be made in order to meet the member's needs. If the member has not met the expected level of progress, the request must be reviewed by the medical director to determine if there is medical necessity to continue treatment.
- ✓ An updated statement of the prescribed treatment modalities and their recommended frequency/duration.
- ✓ A brief prognosis with clearly established discharge criteria.
- ✓ Updated short and long-term treatment goals which are specific to the member's diagnosed condition or impairment. Short and long-term treatment goals must be functional, measureable, attainable and time-based.
- ✓ Updated treatment plan/progress summary must not be older than 90 days old.
- ✓ Treatment plan must be signed and dated by the treating therapist.

**Note:** Medical necessity criteria for therapy services provided in the home must be based on the supporting documentation of the medical need and the appropriateness of the equipment, service, or supply prescribed by the prescribing provider for the treatment of the individual. The therapy service must be related to the member's medical condition, rather than primarily for the convenience of the member or provider.