Therapy Prior Authorization Requests

Clinical Documentation Criteria Quick Reference Guide

Superior HealthPlan's Therapy Prior Authorization Request Quick Reference Guide outlines clinical documentation criteria regarding shared clinical practices for Occupational Therapists (OT), Physical Therapists (PT) and Speech-Language Pathologists (SLP).

Providers must include specific information when submitting therapy prior authorization requests for Medicaid (STAR, STAR Health, STAR Kids and STAR+PLUS), CHIP and Superior HealthPlan's STAR+PLUS Medicare-Medicaid Plan (MMP) members. The following clinical documentation criteria must be submitted when a therapy prior authorization is requested:

- **Current objective assessment**
- **Progress reporting**
- **Treatment goals**
- **Frequency and duration**

Please note: Documentation must be dated within the last 60 calendar days. MD (DO, PA or NP) signatures must be dated the day of the evaluation or after, and specify the frequency and duration of the service.

Providers must follow and adhere to practice standards for all clinical treatment areas. The details below outline the requirements for each of the four criteria.

Current Objective Assessment

The assessment documentation must include:

- Objective data and descriptions needed to support submitted treatment goals and the requested frequency/duration.
  - Objective = measurable or comparable to a norm
  - Objective data may be obtained through skilled observations, physical examinations and diagnostic testing, which can include items such as, but not limited to:
    - Standardized assessments and their scores
    - Age equivalents
    - Percentage of functional delay
    - Criterion-referenced scores
    - Gap in expected developmental skill
    - Functional skill comparison
    - Scales
- A descripton of the member's current function as it relates to ADL's, communication, mobility and safety.
- Current objective assessment documentation is required with every initial treatment and continuation of treatment request, in order to validate the submitted treatment goals and the requested frequency and duration (regardless of provider internal business timelines for re-evaluations).

Please note: Standardized tests are not required, as they are one of many methods to objectively determine functional impairments.

Treatment Goals

The following must be considered when writing treatment goals:

- Goals must be supported by the objective assessment findings.
- Treatment goals must relate to a specific functional outcome for the member and be written in the Specific, Measurable, Achievable, Relevant and Time Based (S.M.A.R.T.) format.
- Goals must be written to be achieved during the time period requested.
- All goals must relate to member-specific functional outcomes, as goals set up to target standardized test items or impairments only, do not meet criteria.

Providers should consider a maintenance plan or episodic care, when applicable.

Progress Reporting

A progress report must include the following:

- A list of all previous goals and whether they were met or unmet.
- The baseline and current status on any unmet goals, so the reviewer can validate that the provided services were beneficial despite not meeting the goal.
  - The baseline status of the goal refers to the status at the beginning of the previous treatment period.
  - The current status of the goal refers to the status at the time of reporting.
  - These will then be compared to the intended target of the goal.
- Documentation on why goals were not met and any related barriers, when applicable.
- Documentation of any modifications made to the treatment plan, and progress made towards the new goals.

Previously authorized treatment goals are expected to be met.

Frequency and Duration

Frequency and duration recommendations should be based on the following:

- Acuity of the condition.
- Objective and functional assessment findings.
- Potential for functional gains.
- Rate of progress toward functional gains.
- Frequency of modifications to home program.

Helpful Resources

Clinical-Therapy Resources

- American Occupational Therapy Association website: https://www.aota.org/
- American Physical Therapy Association: https://www.apta.org/
- American Speech-Language-Hearing Association (ASHA) website: https://www.asha.org/
- ASHA – Avoid Pre-Authorization Pitfalls: https://leader.pubs.asha.org/doi/10.1044/leader.OTP.23062018.38
- Texas Medicaid Healthcare Partnership (TMHP) Learning Management System: https://learn.tmhp.com/
  - Once you have logged in, please select “Provider Education”, “Webinars” and use the search tool to locate the “Writing Functional Goals Webinar”

Clinical Resources for SLP

- ASHA - Bilingual Service Delivery: https://www.asha.org/Practice-Portal/Professional-Issues/Bilingual-Service-Delivery/
- ASHA - Pediatric Dysphagia: https://www.asha.org/Practice-Portal/Clinical-Topics/Pediatric-Dysphagia/
- Bilinguistics - Speech Therapy Resources: https://bilinguistics.com/

For more information on submitting an authorization or a claim for therapy services, please review Superior’s online **Medicaid Provider Toolkit** and/or the **Therapy Documents and Policy Clarification** section of our website by visiting: SuperiorHealthPlan.com/providers/resources.html.

For questions, please email SHP_TX_Clinical_PA@SuperiorHealthPlan.com.