

# Physical/Occupational Therapy Documentation for Referral Coordinators/Office Staff

---

**Acute Physical Therapy ONLY** (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)

- Patient can be referred for an evaluation without seeking prior authorization
- For approval of treatment – submit
  - Completed prior authorization form
  - Order requesting an evaluation and treatment signed by the ordering provider within 30 days of the evaluation date
  - Copy of the visit note that identifies the need for physical therapy services
  - Complete Physical Therapy Evaluation report and Plan of Care signed by the ordering physician within 30 days of submission for authorization
- Treatment may be extended for up to an additional 60 days
  - Submit:
    - Completed prior authorization form
    - Order requesting extension of treatment signed by the ordering provider within 30 days of the request
    - Progress summary and revised Plan of Care signed by the ordering physician within 30 days of submission for authorization

**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)

- Completed prior authorization form
- Order requesting an evaluation signed by the ordering provider within 60 days of the planned evaluation date
- Copy of the visit note that identifies the need for physical or occupational therapy services dated within 60 days of the planned evaluation date
  - If need for services was not identified during THSteps/well child exam, make sure to also include the most recent THSteps/well child exam and developmental screening results (PEDS or ASQ for children 6 and under)
  - Note should document that the ordering provider has 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 documentation of ECI referral

## Initial Treatment

- Completed prior authorization form
- Order requesting Occupational and/or Physical therapy treatment signed by the ordering provider within 30 days of the planned service start date
- Complete Occupational and/or Physical Therapy Evaluation report and Plan of Care signed by the ordering physician within 60 days of submission for authorization

## Extension of Initial Treatment

- Completed prior authorization form
- Complete initial Speech Therapy Evaluation report and Plan of Care signed by the ordering physician
- Occupational and/or Physical Therapy Progress reports signed by the ordering provider



# Physical/Occupational Therapy Documentation for Referral Coordinators/Office Staff

---

## Re-evaluation

- Completed prior authorization form
- Order requesting Occupational and/or Physical therapy re-evaluation signed by the ordering provider within 30 days of the planned re-evaluation date

## Ongoing Treatment

- Completed prior authorization form
- Order requesting Occupational and/or Physical therapy treatment signed by the ordering provider within 30 days of the planned service start date
- Complete Occupational and/or Physical Therapy Re-Evaluation report and Plan of Care signed by the ordering physician within 60 days of submission for authorization
- Most recent THSteps/well child exam and developmental screening results for children who have been receiving more than 12 months of continuous therapy and have no underlying medical condition associated with developmental delay (Autism, Autism Spectrum Disorder, Pervasive Developmental Disorder, Down Syndrome, Cerebral Palsy, etc.)