

**PRIMARY CARE PROVIDER OFFICE THERAPY REFERRAL CHECKLIST**

**Please use the following table to determine authorization services.**

Speech therapy evaluations REQUIRE authorization - Request must come from the Physician's office.  
Physical therapy and Occupational therapy evaluations and re-evaluations do NOT require authorization.

<b>Documents required to review request for Authorization:</b>	<b>Speech Therapy</b>	<b>Physical Therapy</b>	<b>Occupational Therapy</b>
Physician signed Order/Plan of care	✓	✓	✓
ECI referral (if under 3 years old)	✓	✓	✓
Current Well child check with ASQ/ PEDS based on the current checkup periodicity schedule. <small>*That includes documentation of medical necessity (more than a diagnosis is required)</small>	✓		
Objective hearing testing/ referral/ appointment	✓		
Therapy Evaluation or Re-evaluation	✓	✓	✓

\* Texas Health Steps Medical Checkup Periodicity Schedule for Infants, Children and Adolescents,  
[https://www.dshs.texas.gov/uploadedFiles/Content/Family\\_and\\_Community\\_Health/thsteps/pdfdocs/PS\\_large\\_2018.pdf](https://www.dshs.texas.gov/uploadedFiles/Content/Family_and_Community_Health/thsteps/pdfdocs/PS_large_2018.pdf)