



Physical and Occupational Therapy Prior Authorization Requirements – For Referral coordinator

- **Physical and Occupational Therapy Evaluations and Re-Evaluations:** Do NOT require prior authorization
- **Therapy Treatment visits:** All Physical and Occupational Therapy visits require prior authorization. These requests must include the respective Physical or Occupational Therapy evaluation for initial therapy visits or the Physical or Occupational Therapy Re-evaluation for continued visits with a current (within the past 60 days of receipt) Provider's signature. Requests should include dates of service, number of units and/or encounters, and procedure codes requested. Refer to the Texas Medicaid Provider Procedures manual for billable codes.

For chronic therapy services, prior authorization may be granted for up to 180 days with documentation of medical necessity.

All requests for therapy visits will be reviewed for medical necessity. A diagnosis alone is not sufficient documentation to support the medical necessity of therapy.

Eligibility due to a Developmental Delay must include norm-referenced standardized testing. In the unusual circumstance that norm-referenced standardized testing cannot be completed, tests with criterion-referenced age equivalency scores may be considered as an acceptable alternative.

Prematurity - For members born prematurely (born before 37 weeks gestation, based on a 40-week term), the chronologic age should be adjusted. The developmental age must be measured against the adjusted age rather than chronological age until the child is 24 months old. The age adjustment should not exceed 16 weeks.

Functional goals refer to a series of behaviors or skills that allow the member to achieve an outcome relevant to his or her health, safety, or independence within the context of everyday environments. Functional goals must be specific to the client, objectively measurable within a specified time frame, attainable in relation to the client's prognosis and/or developmental delay, relevant to client and family, and based on a medical need. – For additional assistance, please refer to the attached resources on *Writing Functional Therapy Goals*

Frequency - Providers may request high, moderate, or low frequencies indicating 3, 2, or 1 time per week respectively. Providers may request maintenance level by requesting a maximum of 2 times per month.

Home exercise regimen - All approved therapy should include education/ training for the member and responsible caregivers with instruction in a home exercise program that is used between and after completion of therapy visits for effective carryover of the therapy program and management of safety concerns