

Provider Update

Physical, occupational and speech therapy authorization requirements

Summary: Amerigroup* is updating our authorization requirements for new and renewal therapy services: physical therapy (PT), occupational therapy (OT), and speech therapy (ST) for Medicaid (STAR, STAR+PLUS and STAR Kids**) and CHIP.

✦ **What this means to you:** Effective April 18, 2016, Amerigroup requires PT, OT, and ST prior authorization (PA) requests to be submitted from the member's PCP or medical home.

The member's PCP and/or medical home is critical to providing continuous, comprehensive, and balanced partnerships with patients, other clinicians involved in the patient's care, the patient's family, and Amerigroup to achieve the most successful health outcomes. Amerigroup supports PCPs and medical homes; therefore, we now require all new and renewal PA requests for PT, OT, and ST to be submitted from the PCP or medical home. Therapy requests can no longer be submitted directly from the therapy provider.

Amerigroup is also updating/clarifying clinical information that must be included with new and renewal therapy authorization requests, as follows:

Developmental delay speech therapy should include:

- Documentation of a formal hearing screening and outcome of that screening. In the event hearing loss is detected, a full audiologist assessment and evaluation and treatment plan is required.
- Complete and final scores/results from the Developmental Standardized Test demonstrating significant delay in the area of requested treatment must be included.

We require this information as members experiencing hearing loss or other hearing issues are more likely to experience challenges with ameliorating or improving their condition. In the event the hearing screening is scheduled, but has not yet occurred, the date of the member's screening appointment must be provided in the authorization request.

Occupational therapy should include:

- Documentation of the deficiency and delay in specific activities of daily living (ADL). This documentation must include how the ADLs were identified.

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Physical, occupational and speech therapy should include:

All PT, OT, and ST requests must include a plan-of-care (POC). The POC must, at a minimum, include:

- PCP/Medical Home Physician's order
- Visits requested and dates of service medical history
- Prior treatment to include previous functional level and developmental standardized test scores
- Description of one or more specific daily activities that is limited and requires medical necessity for therapeutic intervention, and an evidence-based standardized test with scores that demonstrate the impairment is significant
- Percentage (%) of functional delay or criterion scores as it relates to the delay affecting developmental age versus chronological age
- Prognosis
- Clear diagnosis (unspecified or not otherwise specified [NOS] diagnoses are not acceptable)
- Demonstrate measurable short-term and long-term goals, and performance of a specific ADL or activity related to the impairment (information must be specific; generalized goals and information will not be accepted)
- POC changes and clinical rationale for changes for therapy re-evaluations

What if I need assistance?

If you have questions about this communication, received it in error, or need assistance with any other item, contact your local Provider Relations representative or call Provider Services toll free at 1-800-454-3730.

**Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.*

***These requirements will include STAR Kids on November 1, 2016.*

