OHCA Guideline

Medical Procedure Class:	Occupational Therapy (OT) and Physical Therapy (PT)
Initial Implementation Date:	July 2017
Last Review Date:	May 2021
Effective Date:	July 6, 2021
Next Review/Revision Date:	July 2024

* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.

☐ New Criteria ☑ Revision of Existing Criteria

Summary

Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.

Definitions

Disability: According to the World Health Organization (WHO), "disability" is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations

Licensed Qualified Clinician: May include an Occupational or Physical Therapist, Occupational Therapist Assistant, or Physical Therapist Assistant.

Occupational Therapist: A licensed professional health care provider who is a graduate of a program accredited by the Accreditation Council for Occupational Therapy (ACOTE) or predecessor organizations, has fulfilled state requirements for licensure, certification, or registration, and who provides occupational therapy services including evaluation, treatment program design/management/modification, and supervision of delegated portions of a treatment program.

Occupational Therapist Assistant: A licensed technically educated health care provider who is a graduate of a program accredited by the ACOTE or predecessor organizations, has fulfilled state requirements for licensure, certification, or registration, and who performs selected occupational therapy procedures and related tasks under the direction and supervision of an Occupational Therapist.

Physical Therapist: A licensed professional health care provider who is a graduate of a program accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization, has fulfilled state requirements for licensure, certification, or registration, and who provides physical therapy services including evaluation, treatment program design/management/modification, and supervision of delegated portions of a treatment program.

Physical Therapist Assistant: A licensed technically educated health care provider who is a graduate of a program accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization, has fulfilled state requirements for licensure, certification, or registration, and who performs selected physical therapy procedures and related tasks under the direction and supervision of a Physical Therapist.

Qualified health professional: A medical doctor (MD), osteopathic doctor (DO), physician's assistant (PA), certified nurse practitioner (CNP), or an advanced practice registered nurse (APRN) who is currently contracted with Sooner Care.

Description

The purpose of Occupational Therapy is to provide necessary services for the diagnosis and treatment of impairments that impact a person's ability to participate in activities of daily living safely and effectively at the level of his/her peers. Thus, enhancing or enabling participation in roles, habits, or routines within the medical framework.

The purpose of Physical Therapy is to examine, evaluate, and develop a treatment plan to improve a person's ability to move, reduce or manage pain, restore function, and prevent disability.

Both occupational and physical therapy practitioners are knowledgeable about and deliver services in accordance with AOTA and APTA standards, policies, guidelines, and state, federal, and other regulatory payer requirements relevant to practice and service delivery.

Both Occupational Therapy and Physical Therapy services are expected to result in significant functional improvement in a reasonable amount of time. The complexity of the intervention and/or patient's condition must require the skilled level of judgment and knowledge of a licensed, qualified therapist. Occupational therapy and physical therapy services must be delivered according to currently accepted standards of practice (based on credible scientific evidence and cannot be considered experimental). Both occupational therapy and physical therapy practitioners are knowledgeable about evidence-based practice and apply it ethically and appropriately to provide occupational therapy and physical therapy services consistent with best practice approaches.

Occupational Therapist: An occupational therapist has overall responsibility for the development, documentation, and implementation of the occupational therapy intervention plan based upon the evaluation, client goals, best available evidence, and professional and clinical reasoning. When delegating aspects of the occupational therapy intervention to the assistant (OTA) the occupational therapist is responsible for providing appropriate supervision.

Occupational Therapist Assistant: An occupational therapist assistant selects, implements, and makes modifications to the therapeutic interventions that are consistent with the assistant's demonstrated competency and delegated responsibilities. An occupational therapy assistant contributes to the modification of the intervention plan by exchanging information with and providing documentation to the occupational therapist about the client's response to intervention and treatment.

Physical Therapy: A physical therapist incorporates all components of evidence-based practice, integrating best research evidence, clinical expertise, and individual's values and circumstances to make decisions regarding services for clients. A physical therapist has overall responsibility for the development, documentation, and implementation of a specified plan of care, based upon the evaluation and prognosis of the client and client's goals. When delegating aspects of the physical therapy intervention to the PT Assistant (PTA), the physical therapist is responsible for providing appropriate supervision as outlined in the Oklahoma Administrative Code.

Physical Therapy Assistant: A physical therapy assistant shall provide selected physical therapy interventions only under the supervision and direction of the evaluating physical therapist. A physical therapy assistant shall make judgments that are commensurate with their education and legal qualifications as a physical therapy assistant.

CPT Codes Covered Requiring Prior Authorization (PA)
97022, 97110, 97112, 97113, 97116, 97124, 97140, 97150, 97164, 97168, 97530, 97532, 97533, 97535, 97542, 97602, 97755, 97760, 97761, 97763 (see CPT Manual for definition of codes).

Approval Criteria

I. GENERAL

A. Medical Necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate, through adequate medical records, evidence sufficient to justify the member's needs for the service in accordance with the **OAC 317:30-3-1(f).**

B. Initial evaluations do not require prior authorization; however, re-evaluation requests will require prior authorization.

C. Occupational Therapy and Physical Therapy services are covered for the pediatric population (ages 0-20 at the time of evaluation) when it is medically appropriate.

D. Frequent changes of therapists within or the same group should be avoided as it impacts continuity of care and may negatively impact a child's ability to make progress. Any change of therapist should be reported, and rationale given.

E. Treatments are expected to be evidence-based and result in significant, functional improvement in a reasonable and generally predictable period of time or are necessary for the establishment of a safe and effective maintenance program.

F. The complexity of the therapy and the patient's condition must require the judgment and knowledge of a licensed qualified Occupational Therapy/Physical Therapy clinician as defined above practicing within the scope of practice for that service. Services that do not require the performance or supervision of a licensed qualified clinician are not skilled and are not considered reasonable or necessary therapy services, even if they are performed or supervised by a qualified professional.

G. Any information regarding discharge or transfer of services should be included in the daily clinical documentation.

H. Treatment goals that may be addressed in an academic setting and/or do not require skilled services of an OT or PT (Occupational or Physical Therapist) do not meet medical necessity.

I. Parental Consent forms are only valid for one year.

II. DOCUMENTATION REQUIREMENTS FOR ALL REQUESTS FOR OCCUPATIONAL OR PHYSICAL THERAPY:

A. A dated prescription or referral (within the previous 12 months) requesting the services from a contracted qualified health professional licensed as a physician or surgeon with unlimited license, or the physician assistant of the person so licensed; Doctor of Dentistry, Chiropractic, or Podiatry; or an Advanced Practice Registered Nurse; AND

B. A valid signed parental consent, dated within the timeframe requested, and completed in entirety; **AND**

C. A completed HCA-61 Therapy Prior Authorization Request form; **AND**

D. Clinical documentation which supports the requested services (examples include recent surgery, hospitalization, falls, change in abilities) and must be within the previous 12 months. Report must be signed by the occupational therapist or physical therapist and include their credentials. Reports must be legible; **AND**

E. Clinical documentation of any previous occupational or physical therapy services must address the length therapy was provided, any break in the services and reason that resulted in the break, address changes during the lapse of services, goals that were met and any skills that were developed; **AND**

F. Clinical documentation of any additional services the member is currently receiving, including school services and Early Intervention, addressing any overlap or duplication of services; **AND**

G. A narrative of the member and/or caregiver priorities or desired outcomes; **AND**

H. A detailed report of any tool, test or measure administered to include:
   a. Description of the tool, test or measure used; **AND**
   b. Reason for choosing the tool, test, or measure; **AND**
   c. Detail of the degree of delay and/or variation from "norms"; **AND**
   d. A detailed narrative of the measure of change over time; **AND**
   e. Interpretation and results of the testing; **AND**

I. Submit a list of functional and measureable goals, including a timeframe and baseline for each goal, using the following format:
   a. Who does what; **AND**
   b. The exact timeframe of the goal; **AND**
   c. The conditions under which the goal is expected to be met; **AND**
   d. A statement that provides the rationale for the goals and the prognosis of achieving the goals; **AND**

J. Intervention plan must be detailed in the request and should include:
   a. Specific frequency and duration of the services with a titration schedule of services and/or the anticipated length of the intervention.
   b. The location in which the services will be provided
   c. Efforts to include the member and/or family/caregiver in the management and carry-over of the intervention.
   d. Detail the reasons if the intervention was unsuccessful i.e., unable to train family/caregiver.

K. The following must be submitted with requests for continuation of services:
   a. A listing of all previous goals detailing the level achieved, baseline and current measurements for each; **AND**
   b. Instances in which goals were not achieved, a written narrative must be submitted detailing why goals were unmet; **AND**
   c. A valid signed parental consent form; **AND**
   d. A completed HCA-61 Therapy Prior Authorization Request form; **AND**
   e. A current prescription to cover Plan of Care submitted or signed POC; **AND**
   f. Progress notes submitted must be signed by a supervising PT or OT; **AND**

g. Include a titration plan or discharge plan; **AND**
h. Generic prescriptions for evaluate and treat are good for 1 year. Specific scripts, such as 2 times a week for 4 weeks will require a new script or signed POC; **AND**
i. Documentation of previous authorization attendance and reason for missed session; **AND**
j. Failure to submit all correct paperwork will result in cancellation.

L. The following applies when a member changes to a new provider:
   a. When member changes to a new provider, the new provider must submit written documentation that they have reviewed the previous evaluation or POC and agree with it. Otherwise, they will need to perform their own evaluation and submit that with the other required paperwork.
   b. If there is a change of provider within the approved dates of a current authorization, then a form SC-16 (Change of Provider Prior Authorization Form) must be submitted in addition to Parent Consent form and all other required documentation. The form must be completed in its entirety or it will not be accepted.

III. INDICATIONS

Service must be linked to an ICD-10-CM diagnosis code supported in the clinical documentation.

Note: Additional information may be requested.

Denial Criteria: Request outside the guidelines.

Approval Period: Up to 12 months.

References

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317: 30-3-1; 317:30-3-65.5; 317:30-5, Part 17.
2. American Occupational Therapy Association. (2010). Standards of practice for occupational therapy. American Journal of Occupational Therapy, 64(6Suppl.), S106-S111
3. American Occupational Therapy Association. (2011) Definition of occupational therapy practice for the AOTA Model Practice Act.
4. American Occupational Therapy Association (2014a). Guidelines for supervision, roles, and responsibilities during the delivery of occupational therapy services. American Journal of Occupational Therapy, 68(Suppl.3), S16-S22.
5. American Occupational Therapy Association (2020). Occupational Therapy practice framework: Domain and process (4th ed.). American Occupational Therapy.
6. American Occupational Therapy Association (2014) Guidelines for Documentation of Occupational Therapy. Enforcement Procedures for the Occupational Therapy Code of Ethics and Ethics Standards, American Journal of Occupational Therapy, 64(6, Suppl.), S4-S-16.
7. American Occupational Therapy Association. (2014a). Enforcement Procedures for the Occupational Therapy Code of Ethics and Ethics Standards. American Journal of Occupational Therapy, 68(Suppl. 3), S3-S15.
8. American Physical Therapy Association. Code of Ethics for the Physical Therapist (HOD 506-20-28-25).

9. American Physical Therapy Association. The Standards of Practice for Physical Therapy. (HOD 506-20-35-29).
10. Oklahoma Administrative Code Title 435. State Board of Medical Licensure and Supervision. Chapter 20. Physical Therapists and Assistants.
11. Physical Therapy Practice Act. Title 590.5; Sections 887.1-887.18