

Prior Authorization Changes for Physical, Occupational, and Speech Therapy for CSHCN Effective September 1, 2017

Information posted August 8, 2017

Effective for dates of service on or after September 1, 2017, physical therapy (PT), occupational therapy (OT), and speech therapy (ST) requests for prior authorization will change for the Children with Special Health Care Needs (CSHCN) Services Program. Billing structure for therapy procedure codes will align across provider types and will be based on the procedure code billed.

Providers may refer to the article titled "[Physical, Occupational, and Speech Therapy Benefits to Change for CSHCN Effective September 1, 2017](#)," for more information.

Prior Authorization Changes

Prior authorization for CSHCN PT, OT, and ST therapy requests will change for dates of service on or after September 1, 2017.

TMHP will update prior authorizations that span the effective date of September 1, 2017.

TMHP has begun sending out updated prior authorization letters and will continue this process through the end of August for clients with authorizations that will be active on or after September 1, 2017. The letters will provide updated authorization information which will align with the new billing structure. The prior authorization number will remain the same for updated authorizations.

Providers receiving updated prior authorizations for PT/OT in units based on the conversion of 1 visit = 4 units are expected to submit *claims* based on time spent face-to-face with patient and/or caregiver.

Authorization Requests On or After September 1, 2017

Providers will need to submit authorization requests for therapy services in units or encounters for authorization periods that begin on and after September 1, 2017.

The new billing structure will require providers to document requests on the PA form differently.

Below are specific instructions on how to submit a request with untimed supervised modality codes.

The billing structure for the following PT/OT treatment procedure codes will each be limited to one encounter per date of service, per discipline:

Supervised Modality Procedure Codes

97012	97016	97018	97022	97024	97026
97028					

Each supervised modality code:

- Must be requested on the prior authorization form

- May only be reimbursed when billed with one or more time-based PT/OT procedure codes

Prior Authorization (PA) Form Update

The [CSHCN Services Program Prior Authorization Request for Initial Outpatient Therapy \(TP1\) Form and Instructions](#) and the [CSHCN Services Program Prior Authorization Request for Extension of Outpatient Therapy \(TP2\) Form and Instructions](#) will be updated and available no later than August 1, 2017.

The TMHP Prior Authorization (PA) department will accept the previous version of the form through October 31, 2017. Beginning November 1, 2017, TMHP will only accept the most current version of the form as posted on tmhp.com. Following the allowed grace period, if providers are not using the current PA form, PA staff will void/fax back the incorrect PA form. If the request is a portal submission, PA staff will pend for the current PA form following existing processes.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.