Clarification to Assist PT, OT and ST Providers on Requirements for Initial Evaluation and Re-evaluation Plan of Care Documentation

Information posted March 15, 2018

Note: Texas Medicaid managed care organizations must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.

The Texas Health and Human Services Commission is releasing clarification to assist physical, occupational and speech therapy providers on the required elements of initial evaluation and re-evaluation plans of care.

To avoid unnecessary denials, the therapy provider must provide correct and complete information that supports the medical necessity for the service(s) requested. The requesting therapy provider may be asked for additional information to clarify or complete a request if the elements are not properly documented.

The required elements of initial evaluation and re-evaluation plans of care are listed in the following sections in the current Texas Medicaid Provider Procedures Manual, Physical Therapy, Occupational Therapy, and Speech Therapy Services Handbook.

- 5.2.1.1 “Initial Evaluation for Acute and Chronic Therapy Services”
- 5.2.2 “Additional Evaluation and Documentation Requirements for Speech Therapy”
- 5.2.4 “Requests for Recertification-Acute Therapy Services”
- 5.2.5 “Requests for Recertification - Chronic Therapy Services”

Providers may state an element is not applicable when appropriate.

The required elements addressed below frequently result in the prior authorization request to pend for missing or inadequate information. To help avoid pended requests, please review the clarifications described below.

Requested Dates of Service for Planned Treatments after the Completion of the Evaluation/Re-evaluation Plan of Care

The dates of service listed on the Texas Medicaid Physical, Occupational, or Speech Therapy (PT, OT, ST) Prior Authorization Form must align with or be included in the dates of service listed in the evaluation or re-evaluation plan of care.

The table below lists examples of dates of service listed on the prior authorization form and evaluation or re-evaluation plan of care:

<table>
<thead>
<tr>
<th>Dates of Service Listed on Prior Authorization Form</th>
<th>Dates of Service Listed on Plan of Care</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 1 – July 31, 2018</td>
<td>June 1 – August 1, 2018</td>
<td>Approved through July 31, 2018</td>
</tr>
</tbody>
</table>
Client-Specific Measurable Short and Long-Term Functional Goals within the Length of Time the Service is Requested

Functional goals are defined as a series of behaviors or skills that allow the client to achieve an outcome relevant to his/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 or developmental delay, relevant to client and family, and based on medical need.

Functional short- and long-term goals should not exceed the length of time the therapy service is requested (e.g. long-term goals for a request for 180 days of therapy should not exceed a 6-month time frame). Isolated test items or scores on an assessment tool do not meet the definition of functional goals. However, performance on relevant clinical measures may support the medical necessity of therapy and may be described in the body of the evaluation or re-evaluation. Goals that exceed the length of the therapy authorization period requested may be included as discharge criteria (see below).

History of Prior Therapy

Providers should include any known information regarding a client’s previous therapy in the evaluation or re-evaluation. Providers may reference information provided by the client or client’s family and identify it as such.

Documentation of Client’s Primary Language

Providers must identify the client’s primary language in the evaluation or re-evaluation.

Safety Risks

Safety risks refer to a description of how the client’s safety in the everyday environment might be compromised. Although simply listing “universal precautions” to address this element may be adequate in some cases, providers are encouraged to list safety risks that support the need for therapeutic intervention.

Date of Onset of the Client’s Condition Requiring Therapy or Exacerbation as Applicable

Providers must include the date of onset of the client’s condition requiring therapy or exacerbation date in the client’s evaluation or re-evaluation. If the date of onset is congenital, providers should state onset date at birth.

Client’s Medical History and Background
Providers must include a brief description of the client’s medical history and background that contributes to the need for therapy. Providers may reference information provided by the client or client’s family and identify it as such.

**Adaptive equipment or assistive devices, as applicable**

List any adaptive equipment or assistive devices that contribute toward client function. Functional goals that include the use of equipment or devices may support the need for therapeutic intervention. If the client does not have adaptive equipment or assistive devices, indicate that this element is not applicable.

**Responsible Adult’s Expected Involvement in Client’s Treatment**

Providers must describe how the responsible adult or adults will be expected to support the client’s treatment. For adult clients, providers must describe the expectation of adherence with a home program.

**Prognosis for Improvement and Discharge Criteria**

Providers must include a statement regarding prognosis for improvement for initial evaluations and clearly established discharge criteria for re-evaluations.

The discharge criteria must reflect realistic expectations from the episode of therapy and should simply state the broad intent of the results of therapeutic intervention.

For more information, call the TMHP Contact Center at 1-800-925-9126.