

Physical Therapy (PT) Attestation Form Regarding Location of Services

Physical therapists who provide services at a designated office must list the physical office address where those services are rendered on the Texas Medicaid enrollment application. All documentation in the client's medical record must be maintained at the therapy provider's place of business. This could be an office space that the provider uses (even if the client visits occur elsewhere), the provider's home address, or the business headquarters—particularly if records are stored electronically.

Per Texas Administrative Code (TAC) Title 22, Chapter 346, other practice locations for PT include, but are not limited to, hospital, private clinic, industry, home health, and nursing home settings.

Physical therapists must attest to where the services will be provided so that the Texas Health and Human Services Commission (HHSC) can determine whether a site visit is required. The requirements are as follows:

- Site visits are mandatory when a physical therapist provides services at a designated office location, even when the designated office location is a home office.
- Site visits are not required when a physical therapist provides services in an institutional setting or a school.

Complete the attestation below, and provide any additional information required based on your response.

I, _____, a physical therapist enrolled in Texas Medicaid according to their specific licensure (as stated in the *Texas Medicaid Provider Procedures Manual* [TMPPM]), attest that I (select all that apply below):

Will provide services to clients only at a designated office location. I understand that the designated office location is subject to a site visit even if it is my home address.

Will provide services to clients at a designated office location through telehealth. I understand that the designated office location is subject to a site visit even if it is my home address.

Will provide services to clients at a designated office location and the clients' homes. I understand that the designated office location is subject to a site visit even if it is my home address.

Will provide services to clients exclusively at an institutional setting, a school, and/or at a location directed by the clients. I understand that it is at the discretion of the State Medicaid Agency if they elect to conduct a site visit.

By signing this form, I certify that the information above is true and correct. If I learn that any information above changes or is not true or correct, I agree to notify the Texas Medicaid & Healthcare Partnership (TMHP) at 800-925-9126 immediately. I know that I may be subject to penalties or prosecution under state and federal laws if I provide information that is not true or correct.

Printed Name

NPI

Provider Signature (stamped signatures not accepted)

Date