Driscoll HEALTH PLAN
A friend of the family

Revised: Aug, 2018

THERAPY GUIDE

As part of our ongoing mission to ensure better health outcomes for our members, Driscoll Health Plan is making improvements to the existing medical necessity criteria for therapy services. We value your participation in our network of therapy providers and understand that by clearly communicating our policies and criteria, we can help to ensure that therapists and therapy agencies are able to maintain their focus on providing quality treatment services to our membership.

Requests for initial evaluations, re-evaluations and therapy treatment must originate directly from the PCP (or a specialist, neurologist, orthopedic physician or rehabilitation physician) by fax or web. Requests originating from therapy providers will be returned as "incomplete". All requests for evaluations, re-evaluations, and therapy will be reviewed for medical necessity.

Driscoll Health Plan (DHP) is committed to expediting authorization turn-around-times and reducing administrative denials due to missing or incomplete information from the PCP. Relieving the therapy provider of the burden of collecting this information eliminates an extra step in the authorization process and improves turn-around-times. Our existing policy that requires PCP submitted requests supports this.

Requests for prior authorization of therapy services can be made by web at www.driscollhealthplan.com or by fax at:

STAR and CHIP Program Fax	STAR Kids Program Fax
1-866-741-5650	1-844-407-5437

The guidelines below are provided for your assistance in requesting prior authorization for therapy services.

As we are unable to provide authorization for retroactive dates of service, please ensure that prior authorization requests are submitted no later than the day the requested service is to begin. Optimally, we recommend submitting requests five business days prior to the desired start date in order to allow time for processing.

- **For initial evaluation requests**, an evaluation order specifying the discipline(s) to be evaluated and signed by the PCP or pertinent physician must be submitted ***directly*** along with:
  - A copy of the visit note and/or the current THSteps Exam / Well Child Exam and developmental screening (as determined by the periodicity schedule) that identified a need for evaluation.
  - For speech therapy evaluation requests for articulation, language, and stuttering, documentation of normal hearing in one ear by an objective method (Pure-tone, Otoacoustic Emissions Test, or Auditory Brainstem Response) will be requested from the referring provider. Authorization of the initial speech evaluation will not be delayed due to a lack of objective hearing testing at the time of the request, with the expectation that objective hearing testing will be required within a reasonable timeframe[1].
- **For re-evaluation requests**, an evaluation order specifying the discipline(s) to be evaluated and signed by the PCP (or a neurologist, orthopedic physician or rehabilitation physician) must be submitted ***directly*** along with:
  - A copy of the visit note and / or the current THSteps Exam / Well Child Exam and developmental screening (as determined by the periodicity schedule) that documents the continued need for therapy services.
  - Requests for re-evaluation should be submitted no more than 30 days prior to the expiration of the existing treatment authorization; requests submitted more frequently will be reviewed on a case-by case basis.
  - If the member has received an evaluation within the past six months, a new evaluation or re-evaluation is not required by DHP. Requests for therapy treatment may be submitted with a previous evaluation which is less than six months old. Evaluations are limited to once every 180 rolling days. Re-evaluations ***may be*** reimbursed when documentation supports a change in the client's status, a request for extension of services, or a change of provider.
  - In cases where a member receiving therapy services transitions to coverage by DHP, the first request for re-evaluation must be submitted with a copy of all information required from the PCP for initial evaluation requests, as well as a copy of the initial evaluation and treatment plan including documentation of progress in treatment.

[1] UMCC Section 8.1.3.1

- Formal assessment of hearing by an audiologist or Ear, Nose and Throat (ENT) specialist may be requested based on lack of progress in therapy, history of previous hearing loss and / or medical diagnoses which are prone to hearing loss.

- **For treatment requests**, treatment orders specifying the frequency and duration of the requested service and signed by the PCP (or a neurologist, orthopedic physician, or rehabilitation physician) must be submitted ***directly*** along with a Plan of Care which documents:
  - A current THSteps exam (as determined by the periodicity schedule) or Well Child Exam documenting the need for continuation of services is required. Additional clinical documentation may be requested.
  - A therapy Plan of Care which documents:
    - A brief statement of the member's medical history and any prior therapy treatment;
    - A description of the member's current level of functioning or impairment, to include current standardized assessment scores, age equivalents, percentage of functional delay, or criterion-referenced scores as appropriate for the member's condition or impairment;
    - A clear diagnosis and reasonable prognosis;
    - A statement of the prescribed treatment modalities and their recommended frequency/duration;
    - Short and long-term treatment goals which are functional and specific to the member's diagnosed condition or impairment.
  - If the request is for **reauthorization of ongoing treatment**, new standardized testing is required once every six months. If new standardized testing has not been completed, documentation must **also** include:
    - Objective demonstration of the member's progress toward previous treatment goals;
    - An explanation of any changes to the member's plan of care, and the clinical rationale for revising the plan.
    - Attendance during the prior authorization period.
    - Documentation of parent or primary care giver participation in therapy sessions.
    - Documentation of transition to a home program and parent/primary care giver compliance with the plan.
  - OT requests should include documentation of the delays and deficits in Activities of Daily Living (ADLs) and how they were identified. OT is not recognized as traditional therapy for ADHD. Medical necessity will be determined based on deficits in performing ADLs.
  - **Hearing Assessment Requirements:**
    - If a member has not had an objective hearing screen or testing (Pure-tone, Otoacoustic Emissions Test, or Auditory Brainstem Response) completed prior to the speech evaluation, documentation of normal hearing in one ear by objective method must be submitted with the request for therapy visits. If at the time of request for therapy a hearing evaluation has not been performed but is documented as scheduled, a short duration of therapy may be authorized.
    - If the member has failed the hearing screening completed at the PCP / physician's office, an ENT specialist referral is required. Such ENT evaluation should include documentation of treatment for any hearing loss that has been identified.
    - Formal assessment of hearing by an audiologist or ENT may be requested based on lack of progress in therapy, history of previous hearing loss and / or medical diagnoses which are prone to hearing loss.
  - In cases where an initial evaluation was not prior authorized by DHP, the initial treatment request must be submitted with a copy of all information required from the PCP for initial evaluation requests, as well as a copy of the initial evaluation and treatment plan.

A maximum of 3 months and/or 24 sessions may be authorized for initial and second requests for therapy to establish compliance, attendance and achievement of short term goals. Further therapy will be considered based on compliance with home programs, attendance and significant progress towards short-term goals.

- **Therapy Services provided in the home:** Please attest and provide supporting documentation that there is medical necessity for this service to be provided in this location as opposed to another venue, and that all necessary equipment, services and supplies will be available to provide the service. Please attest that Home Health services are related to the member's medical condition and not primarily for the convenience of the member or provider. *Reliable transportation can*

be obtained from the Medicaid Transportation program. DHP Social Service can assist with this program if there are exceptional problems.

- **Therapy Services for Members under Age 3**: HHSC requires that DHP educate providers regarding the federal laws on ECI (Early Childhood Intervention). ECI is a statewide program designated to provide services to children age's birth through 35 months of age suspected of having developmental disabilities or delays, or is at risk of delay. Referrals must be made to the designated ECI program for screening and assessment within seven business days from the day the Provider identifies the member. As such, ECI is considered to be the appropriate service delivery model for developmentally delayed members under three years of age. Members with the following conditions may also be considered for medical-based therapy as an alternative to or as adjunct to ECI services:
  - Members with severe to profound developmental delays;
  - Members with major medical diagnoses related to their therapeutic needs;
  - Members with high acuity medical needs (tracheostomized, ventilator dependent, etc.)

  ECI services **do not** require prior authorization.

Questions can be directed to DHP at:
STAR or CHIP Program Members: 1-877-455-1053
STAR Kids Program Members: 1-844-406-5437

Respectfully,

William Brendel, MD, Medical Director

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