

## Therapy Request Checklist

### Required for Speech Therapy, Physical Therapy, Occupational Therapy

**Providers: Please provide supporting clinical documentation for the items indicated below.**

**Initial evaluation** – *Prior Authorization is not required for referral to in-network therapy providers. For referrals to OON providers: 1<sup>st</sup> time for a therapy evaluation or evaluation after a break in therapy lasting longer than 3 months when the previous evaluation is >6 months old. Request for evaluation must be submitted by the referring provider.*

**Obtained from Physician:**

- THSteps Exam **OR** a clinical note from a physician documenting deficits and the need for therapy referral.
- History of any previous therapy, particularly any therapy in the past 6 months.
- A developmental screen (usually an ASQ or PEDS) or clinical note from an appropriate specialist.
- For speech, language or voice evaluation** – objective hearing screening or testing (Pure-tone, Oto-acoustic 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. The expectation is that objective hearing testing will be completed on a concurrent timeline with a referral for evaluation or re-evaluation.
- For feeding/swallowing evaluation** - Growth charts.
- Telehealth Evaluation** - Documentation of the medical need for the evaluation to be completed via telehealth and reasons why a face-to-face encounter is not possible/desirable will be needed.

**Initial Therapy Visits** – *Therapy visit requests may be submitted by the therapy provider. Refer to the DHP Therapy Guide on the DHP Provider Web Auth Portal for details.*

**Obtained from Therapy Provider:**

- Therapy Evaluation and Plan of Care that include the results of formal testing, a description of the functional deficits, diagnosis, recommendations for therapy frequency/duration, recommended place of service/platform, and functional treatment goals.

**Obtained from Physician:**

- THSteps Exam **OR** a clinical note from an office visit with a physician (occurring within the last three to six months) documenting deficits and the need for therapy referral.
- A developmental screen or clinical note from appropriate specialist.
- For speech, language or voice therapy** – Recent documentation of normal hearing in at least one ear by objective screening method (Pure-tone, Otoacoustic Emissions Test (OAE), or Auditory Brainstem Response (ABR)), or a clinical note from an Ear, Nose, Throat specialist (ENT) or an audiologist documenting normal hearing adequate for speech, or the date of any future appointment for hearing testing.
- For feeding/swallowing therapy** – Growth charts.
- For Telehealth** – If it is not clear that telehealth therapy is appropriate, documentation of the medical need for telehealth therapy visits and reasons why face-to-face services are not possible/desirable will be needed.

**Re-evaluation** – *To determine progress. Approved every 6 months or due to a change in medical status. Request for re-evaluation must be submitted by the referring physician.*

**Obtained from Physician:**

THSteps Exam **OR** a clinical note from an office visit with a physician (occurring within the last twelve months) documenting deficits and the need for therapy referral.

If previous evaluation/re-evaluation is less than 6 months old, documentation of the medical necessity for a new evaluation is required.

For Speech, language or voice therapy – Recent documentation of normal hearing in at least one ear by objective screening method (Pure-tone, Otoacoustic Emissions Test (OAE), or Auditory Brainstem Response (ABR)), or a clinical note from an Ear, Nose, Throat specialist (ENT) or an audiologist documenting normal hearing adequate for speech, or the date of any future appointment for hearing testing.

**Telehealth Re-evaluation** – Documentation of the medical need for the re-evaluation to be completed via telehealth and reasons why a face-to-face re-evaluation is not possible/desirable will be needed.

**Obtained from Therapy Provider:**

**Telehealth Re-evaluation** -Documentation of previous success with services provided via telehealth

**Therapy continuation** – *Request for additional therapy visits at the end of an authorization period. Therapy visit requests may be submitted by the therapy provider. Refer to the DHP Therapy Guide on the DHP Provider Portal for details.*

**Obtained from Therapy Provider:**

Therapy attendance during the previous authorization period – actual number of visits attended.

Objective documentation of progress made in therapy. (**Provide one of the following**):

New evaluation/re-evaluation is required only once every 6 months,

If previous evaluation is still current (less than 6 months old), the therapy provider can submit either a summary that provides data (baselines and current %s) for each therapy goal, documenting progress made during the prior authorization period, –**OR**–

The first 3 progress notes and the last 3 progress notes for the previous authorization period with goal progress clearly demonstrated so that DHP therapists can determine progress that was made toward therapy goals.

Description of improvements in communication/fine motor skills/self-care/gross motor Skills observed by the family and/or therapist during the completion of activities of daily living.

**For Telehealth** - Documentation of how telehealth will be incorporated into the overall therapy plan and that it is appropriate based on previous success with telehealth visits, patient compliance, family involvement and the proposed plan of care;

Any changes to the previous therapy goals and plan of care.

**Obtained from Physician:**

THSteps Exam **OR** a clinical note from an office visit with a physician (occurring within the last twelve months) documenting deficits and the need for therapy referral.

**For speech, language or voice therapy** – Recent documentation of normal hearing in at least one ear by objective screening method (Pure-tone, Otoacoustic Emissions Test (OAE), or Auditory Brainstem Response (ABR)), or a clinical note from an Ear, Nose, Throat specialist (ENT) or an audiologist documenting normal hearing adequate for speech, or the date of any future appointment for hearing testing.

If new to DHP all documentation listed under initial evaluation is required.

**For Telehealth** – If it is not clear that telehealth therapy is appropriate, documentation of the medical need for telehealth therapy visits and reasons why face-to-face services are not possible/desirable will be needed.