Therapy Referrals

Utilization Management

Agenda

- Referral Elements
- Guidelines
- Portal Tutorial

Objective

To expand awareness of the therapy referral process and improve overall accuracy and efficiency.

Referral Elements

Required Forms

Therapy Providers can submit requests for treatment on behalf of the Referring Provider.

The Referring Provider can be PCP, Appropriate Specialist, NP, or PA from the same office.

Therapy Providers can submit referrals by fax or the portal.

There are two form options

1. Referring provider signed TARF
2. Therapy attestation form accompanied by a referring provider signed order or POC

Timeframe for Standard Referral

**Three business days to make a determination

Business days do NOT include holidays and weekends

Day Zero	Day One and Two	Day Three
Referral is received	UM review and peer-to-peer	Determination

Timeframe for Referral with Lack of Information Delay

**14 Calendar days to make a determination

Calendar days DO include holidays and weekends

Day One	Days 2-13	Day 14
Referral is received	UM review and peer-to-peer with LOI Process	Determination

Referral Statuses

- Authorized
- Denied
- Pending Review
- Canceled
- Closed

Please pay attention to the reason associated with each status. The reason contains crucial information to interpreting the determination.

The Reason is KEY!

Commonly misunderstood reasons include:

- Partial Approval
- No Auth Required due to Coordination of Benefits

Coordination of Benefits

Generally, prior authorization is **not required** if the member has a primary commercial plan and DHP is secondary.

In some situations, the primary commercial plan does not cover therapy. These examples might include:

- The primary insurance does not include therapy coverage at all
- The member has exceeded the limit under the primary
- The primary insurance denies the therapy

For these situations, the referral needs to be **faxed** to DHP. The coversheet must indicate that the member does not have therapy coverage under the primary insurance.

Standard Guidelines

Texas Medicaid Provider Procedures Manual

DHP Policies

TMPPM Highlights

- 4.6 Frequency and Duration
- 4.7 Criteria for Discontinuation of Therapy
- 4.8 Exclusions (Non-covered Services)
- 5.3 Developmental Delay Criteria

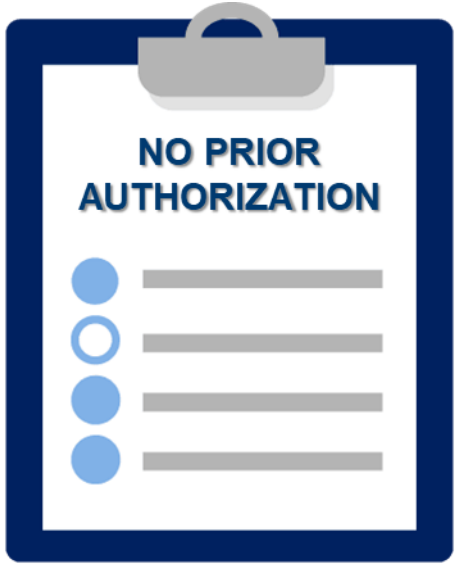
Link to TMHP

Public DHP Policy

Our DHP policy can be found:

1. Click on driscollhealthplan.com
2. Click on Providers
3. Scroll to Helpful Links
4. Click on Driscoll Health Plan – Therapy Guide

DHP Policy Highlights:



Referrals should originate at a visit with the PCP or appropriate specialist.

Initial evaluations with in-network providers do not require prior authorization.

Referrals for evaluation or re-evaluation must originate from the physician's office.

Re-evaluation is required once every 180 days.

6-month authorization periods will now be considered for initial requests as well as for continuation.

DHP Policy Highlights

Treatment Requests

A therapy evaluation and plan of care must include:

- ✓ A brief statement of the member's medical history and any prior therapy treatment
- ✓ A description of the member's current level of function or impairment, including appropriate assessment scores
- ✓ Documentation of the treatment modalities, frequency, duration, and the place of service
- ✓ Functional, measurable, and specific treatment goals

DHP Policy Highlights

Continuation of Treatment Requests

Clinical notes must include:

- ✓ Objective demonstration of the member's progress
- ✓ Description of improvements in function during ADL's
- ✓ An explanation and clinical rationale for any changes to the plan of care
- ✓ Attendance
- ✓ Parent or primary caregiver participation


What questions do you have?

Key Points for All Disciplines

Commonly Missed Items for All Disciplines

- Physician Clinical Note:

Initial Referral	Ongoing Referral	Orthopedic Referral
MUST be less than 6 months old	MUST be submitted every 12 months	May be requested more frequently

- Documented attendance
- Functional Goals
- Objective data that shows progress

Common Reasons for Partial Approval

Common Reasons for Denial

- Continued lack of progress or poor attendance
- Physician clinical notes are older than 12 months or don’t document deficits
- Hearing has not been confirmed after 3-6 months.
- The member can complete Activities of Daily Living

Critical Components of every Physician Clinical Note

1.Deficit

Must document a functional deficit

2.Therapy

Describe the need for therapy visits

Common Mistakes in Goals

- "Age-Appropriate" as a goal
- Test items as goals
- Strategies as goals
- Lacks a tie to function in ADL's
- Educational goals
- Fitness goals
- Developmental goals that are not attainable

To learn more:

- Texas Health Steps quick course, Therapy Referrals for Children, A Guide for Texas Health Steps Providers.
- TMHP webinar, Writing Functional Goals

Speech Therapy Key Points

Primary Language

Evaluations must be conducted in the member's primary language, and therapies should then be provided in the dominant language. Testing for all subsequent re-evaluations should only be conducted in the language used in therapy.

The Hearing Test

Why does DHP require a hearing test?

In order to make an appropriate speech and language diagnosis and to plan treatment, the speech language pathologists MUST know how the child hears. The only way to obtain this information is with a formal objective hearing test completed by the PCP, ENT, audiologist or speech therapist.

Hearing problems are a top cause of speech and language delay in children. There must be confirmation that the member's current hearing ability will support speech and language development, otherwise, the progress in speech therapy will be poor. The hearing test ensures that our members receive the highest level of care.

The Hearing Test

DHP's hearing test requirement produces many questions and concerns. Please remind Provider's to communicate their challenges to DHP UM Staff.

For our members, the UM staff is willing to seek flexible solutions to increase access to care.

The Hearing Test

Problem	Solution
ENT's do not offer prompt appointments…	DHP will accept testing completed at the PCP, ENT, Audiologist, therapy office or school.
The hearing test has not been performed, but is documented as scheduled…	DHP will approve up to 6 months of therapy if there is a hearing test scheduled. Provider can respond to the LOI request stating the date of the future appointment or that the member is on a wait list.
The child is uncooperative and could only complete the ABR under sedation…	DHP does not require sedation and would defer the requirement with appropriate documentation.
The child failed the hearing test…	The patient must be referred to an ENT to address the hearing loss. Speech therapy will be adjusted to fit the needs of this patient.

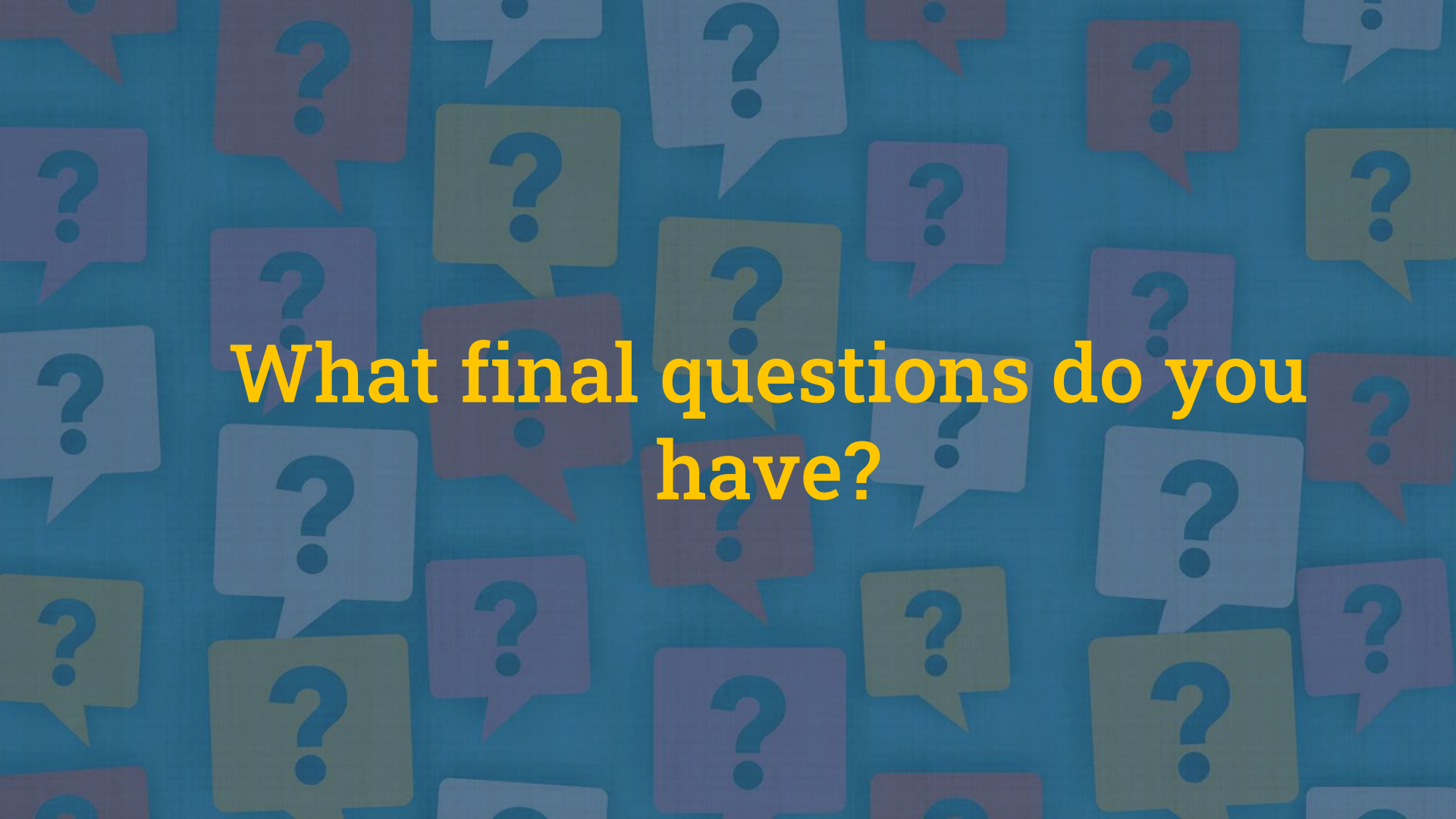
Letter Review

Lack of Information

Reduction or Denial

Peer to Peer Review

Provider Portal


What final questions do you have?

Contact Information

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Utilization Management

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Driscoll Therapy Provider Training Evaluation

Thank you!