Driscoll Health Plan

Revised 10/21/25

Therapy Request Checklist

Required for Speech Therapy, Physical Therapy, Occupational Therapy

☐ **Initial evaluation** – *Prior Authorization is not required for referral to in-network therapy providers. For referrals to out-of-network providers the request for evaluation must be submitted by the referring provider.*

Obtained from Physician:

- ☐ A current Texas Department of Insurance Texas Standard Prior Authorization Request Form for Health Care Services (TARF) signed by the referring/ordering provider. When the request form is unsigned by the referring/ordering provider, it must be accompanied by an order for the prescribed therapy services.
- ☐ Clinical documentation showing the medical need for referral to an out-of-network therapy provider

☐ **Initial Therapy Visits** – *Therapy visit requests require prior authorization and may be submitted by the therapy provider.*

Obtained from Therapy Provider:

- ☐ A current Texas Department of Insurance Texas Standard Prior Authorization Request Form for Health Care Services (TARF) signed and dated by the referring/ordering provider. When the request form is unsigned by the referring/ordering provider, it must be accompanied by a plan of care signed by the referring/ordering provider, or order for the prescribed therapy services.
- ☐ 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 and measurable treatment goals.

Driscoll Health Plan

☐ **Re-evaluation** – *Re-evaluations with out-of-network providers require prior authorization. Prior authorization is not required for the first two (2) re-evaluations completed by an in-network provider during a rolling 12-month timeframe. Additional re-evaluations occurring within the same 12-month period require prior authorization. The prior authorization requests must be faxed to DHP. Please indicate on the fax cover sheet that two (2) re-evaluations have already been completed and medical review for prior authorization is needed. Requests for prior authorization for re-evaluations may be submitted by either the referring provider or the therapy provider.*

Obtained from Physician:

- ☐ A current Texas Department of Insurance Texas Standard Prior Authorization Request Form for Health Care Services (TARF) signed by the referring/ordering provider. When the request form is unsigned by the referring/ordering provider, it must be accompanied by an order for the prescribed therapy services.
- ☐ If the therapy provider is out of network - Clinical documentation showing the medical need for referral to an out-of-network therapy provider.
- ☐ If two (2) re-evaluations have already been completed in the last rolling 12 months, then documentation of the medical necessity for additional formal testing is required.

☐ **Therapy continuation** – *Requests for additional therapy visits at the end of an authorization period require prior authorization. Therapy visit requests may be submitted by the therapy provider.*

Obtained from Therapy Provider:

- ☐ A current Texas Department of Insurance Texas Standard Prior Authorization Request Form for Health Care Services (TARF) signed and dated by the referring/ordering provider. When the request form is unsigned by the referring/ordering provider, it must be accompanied by a plan of care signed by the referring/ordering provider, or order for the prescribed therapy services,
- ☐ Therapy Progress Summary or Re-evaluation and Plan of Care that include the following: the results of formal testing (required every 180 days), a description of the continuing functional deficits during activities of daily living, diagnosis, objective documentation showing goal progress (baseline from the beginning of the previous authorization period and the current status using the same measure), a description of any improvements in function (communication/fine motor/self-care/gross motor) observed by the family and/or therapist during the completion of activities of daily living, therapy attendance during the previous authorization period, a description of the home program and the family's compliance with the program, recommendations for therapy frequency/duration, the recommended place of service/platform, and updated functional and measurable treatment goals.