

Revised 02/01/2025

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 out-of-network providers the request for evaluation must be submitted by the referring provider.*

Obtained from Physician:

- ☐ 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. 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.

- ☐ **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:

- ☐ 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. Refer to the DHP Therapy Guide on the DHP Provider Portal for details.*

Obtained from Therapy Provider:

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

- ☐ Objective documentation of progress made in therapy. **(Provide one of the following):**
 - ☐ New evaluation/re-evaluation (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.
 - ☐ Any changes to the previous therapy goals and plan of care.