

Texas Medicaid Physical, Occupational, or Speech Therapy (PT, OT, ST) Prior Authorization Form Updated to Allow Tapered Down or Variable Frequencies

Information posted April 29, 2016

Note: This article applies to claims submitted to TMHP for processing. For claims processed by a Medicaid managed care organization (MCO), providers must refer to the MCO for information about benefits, limitations, prior authorization, and reimbursement.

HHSC has amended the [Texas Medicaid Physical, Occupational, or Speech Therapy \(PT, OT, ST\) Prior Authorization Form](#) to allow providers more space to request tapered down, or variable, frequencies. This updated form is available to providers on May 1, 2016, but providers will not be required to use this updated form until June 6, 2016.

Refer to the article titled “New Therapy Prior Authorization Form to be Effective May 1, 2016,” which was posted to this website on February 5, 2016, for additional information about the new authorization form for PT, OT, and ST services.

To request tapered down or variable frequencies on the [Texas Medicaid Physical, Occupational, or Speech Therapy \(PT, OT, ST\) Prior Authorization Form](#) providers are instructed to utilize the box immediately below the discipline section.

If each therapy discipline has a tapered down or variable frequency it must be entered on the form. If different procedure codes are going to be used for different weeks, a provider must note which procedure code(s) will be used for each week. If the same procedure code is going to be used for each treatment section, it is not necessary to note the procedure code in the tapered down frequency box, but rather utilize the procedure code box.

Providers must still total the number of units or visits requested when utilizing a tapered down or variable frequency.

The following screen shot shows an example of how a tapered down frequency may appear on the form:

Discipline and Modifier	Dates of Service		Projected Frequency (per week or per month) *	Total Number of Units or Visits Requested
	From	Through		
PT (GP)	5/1/2016	7/2/2016	See below	20 units or 16 visits
OT (GO)	5/1/2016	7/2/2016	See below	38 units or 14 visits
ST (GN)	5/1/2016	6/4/2016	2 times a week for 5 weeks	10 units or 10 visits
<p>* If projected frequency will be tapered down or variable, indicate frequency plans here. If client is to be discharged, write “discharged” and date of discharge in this space: PT 97012 three times a week for two weeks; PT 97012 two times a week for three weeks; PT 97116 (2 units) once a week for four weeks. OT 97535 (3 units) two times a week for five weeks; OT 97537 (2 units) once a week for four weeks.</p>				
Procedure Codes Requested: ST 92507				

As a reminder, the Texas Medicaid physical, occupational, and speech therapy policies state that treatment plans and plans of care developed must include not only the initial frequency (high, moderate or low) but the expected changes of frequency throughout the duration period requested based on the client's anticipated therapy treatment needs.

Clarification for Date of Therapy Evaluation or Re-Evaluation Field

The Texas Medicaid Physical, Occupational, or Speech Therapy (PT, OT, ST) Prior Authorization Form and instructions have been updated to clarify the Date of Therapy Evaluation or Re-Evaluation field. The information entered in the field should be the date of the last completed therapy evaluation or re-evaluation for the client:

Place of Service Requested (please check <i>one</i> of the following):			
<input type="checkbox"/> Office	<input type="checkbox"/> Outpatient	<input type="checkbox"/> Home	<input type="checkbox"/> Other, specify:
Date of Last Therapy Evaluation or Re-Evaluation	PT:	OT:	ST:
Attach a copy of the therapy evaluation/re-evaluation or progress summary (acute) for each therapy discipline requested below. Provide all other required documentation for an authorization as listed in the <i>Texas Medicaid Provider Procedures Manual</i>.			

For more information, call the TMHP Contact Center at 1-800-925-9126.