

Prior Authorization Changes for Physical, Occupational, and Speech Therapy for Texas Medicaid, Effective September 1, 2017

Information posted August 8, 2017

Note: Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.

Effective for dates of service on or after September 1, 2017, physical therapy (PT), occupational therapy (OT), and speech therapy (ST) benefits for all ages will change for Texas Medicaid. Billing structure will no longer be based on provider type. Billing structure for therapy procedure codes will align across provider types and will be based on the procedure code billed.

Prior authorization processes for dates of service on or after September 1, 2017, will change to reflect the new billing structure. This notification describes changes to the prior authorization process for the PT, OT, and ST Medicaid benefit. This notification does not apply to the Early Childhood Intervention (ECI) or the School Health and Related Services (SHARS) Medicaid benefit as these services are not prior authorized.

Providers may refer to the article titled "[Physical, Occupational, and Speech Therapy Benefits for All Ages to Change for Texas Medicaid September 1, 2017](#)," for more information, including details regarding the billing of all therapy procedure codes.

Prior Authorization Changes

Prior authorization for Texas Medicaid PT, OT, and ST therapy requests will change for dates of service on or after September 1, 2017.

TMHP will update prior authorizations that span the effective date of September 1, 2017, to reflect the new billing structure.

TMHP will issue updated prior authorization letters to impacted providers and will continue this process through the end of August for clients with authorizations that are current on or after September 1, 2017. The letters will provide updated authorization information which will align with the new billing structure. The prior authorization number will remain the same for updated authorizations.

Providers receiving updated prior authorizations for PT/OT in *units* based on the conversion of 1 visit = 4 *units* are expected to submit *claims* based on time spent face-to-face with patient and/or caregiver.

Prior Authorization Requests On or After September 1, 2017

Providers will need to submit prior authorization requests for therapy services in *units* or *encounters*, as appropriate to the code being requested, for authorization periods that begin on and after September 1, 2017.

The new billing structure will require providers to document requests on the [Texas Medicaid Physical, Occupational, or Speech Therapy \(PT, OT, ST\) Prior Authorization Form](#) (PA form) differently.

Supervised Modality Codes

Below are specific instructions on how to submit a request with untimed supervised modality codes. The billing structure for the following PT/OT supervised modality treatment procedure codes will each be limited to one *encounter* per date of service, per discipline:

Supervised Modality Procedure Codes					
97012	97014	97016	97018	97022	97024
97026	97028				

Each supervised modality code:

- Must be requested on the PA form
- May only be reimbursed when billed with one or more time-based PT/OT procedure codes

Supervised modality codes:

- DO **NOT** need to be included in the calculation of frequency in the column labeled *Projected Frequency*.
- DO **NOT** need to be included in the total calculation in the column labeled *Total Number of Units or Encounters Requested*.
- DO need to be listed in the field designated for *tapered down frequency* requests.
- DO need to be listed in the *Procedure Codes Requested* field.

The following example of a prior authorization request for PT displays the total number of *units* or *encounters* using the new billing structure:

Condition: <input checked="" type="checkbox"/> Acute (up to 60-day authorization) <input type="checkbox"/> Chronic (up to 180-day authorization)				
Treatment Diagnoses: XX		Medical Diagnoses: XX		
Place of Service Requested (please check one of the following):				
<input type="checkbox"/> Office	<input type="checkbox"/> Outpatient	<input checked="" type="checkbox"/> Home	<input type="checkbox"/> Other, specify:	
Date of Last Therapy Evaluation or Re-Evaluation	PT: 8/25/2017	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> .				
Discipline and Modifier	Dates of Service		Projected Frequency (per week or per month) *	Total Number of Units or Encounters Requested
	From	Through		
PT (GP)	9/4//2017	11/2/2017	2x/week	69 units
OT (GO)				
ST (GN)				
* 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: 97110 - 69 units 97014 - 18 encounters ■■■■■				
Procedure Codes Requested: 97110, 97014 ■■■■■				

■ Supervised Modality Code

The 18 *encounters* for procedure code 97014 listed above represent a supervised modality requested for two times per week for a 60-day authorization period to be delivered with skilled therapy treatment sessions represented by *unit*-based procedure

code 97110. Four units are equal to one hour. A PT/OT treatment session, in this case represented by 97110, consists of up to four units per day.

Group Therapy

Below are specific instructions on how to submit a request for group therapy treatment, billable in *encounters* that each represent a group treatment session.

Group treatment for speech group treatment code 92508 and PT/OT group treatment code 97150:

- DO need to be included in the calculation of frequency in the column labeled *Projected Frequency*.
- DO need to be included in the total calculation in the column labeled *Total Number of Units or Encounters Requested*.
- DO need to be listed in the field designated for *tapered down frequency* requests.
- DO need to be listed in the *Procedure Codes Requested* field.

Reminder: Prior authorization requests for group therapy treatment require

- Prescribing provider’s prescription for group therapy.
- Requested frequency and duration of the prescribed group therapy.

The following example of a prior authorization request for OT and ST displays the total number of *units* or *encounters* using the new billing structure and a prior authorization request for group PT/OT therapy:

Condition: <input type="checkbox"/> Acute (up to 60-day authorization) <input checked="" type="checkbox"/> Chronic (up to 180-day authorization)				
Treatment Diagnoses: XX		Medical Diagnoses: XX		
Place of Service Requested (please check one of the following):				
<input type="checkbox"/> Office		<input checked="" type="checkbox"/> Outpatient		<input type="checkbox"/> Home
<input type="checkbox"/> Other, specify:				
Date of Last Therapy Evaluation or Re-Evaluation		PT:	OT: 8/22/2017	ST: 8/24/2017
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> .				
Discipline and Modifier	Dates of Service		Projected Frequency (per week or per month) *	Total Number of Units or Encounters Requested
	From	Through		
PT (GP)				
OT (GO)	9/4/2017	3/2/2018	2x/wk	103 units/ 26 encounters
ST (GN)	9/4/2017	1/1/2018	1x/wk	18 encounters
* 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: 97110, 97530 - 103 units 97150 - 26 encounters (only the OT procedure codes are listed here because only the OT request is in both units and encounters)				
Procedure Codes Requested: 97110, 97530, 97150, 92507				

■ Group Therapy Encounters
■ Speech Therapy Encounters

The 26 *encounters* for 97150 listed above represent OT group treatment sessions requested for one time per week for a 180-day authorization period to be delivered in addition to skilled therapy treatment represented by *unit*-based codes 97110 and 97530 requested for one time per week. Four units are equal to one hour. A PT/OT treatment session, in this case represented by 97110 and 97530, consists of up to four units per day.

The 18 *encounters* for speech therapy represent speech therapy treatment sessions one time per week for a 120-day authorization period designated by code 92507.

Reminder: Time in and time out for each therapy session is required on all treatment notes for PT, OT, and ST, regardless of encounter-based or time-based billing structure.

Prior Authorization (PA) Form Update

The [Texas Medicaid Physical, Occupational, or Speech Therapy \(PT, OT, ST\) Prior Authorization Form](#) and the [Texas Medicaid Physical, Occupational, or Speech Therapy \(PT, OT, ST\) Prior Authorization Form Instructions](#) will be updated and available no later than August 1, 2017.

The TMHP Prior Authorization department will accept the previous version of the form through October 31, 2017. Beginning November 1, 2017, TMHP will only accept the most current version of the form as posted on tmhp.com. Following the allowed grace period, if providers are not using the current PA form, PA staff will void and return the incorrect PA form by fax. If the request is a portal submission, PA staff will pend for the current PA form following existing processes.

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