

To ensure better health outcomes for our members - Cook Children's Health Plan (CCHP) is making improvements to the existing prior authorization process for therapy services. We value your participation in our network. Our objective is to clearly communicate our policies and criteria, to help ensure that therapists and therapy agencies are able to maintain their focus on providing quality treatment services to our members.

Effective 1/15/2016, requests for initial evaluations, re-evaluations and therapy treatment must originate directly from the PCP/medical home (attending specialist physician) by phone, fax or web. Requests originating from therapy providers will be returned as "incomplete".

CCHP is committed to expediting authorization turn-around-times and reducing administrative denials due to missing or incomplete information. This new process eliminates an extra step in the authorization process and improves turn-around-times.

Requests for prior authorization of therapy services can be made by phone, fax or web by contacting Cook Children's Health Plan at:

- **Phone:** 682-885-2247 or 1-800-862-2247
- **Fax:** 682-885-8402 or 1-844-643-8402
- **Web:** www.cookchp.org

The guidelines below are provided for your assistance in requesting prior authorization for therapy services:

We are unable to provide authorization for retroactive dates of service, therefore, please ensure that prior authorization requests are submitted no later than the day the requested service is to begin using the CCHP Therapy Authorization Form (see attached.) We recommend submitting requests 5 business days prior to the desired start date in order to allow time for processing.

- **For initial therapy evaluation requests**, an evaluation order specifying the therapy discipline(s) to be evaluated and signed by the PCP/medical home (attending specialist physician) must be submitted ***directly*** along with:
 - A copy of the visit note and/or the current THSteps exam that identified a need for evaluation.
 - A copy of a developmental screening performed by the PCP within the last 30 days, demonstrating a significant delay in the area of the requested evaluation (speech, gross motor, fine motor, etc.) Either of the developmental screening tools required by THSteps (ASQ or PEDS) will be accepted for this purpose.
 - For speech therapy evaluation requests, documentation of normal hearing in one ear by pure-tone audiometry or formal evaluation performed within the last six months for members' birth to 3 years of age, or within the last twelve months for members 3 years and older. If the member has failed the hearing screening, results of a full audiological assessment must also be submitted, to include documentation of treatment for any hearing loss that has been identified.
- **For therapy re-evaluation requests**, an evaluation order specifying the discipline(s) to be evaluated and signed by the PCP/medical home (attending specialist physician) must be submitted ***directly*** along with:
 - Documentation from the PCP/specialist physician identifying the medical necessity for re-evaluation. **Note: CCHP provides additional physician compensation for therapy**

related follow-up visits at 6 months, or when requested by CCHP. Simply bill the appropriate E&M code with the -TS modifier.

- Requests for therapy re-evaluation should be submitted no more than 30 days prior to the expiration of the existing treatment authorization; requests submitted more frequently will be reviewed on a case-by case basis.
- If the member has received a therapy evaluation within the past 6 months, a new evaluation or re-evaluation is not required by CCHP. You may submit request for therapy treatment with that previous evaluation if it is less than 6 months old. All therapy re-evaluation will be reviewed by CCHP for medical necessity. Supportive TMHP language: "Evaluations are limited to once every 180 rolling days, any provider. Re-evaluations ***may be*** reimbursed when documentation supports a change in the client's status, a request for extension of services, or a change of provider."
- Note: In cases where a member receiving therapy services transitions to coverage by CCHP, the first request for re-evaluation must be submitted with a copy of all information required from the PCP for initial evaluation requests, as well as a copy of the initial therapy evaluation and treatment plan including documentation of progress in treatment.
- **For therapy treatment requests**, treatment orders specifying the frequency and duration of the requested service and signed by the PCP/medical home (attending specialist physician) must be submitted ***directly*** along with a Plan of Care which documents:
 - A brief statement of the member's medical history and any prior therapy treatment;
 - A description of the member's current level of functioning or impairment, to include current standardized assessment scores, age equivalents, percentage of functional delay, or criterion-referenced scores as appropriate for the member's condition or impairment;
 - A clear diagnosis and reasonable prognosis;
 - A statement of the prescribed treatment modalities and their recommended frequency/duration; and
 - Short and long-term treatment goals which are specific to the member's diagnosed condition or impairment.
 - If the request is for **reauthorization of ongoing treatment**, documentation must **also** include:
 - Objective demonstration of the member's progress toward previous treatment goals;
 - An explanation of any changes to the member's plan of care, and the clinical rationale for revising the plan.
 - OT requests should include documentation of the delays and deficits in ADLs and how they were identified. OT is not recognized as traditional therapy for ADHD and not to be used as adjunctive therapy for behavioral diagnoses.
 - **Note:** In cases where an initial evaluation was not prior authorized by CCHP, the initial treatment request must be submitted with a copy of all information required from the PCP for initial evaluation requests, as well as a copy of the initial evaluation and treatment plan.
- **A maximum of 2 months and/or 16 sessions** for initial therapy authorizations to establish compliance, attendance and achievement of short term goals. Further therapy is considered

based on compliance with home programs, attendance and significant progress towards short-term goals. Ongoing therapy authorizations are typically in increments of 2 to 3 months/16 to 24 sessions.

- **Therapy Services for Members Less Than Age 3:** HHSC requires that CCHP educate providers regarding the federal laws on ECI* (Early Childhood Intervention). ECI is a statewide program designated to provide services to children age's birth through 35 months of age suspected of having developmental disabilities or delays, or those at risk of delay. Referrals must be made to the designated ECI program for screening and assessment within seven (7) business days from the day the Provider identifies the member. As such, ECI is considered to be the appropriate service delivery model for developmentally delayed members under 3 years of age. Members with the following conditions may also be considered for medical-based therapy as an alternative to or as adjunct to ECI services:

- Members with severe to profound developmental delays;
- Members with major medical diagnoses related to their therapeutic needs;
- Members with high acuity medical needs (tracheostomy, ventilator dependency, etc.)

*ECI services do not require prior authorization.

Please feel free to contact Cook Children's Health Plan with any questions at – 682-885-2252 or 1-800-862-2247.

Respectfully,

Kimberly Aaron, MD, Medical Director