



Pediatric Speech, Physical and Occupational therapy update Effective January 1, 2014

Pediatric Therapy authorizations.

As a reminder, effective January 1, 2014 prior authorizations for pediatric speech, physical and occupational therapy are required for all requests after the initial evaluation.

- Required documentation for initial requests for therapy includes a current signed order by the member's physician, the evaluation with standard scores (if applicable) and the treatment plan.
- For continuation of therapy, required documentation includes a current signed order by the member's physician, an updated evaluation, summary of progress from previously approved treatment visits, and updated scores.

The Special Medical Prior Authorization (SMPA) Form must be submitted for all acute PT, OT, and ST prior authorization requests. The Comprehensive Care Program (CCP) Outpatient Therapy Form should be used to request prior authorization for CCP therapy services. Additional documentation includes previous scores for prior therapy even with initial requests for a different provider, dates of initial therapy treatment and any therapy received through the school system or ECI. Therapy to return to previous functional status for recreational or sport activities is not medically necessary and not a covered benefit. The Molina Service Request Form (SRF) is not required when the completed SMPA or CCP form is submitted. Providers may begin submitting requests on the new forms immediately. We will continue to process prior authorization requests that are received on the old forms (TP-1 and TP-2 forms) through June 30, 2014.

Effective January 1, 2014, please use the new evaluation CPT codes for Speech therapy are as follows (92526, 92524, 92521, 92522). The old deleted code 92506 will not be paid.

See below links for locations of forms discussed above.

Special Medical Prior Authorization (SMPA) Form

http://www.tmhp.com/Provider_Forms/Medicaid/Request%20for%20Therapy%20Trad%20SMPA.pdf

Comprehensive Care Program (CCP) Outpatient Therapy Form

http://www.tmhp.com/Provider_Forms/Medicaid/Request-for-Initial-Outpatient-Therapy-TP1.pdf