March 4, 2021

Dear Valued Providers

PHP has prepared this document to provide you with specifications regarding requests for PT/OT/ST services for our members which will go into effect April 1, 2021. These guidelines will apply to all locations that you provide services.

Some of the key elements for 2021 are:

- All of these services require authorization prior to providing services
- Specific codes, provided on the enclosed document, are to be used when requesting authorization.
- Updated authorization form for services that include:
  - Restorative program
  - Maintenance with or without home program
- Required clinical information for initial service request for PT/OT/ST service
- Required clinical information for additional visit requests for PT/OT/ST services
- PHP will no longer approve retroactive requests for PT/OT/ST services
- PHP will not longer pay claims for services rendered without prior approval.

We appreciate your cooperation as we continue to streamline our processes.

If you have any questions, please contact our Provider Relations Department at 855-769-2508.

Thank you,

[Signature]

Partners Health Plan
Physical Therapy, Occupational Therapy and Speech Therapy Requests for Service

All Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST) requests are processed through HealthSmart for utilization review on behalf of Partners Health Plan.

No prior authorization is needed to do an Initial Assessment for PT/OT/ST services. Please use the following codes to submit a claim for the assessment:

**OCCUPATIONAL THERAPY**
- 97165 - Occupational therapy evaluation, low complexity, requiring these components:
- 97166 - Occupational therapy evaluation, moderate complexity, requiring these components:
- 97167 - Occupational therapy evaluation, high complexity, requiring these components:

**PHYSICAL THERAPY**
- 97161 - Physical therapy evaluation: low complexity, requiring these components:
- 97162 - Physical therapy evaluation: moderate complexity, requiring these components:
- 97163 - Physical therapy evaluation: high complexity, requiring these components:
- 97169 - Athletic training evaluation, low complexity, requiring these components:
- 97170 - Athletic training evaluation, moderate complexity, requiring these components:
- 97171 - Athletic training evaluation, high complexity, requiring these components:

**SPEECH THERAPY**
- 92521 - Evaluation of speech fluency (e.g., stuttering, cluttering)
- 92522 - Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria);
- 92523 - Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)

**General Guidelines for Requested Services**

- **Restorative programs** will be approved on a case-by-case basis for a maximum of 12 weeks at a time.
- **Maintenance programs with a home program** will be approved for 8 visits over a 12 month period of time.
- **Maintenance programs without a home program** will be evaluated for the requested visits on a case-by-case basis for a maximum of 6 months at a time.
- **Prior Authorization for additional visits** is recommended 1 week prior to the end date of PT/OT/ST services.
- **If no additional PT/OT/ST services are requested, please fax final discharge plan so episode of care can be ended.**
- **Please note:** Requests for retro authorization will not be approved.
**Process for Initial Request of PT/OT/ST Visits**

**All Requests for PT/OT/ST must include:**

1. Physician's order for therapy (not required for speech therapy)
2. All diagnoses with appropriate codes affecting member's level of function
3. Indicate Restorative or Maintenance Program
   - If Restorative, total # of visits requested for 12 weeks and frequency of visits
   - If Maintenance, without an anticipated home program, total number of visits and frequency requested for 6 months.
   - If Maintenance, with an anticipated home program, total number of visits and frequency requested for 12 months. Visits will be limited to 8 visits over 12 months.
4. Facility Tax Id # and ordering doctor NPI #

**Clinical information must include:**

1. Initial assessment/evaluation (No prior authorization required)
2. Treatment plan
   - A. If Restorative program - 1) indicate specific reason/s for PT/OT/ST along with baseline findings requiring restoration; 2) describe specific program designed to restore loss and estimated number of visits to achieve restoration; 3) describe short term goals (up to 4 weeks) and long-term goals (up to 8 additional weeks); 4) indicate if home therapy program has been instituted and describe the program (if it has not, describe why not)
   - B. If Maintenance program - 1) indicate specific reason/s for PT/OT/ST along with baseline findings requiring maintenance; 2) describe specific program designed to maintain baseline level of function and estimated number of visits; 3) comment as to whether splinting or other forms of treatment may be appropriate to maintain baseline findings; 4) indicate if home therapy program has been instituted and describe the program (if it has not please describe why not)

Please Fax script, clinical information, treatment plan, and goals to HealthSmart at 855-769-2509.

**Requests for additional PT/OT/ST Visits after initial authorization**

1. Provide a new physician's order and a request to continue a restorative program after 12 weeks based on the information outlined above.
2. Provide a new physician's order and a request to continue a maintenance program with the information outlined above over a 12-month period if there is a home program.
3. Provide a new physician's order and a request to continue a maintenance program for up to 6 months with the information outlined above if there is no home program.
4. Provide a clinical update to include:
   - Restorative program - indicate changes/progress made in the treatment plan and state additional requested visits and frequency of visits to completely achieve long term goal.
   - Maintenance program - describe any positive or negative changes to the baseline findings requiring maintenance. State additional requested visits and frequency of visits to maintain baseline findings during the next requested 6 or 12 month period.

Submit all requests via fax to HealthSmart at (855) 769-2509 or contact HealthSmart by phone at (855) 769-2508.
**Patient Information**

Name (First, Mi, Last):  
DOB:  
Member ID Number:  Fill in last 7 digits  
450000_ _ _ _ _ 

Address:  

Guardians Name:  
Telephone Number:  

Requesting Provider:  
In Network  
Out of Network  
Phone Number:  
Fax Number:  

Address:  

Treating Facility:  
In Network  
Out of Network  
Phone Number:  
Fax Number:  

Address:  

**Provider Information**

Contact Name (person completing this form):  
Phone/Fax Number:  
Represent: (check one)  
Provider  
Facility  

**Authorization Request Information**

Check one:  
Inpatient  
Outpatient  
DME  
PT/OT/ST  
Maintenance in Home  
Maintenance outside home  
Restorative  

Service Start Date  _____/_____ / _____  
Service End Date  _____/_____ / _____  

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<tr>
<th>CPT/HCPCS CODE(S)</th>
<th>CPT/HCPCS CODE DESCRIPTION(S)</th>
<th># VISITS/DAYS/UNITS REQUESTED</th>
<th>ICD CODE(S)</th>
<th>DIAGNOSIS DESCRIPTION(S)</th>
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Send completed form and supplemental clinical to fax number 855-769-2509  
Incomplete forms or lack of supplemental clinicals can result in the delay of case set up and processing.