OHCA Guideline

Medical Procedure Class:	**Occupational Therapy (OT) and Physical Therapy (PT)**
Initial Implementation Date:	July 2017
Last Review Date:	July 2025
Effective Date:	October 1, 2025
Next Review/Revision Date:	October 2028

* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.

☐ New Criteria ☑ Revision of Existing Criteria

Summary

Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.

Definitions

Disability: According to the World Health Organization (WHO), "disability" is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action, while a participation restriction is a problem experienced by an individual in involvement in life situations

Licensed Qualified Clinician: May include a board certified Occupational or Physical Therapist, Occupational Therapist Assistant, or Physical Therapist Assistant.

Occupational Therapist (OT): A licensed professional health care provider who is a graduate of a program accredited by the Accreditation Council for Occupational Therapy (ACOTE) or predecessor organizations, has fulfilled state requirements for licensure, certification, or registration, and who provides occupational therapy services including evaluation, treatment program design/ management/ modification, and supervision of delegated portions of a treatment program.

Occupational Therapist Assistant (OTA): A licensed technically educated health care provider who is a graduate of a program accredited by the ACOTE or predecessor organizations, has fulfilled state requirements for licensure, certification, or registration, and who performs selected occupational therapy procedures and related tasks under the direction and supervision of an Occupational Therapist.

Physical Therapist (PT): A licensed professional health care provider who is a graduate of a program accredited by the Commission on Accreditation of Physical Therapy Education (CAPTE) or approved successor organization, has fulfilled state requirements for licensure, certification, or registration, and who provides physical therapy services including evaluation, treatment program design/ management/ modification, and supervision of delegated portions of a treatment program.

Physical Therapist Assistant (PTA): A licensed technically educated health care provider who is a graduate of a program accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization, has fulfilled state requirements for licensure, certification, or registration, and who performs selected physical therapy procedures and related tasks under the direction and supervision of a Physical Therapist.

Occupational Therapy or Occupational Therapy Assistant Student: Any person fulfilling supervised field work experience leading to a degree or certificate in the profession of Occupational Therapy. Students must be in good standing with an educational program in Occupational Therapy accredited by the Accreditation Council for Occupational Therapy (ACOTE) in collaboration with the National Board for Certification in Occupational Therapy (NBCOT).

Student Physical Therapist: Any person enrolled in and in good standing with a CAPTE-accredited Physical Therapy education program and fulfilling supervised field work experience leading to a degree in the profession.

Qualified Referring Providers

A Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician's Assistant (PA), Doctor of Chiropractic (DC), Doctor of Podiatry (DPM), Doctor of Dentistry (DDS), Advanced Practice Registered Nurse (APRN), or Certified Nurse Practitioner (CNP), for OT Only).

Referral requests for services can only be made by providers currently contracted with Sooner Care.

Description

The purpose of OT is to provide necessary services for the diagnosis and treatment of impairments that impact a person's ability to participate in activities of daily living safely and effectively at the level of his/her peers. Thus, enhancing or enabling participation in roles, habits, or routines within the medical framework.

The purpose of PT is to examine, evaluate, and develop a treatment plan to improve a person's ability to move, reduce or manage pain, restore function, and prevent disability.

Both occupational and physical therapy practitioners are knowledgeable about and deliver services in accordance with AOTA and APTA standards, policies, guidelines, and state, federal, and other regulatory payer requirements relevant to practice and service delivery.

Both OT and PT services are expected to result in significant functional improvement in a reasonable amount of time. The complexity of the intervention and/or patient's condition must require the skilled level of judgment and knowledge of a licensed, qualified therapist. OT and PT services must be delivered according to currently accepted standards of practice (based on credible scientific evidence and cannot be considered experimental). Both OT and PT practitioners are knowledgeable about evidence-based practice and apply it ethically and appropriately to provide OT and PT services consistent with best practice approaches.

Occupational Therapist: An OT has overall responsibility for the development, documentation, and implementation of the occupational therapy intervention plan based upon the evaluation, client goals, best available evidence, and professional and clinical reasoning. When delegating aspects of the occupational therapy intervention to the OTA, the OT is responsible for providing appropriate supervision.

Occupational Therapist Assistant: An OTA selects, implements, and makes modifications to the therapeutic interventions that are consistent with the assistant's demonstrated competency and delegated responsibilities. An OTA contributes to the modification of the intervention plan by exchanging information with and providing documentation to the occupational therapist about the client's response to intervention and treatment.

Physical Therapy: A PT incorporates all components of evidence-based practice, integrating best research evidence, clinical expertise, and individual's values and circumstances to make decisions

regarding services for clients. A PT has overall responsibility for the development, documentation, and implementation of a specified plan of care, based upon the evaluation and prognosis of the client and client's goals. When delegating aspects of the PT intervention to the PT Assistant, the PT is responsible for providing appropriate supervision as outlined in the Oklahoma Administrative Code.

Physical Therapy Assistant: A PTA shall provide selected PT interventions only under the supervision and direction of the evaluating PT. A PTA shall make judgments that commensurate with their education and legal qualifications as a physical therapy assistant.

CPT Codes Covered Requiring Prior Authorization (PA)

97022, 97110, 97112, 97113, 97116, 97124, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97542, 97602, 97755, 97760, 97761, 97763 (See CPT Manual for Code Descriptions).

Approval Criteria

I. GENERAL

A. Medical Necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate, through adequate medical records, evidence sufficient to justify the members' needs for the service in accordance with the **OAC 317:30-3-1(f).**

B. Records must contain adequate documentation of services rendered. Documentation must include the dated provider's signature and credentials. **All records must be legible.** Failure to maintain legible records may result in denial or recoupment of payment. **OAC 317:30-3-15.**

C. Initial evaluations do not require prior authorization; An annual/initial evaluation can be billed no earlier than one year from the date of the prior initial evaluation. However, re-evaluation requests do require prior authorization. Re-evaluations can be performed no earlier than six (6) months from the date of the initial evaluation. Any initial evaluation, re-evaluation, or progress note performed by a student requires signature from both the student and the supervising physical therapist.

D. OT and PT services are covered for the pediatric population (ages 0-20 at the time of evaluation) when it is medically appropriate.

E. Frequent changes of therapists within the same group should be avoided as it impacts continuity of care and may negatively impact a child's ability to make progress:

- If a member does receive services from more than one provider at a location, please list name of entity/rendering provider/NPI on the HCA-61 form.
- If there is a change in service provider, location or entity, including within the approved dates of a current authorization, there should be a new PA, a fully completed Parental Consent Form and HCA SC-16 Form, along with all other required documents.
- It is the previous location's responsibility to share this progress note and related HCA SC-10 referral form (if applicable) with the new location, within 30 days of the new location's anticipated start date when there is a need or desire to change provider.
- Alternatively, the new location has the right to perform an initial evaluation and submit a PA with all necessary provisions. Of note, when a change of provider form is being submitted by the new location, the new therapist of record can submit a "signed agreement note" agreeing to the progress note being received from the previous location and associated goals listed on the note. All other required forms must be

submitted along with the progress note, signed agreement note, and change of provider form; above timing still applies.

F. Treatments are expected to be evidence-based and result in significant, functional improvement in a reasonable and generally predictable period of time or are necessary for the establishment of a safe and effective maintenance program.

G. The complexity of the therapy and the patient's condition must require the judgment and knowledge of a licensed qualified OT or PT clinician as defined above practicing within the scope of practice for that service. Services that do not require the performance or supervision of a licensed qualified clinician are not skilled and are not considered reasonable or necessary therapy services, even if they are performed or supervised by a qualified professional.

H. Any information regarding discharge or transfer of services should be included in the daily clinical documentation.

I. Treatment goals that may be addressed in an academic setting and/or do not require skilled services of an OT or PT do not meet medical necessity.

II. REQUIRED DOCUMENTS AND DOCUMENTATION FOR ALL REQUESTS FOR OCCUPATIONAL OR PHYSICAL THERAPY:

A. A signed/dated prescription or referral requesting the services from a contracted qualified health professional (see Qualified Referring Provider list above). Please note:
- A referral to 'evaluate and treat,' is good for 12 months from the date of signature, unless otherwise specified (ex: 2X a month for 6 weeks). Request end-dates should consider this.
- If parameters are specified, subsequent PA request need to provide either a new referral script or a progress note, signed/dated by referring provider. Alternatively, an SC-10 Referral Form can be used, completed in its entirety, which is inclusive of provider information.

B. A signed/dated parental consent, completed in its entirety; Required Documentation:
- Submission of an HCA-SC-15 is necessary when a member is <18 years old, but another version of parental consent is acceptable if all information of the SC- 15 From is included.
- Parental consent forms are valid for 12 months from the date of parent/caregiver signature (Request end-dates should consider this).

C. A completed HCA-61 Therapy Prior Authorization Request form in its entirety: Include CPT code units requested equating the total requested number of sessions. Another version of this form is acceptable if all applicable information is included.

D. An OT or PT *initial evaluation*, *re-evaluation* or *progress note* supporting the need for requested services; Required Documentation:
- Either of the three documents must be tied to a visit and should include all pertinent information: note type, DOS, care start date, visit count, DOB, referring provider, rendering provider/facility name, member diagnosis code, session time, medical hx, subjective/objective information, treatment section (if applicable), goals section, assessment, medical necessity and plan section.

- Either of the three documents must be performed within 30 days of the anticipated PA request date. Timely PA submission should be prioritized for appropriate continuity of care. If 30 days are exceeded between OT or PT visit and PA request start date, then an up-to-date progress note will be required.
- Document must be signed/dated by supervising OT or PT supervising therapist; If an OTA performs a progress note and the supervising OT signature is not presented, then a statement should be included with supervising OT's name, credentials and license number.
- Progress notes should be occurring at least every thirty days following the start of care; the benefits of this timeline include: effective tracking of member's status, health outcome results from rendered services, recognition of changes secondary to gaps in service, establishing support for demonstrating medical necessity, creating a cohesive history for submission of future PA requests and for purposes of handoff when necessary.

E. The PT/OT note must state any additional services the member is currently receiving, including school services and/or early intervention. Overlap or duplication of services is grounds for cancellation of a prior authorization request. To avoid an overlap, there needs to be at least 24 hours between the previous authorization's end date and the requested new authorization's start date.

F. Subjective Information to Include:
- Member and/or caregiver self-reported history of current presentation; **AND**
- Member and/or caregiver reason for seeking services (evaluation) or perceived benefit with services to date (if re-evaluation/progress note); **AND**
- A narrative of the member and/or caregiver priorities or desired outcomes along with any subjective information relevant to goals

G. Objective Information to Include a Detailed Report of any Tool, Test or Measure Administered as Follows:
- Description of the tool, test or measure used; **AND**
- Reason for choosing the tool, test, or measure; **AND**
- Detail of the degree of delay and/or variation from "norms" if applicable; **AND**
- A detailed narrative of the measure of change over time; **AND**
- Interpretation and results of the testing; **AND**
- If a re-evaluation or progress note is being submitted, both current and previous values of objective measures relevant to established goals should be presented.

H. Goals Section Should List Functional and Measurable Goals Tied to Subjective and Objective Measurements Using the Following Format:
- Name of person or their role and the activity they will complete; **AND**
- Specify the exact timeframe in which you expect the activity to be completed; **AND**
- Describe the conditions under which the activity is expected to be completed; **AND**
- Provide the clinical rationale for the goal; **AND**
- Predict the prognosis and provide comments describing current level of progress and if it is abandoned/modified/continued.

- **OT Goal Examples:**
  I. Example STG (Initial visit): Member will tolerate wearing seasonally appropriate clothing with min assist for 10 minutes during 4 out of 7 attempts in 3 months suggesting improved neurosensory processing and increased time-to-occurrence of

aggressive behaviors in the home and community settings. *(Current Progress: baseline, tolerates 5 min with mod assist before onset of aggressive behavior; Prognosis: excellent)*

II. Example LTG (Initial Visit): Member will dress self for school using assistive equipment prn within 15 min with min assist from caregiver during 5 out of 7 attempts in 12 months suggesting increased neurosensory processing, sequencing, and attention to task for performance of routine ADL tasks with decreased caregiver reliance. (Current Progress: baseline, requires 20 min with mod to max assist during all attempts; Prognosis: excellent)

III. Example STG (for any note submitted when goal is continued): Member will tolerate wearing seasonally appropriate clothing with min assist for 10 minutes during 4 out of 7 attempts in 3 months suggesting improved neurosensory processing and increased time-to-occurrence of aggressive behaviors in the home and community settings. *(Current Progress: continue, tolerates up to 8 min with min assist during 2/7 attempts before onset of aggressive behavior eliciting continued need for sensory integrative techniques; Prognosis: excellent with continued coverage over the next auth period)*

IV. Example of LTG (for any note submitted when goal is continued): Member will dress self for school using assistive equipment prn within 15min with min assist from caregiver during 5 out of 7 attempts in 12 months suggesting increased neurosensory processing, sequencing, and attention to task for performance of routine ADL tasks with decreased caregiver reliance. (Current Progress: continue, still requires 20 min but is now at min to mod assist during 3/7 attempts suggesting continued need to facilitate performance of this activity with progressive decrease in assist; Prognosis: excellent with continued coverage over the next auth period)

- **PT Goal Examples:**

V. Example for Initial Visit: Member will elicit ability to perform the single leg hop test for at least 75cm for the R. LE by 6 months without compensatory movement patterns suggesting good synergistic LE muscle activation for a safe return to age-appropriate activities and participation in high school basketball. *(Current Progress: began today, unable to hop secondary to precautions; Prognosis: excellent)*

VI. Example for Progress Note or Re-Eval or Annual Eval (whenever a goal is continued): Member will elicit ability to perform the single leg hop test for at least 75cm for the R. LE by 6 months without compensatory movement patterns suggesting good synergistic LE muscle activation for a safe return to age-appropriate activities and participation in high school basketball. (Current progress: continue, member demonstrated ability to perform SL hop safely at almost 6 months post-op today, member can perform 55cm with mild upper body swaying present eliciting continued need to improve plyometric strength and synergistic LE stabilization when landing; Prognosis: excellent with continued coverage over the next auth period.)

I. Assessment Information to Include:

- Member's ability to tolerate the treatment to date and reasons if an intervention was unsuccessful i.e.' unable to train family/caregiver; **AND**
- Summary of member's current status with regard to their presentation, associated activity limitations and participation restrictions; The therapist's clinical commentary on member's progress and potential for continued progress with services; **AND**
- Continuation requests should include a statement regarding any new skills if they were developed within the previous authorization period; **AND**
- A statement of medical necessity and likely effects on member's status if services were not to be provided.

J. Plan Information to Include:
- Specific frequency and duration of the visits requested and the anticipated timeline for which services will be rendered (matching the total visits, timeline and units requested on the HCA-61 form); **AND**
- Efforts to include the member and/or family member/ caregiver in the management and carry-over of the intervention into the home setting; **AND**
- A titration plan for services towards eventual discharge. Criteria for discharge should be included, with education provided to member/caregiver.

III. REQUIREMENTS FOR CONTINUATION OF SERVICES REQUESTS:

A. Continuation of Services Requests to Include:
- *Progress note, re-evaluation* or *annual evaluation* performed within 30 days of the anticipated prior authorization request start date with all the information requested in section II/D; **AND**
- Goals must include narrative of the current level of progress based on subjective/objective remeasurements relevant to each previously established goal along with statement of continuation/modification and/or abandonment of the goal as well as reasoning of the action (See Goal Examples Above). Previous and current measures relevant to each goal should be included in subjective/objective notes, along with newly added baseline measurements for new goals (if added); **AND**
- Note must include ratio of used/approved visits/CPT in previous authorization; If applicable, the reason(s) why approved visits/CPT were not utilized. Also, include ways poor attendance without good reason will be addressed; **AND**
- Complete the following forms: HCA SC-15 Parental Consent/ HCA-61 Therapy Prior Authorization Request/ HCA SC-10 Referral OR a dated signature of the referring provider on the *progress or re-eval note* that is being submitted within the year of evaluation. IF an evaluation is submitted, a referral will always be necessary along with it; **AND**
- For services that will be completed by a new entity, have a provider ID change or member is seeing multiple providers at a location, please see Approval Criteria section, I/E, for further instruction.
- Failure to submit ALL CORRECT paperwork will result in cancellation.

IV. THE FOLLOWING APPLIES FOR SUBMISSION OF AN AMENDMENT TO AN ACTIVE PA WITH AN HCA-60 FORM:

A. Request for Removing Servicing Provider: An amendment submission with an HCA-60 form is required.

B. Request for Provider Number Change: If a provider ID is changing, a Change of Provider Form and a new PA submission will be necessary under the new Provider ID. In rare cases, such as a clinic buyout, when the location remains the same, but the Provider ID is set to change, an amendment with the HCA-60 form can be submitted with this box checked.

C. Request for Member RID Number Change: Amendment submission of an HCA-60 is necessary

D. Request for Date Change: To extend the end date, the request is valid as long as the HCA-60 form is submitted along with an evaluation/progress note/re-evaluation performed

within the past 30 days (if the timeline is greater than 30 days, a new progress note is necessary). Service start date will only be backdated when TEFRA or Transfer-Back PA requirements are met. Keep in mind the signed date on the parental consent form and the signed date on the referral form when extending the end date or backdating the start date.

E. Request for Unit Change: An addition of units to a particular CPT code or the subtraction and transfer of units from one CPT code to another is valid as long as the HCA-60 form is submitted along with an evaluation/progress note/re-eval performed within the past 30 days (if the timeline is greater than 30 days, a new progress note is necessary).

F. Request for Code Change: Changing a code from one code to another is valid as long as the HCA-60 form is submitted along with an evaluation/progress note/re-eval performed within the past 30 days (if the timeline is greater than 30 days, a new progress note is necessary). Additionally, this code change amendment is only possible when there are no existing claims for the original CPT code, if claims exist, see additional line-item request below.

G. Request for Additional Line Item: It is important to consider the patient's prognosis and anticipate barriers when initially filling the HCA-61 form. Depending on the member's need based on unexcepted changes, the line-item additions will be approved as long as the HCA-60 form is submitted along with an evaluation/progress note/re-eval performed within the past 30 days (if the timeline is greater than 30 days, a new progress note is necessary). When approved, the addition of a new line-item shall go into effect on the date of a valid amendment submission.

H. Amendments requesting additional coverage such as date change, code change, unit change, and/or line-item addition should be submitted within the active authorization period. Any request for additional coverage after an authorization period has expired should be via submission of a new PA request.

V. THE FOLLOWING APPLIES TO SUBMISSIONS FOR PRIOR AUTHORIZATION REQUESTS FOR EQUIPMENT NEEDS:

A. If a member is seen solely to meet equipment-related needs, an OT note is not necessary but the other three of four forms for prior authorization request are needed.

B. If a member presents an equipment-related need mid treatment for another issue, an amendment request using the HCA-60 Form with addition of the appropriate line item(s) will be necessary. Additionally, a progress note or re-evaluation performed within the past 30 days will be required.

Note: Additional information may be requested to further validate a prior authorization request.

Denial Criteria: Request outside the guidelines.

Approval Period: Up to 12 months as determined by medical necessity review

References

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317: 30-3-1; 317:30-3-65.5; 317:30-5, Part 17; 317:30-3-15.
2. American Occupational Therapy Association. (2021). Standards of Practice for Occupational Therapy. American Journal of Occupational Therapy, Vol. 75(Suppl_3.), 7513410030. https://doi.org/10.5014/ajot.2021.75S3004
3. American Occupational Therapy Association. (2021) Definition of Occupational Therapy Practice for the AOTA Model Practice Act. https://www.aota.org/-/media/corporate/files/advocacy/state/resources/practiceact/ot-definition-for-aota-model-practice-act.pdf
4. American Occupational Therapy Association (2020). Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services. American Journal of Occupational Therapy, Vol. 74(Suppl_3), 7413410020p1–7413410020p6. https://doi.org/10.5014/ajot.2020.74S3004
5. American Occupational Therapy Association (2020). Occupational Therapy practice framework: Domain and process (4th ed.). American Occupational Therapy. https://doi.org/10.5014/ajot.2020.74S2001
6. American Occupational Therapy Association (2019) Guidelines for Documentation of Occupational Therapy. Enforcement Procedures for the Occupational Therapy Code of Ethics and Ethics Standards, American Journal of Occupational Therapy, 73(Suppl._2), https://doi.org/10.5014/ajot.2019.73S210
7. American Occupational Therapy Association. (2019). Enforcement Procedures for the Occupational Therapy Code of Ethics and Ethics Standards. American Journal of Occupational Therapy, 73(Suppl._2), https://doi.org/10.5014/ajot.2019.73S210
8. American Physical Therapy Association. Code of Ethics for the Physical Therapist (HOD S06-20-28-25). https://www.apta.org/siteassets/pdfs/policies/codeofethicshods06-20-28-25.pdf
9. American Physical Therapy Association. The Standards of Practice for Physical Therapy. (HOD S06-20-35-29). https://www.apta.org/siteassets/pdfs/policies/standards-of-practice-pt.pdf
10. Oklahoma Administrative Code Title 435, (2023). State Board of Medical Licensure and Supervision. Chapter 20. Physical Therapists and Assistants. https://www.okmedicalboard.org/physical_therapists/download/456/PTRULES_09.2023.pdf
11. State of Oklahoma Physical Therapy Practice Act. Title 59 O.S; Sections 887.1-887.19. https://www.okmedicalboard.org/physical_therapists/download/288/PT+LAW_11.2021.pdf
12. State of Oklahoma Occupational Therapy Practice Act. Title 59 O.S., Sections 888.1-888.16. https://www.okmedicalboard.org/occupational_therapists/download/287/OTLAW_1119doc.pdf