

# Pediatric LTHH Physical, Occupational, and Speech Therapy PAR Requirements

Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST) prior authorizations requests (PARs) administered through the Pediatric Long-Term Home Health (LTHH) benefit have several specific requirements. These requirements ensure that eQHealth Solutions will have sufficient clinical information about the child to make the appropriate PAR determination.

This document is intended to assist you in submitting the most appropriate and comprehensive documentation to support the PT, OT, or ST request. The nurse and physician reviewers request an array of clinical information relevant to the child including the child's medical diagnosis, developmental and cognitive status, as well as their adaptive, and communication development as it applies to the requested therapies. The medical diagnosis is not used to exclude services, rather it is used to help assist the nurse and physician reviewers better understand the child's needs to determine medical necessity.

eQHealth Solutions reviews all PARs using nationally recognized criteria (InterQual criteria), Health First Colorado benefit coverage standards, and state Rules to determine medical necessity. All PARs for members age 20 and younger are reviewed under Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit guidelines. If the PAR is not submitted correctly with the appropriate clinical information then the PAR will be placed on hold, or "pend," and the provider will be notified that additional information is required to support the need for therapy in the home. The provider has 10 business days to submit the documentation. If the documents are not submitted within 10 business days the PAR will be denied for Lack of Information (LOI). The provider may submit a reconsideration request within 10 business days following a denial for lack of information.

## **PAR Requirements for LTHH PT, OT, or ST Review:**

1. An HCFA-485 or other Plan of Care document identical in content. A Plan of Care must include, at a minimum, the following:
  - a. A PT, OT, or ST therapy evaluation and assessment completed by the appropriate therapist or RN

- b. Current treatment plan including short term goals, long term goals and interventions (this may also be provided on a form designed specifically for PT, OT, or ST therapy plans of care)
  - c. Complete physician's orders including frequency of requested PT, OT, or ST therapy services clearly stated in the physician's order section of the form
  - d. All other written Plan of Care requirements listed in the Health First Colorado Benefit Coverage Standard for Home Health
2. All other information determined necessary by the agency and/or the Department or its designee to make a decision on the medical necessity and appropriateness of the proposed treatment plan. Please see the Health First Colorado Benefit Coverage Standard and The Health First Colorado Home Health Billing Manual for additional requirements.
  3. The provider must include clear evidence of progress towards the child's goals including resolved goals for all PARs requesting the continuation of therapy services. Documentation showing evidence of the child's steady progression or reason(s) why progress is not being achieved should also be included.

**Additional information that may be included with the PAR:**

1. Therapy session notes describing specific PT, OT, or ST interventions and measurable goals including clear descriptions of progress or effectiveness must be included in the documentation. For continuation of services documents must show the effectiveness of the therapies or progress the child has made towards his or her goal.
2. Individual Family Service Plan (IFSP) is helpful if available though not required.
3. Developmental screening tool and/or letter of medical necessity from the Primary Care Physician.
4. Physician visit notes (Well Check Developmental Screening) documenting the reason the physician is recommending PT, OT, or ST services.