

Effective January 1, 2023, the number of visits allowed without prior authorization for both Physical Therapy (PT) and Occupational Therapy (OT) will change. Ten (10) visits will be allowed without prior authorization, inclusive of the initial evaluation.

Effective January 1, 2023, all Speech Therapy and Chiropractic Care will require prior authorization. There will be no visits allowed without prior authorization.

Overall benefits allowed vary by Line of Business (LOB), it is important to verify both LOB and eligibility prior to rendering services.

To facilitate review when requesting visits for PT or OT, the following information is required:

- MD order for therapy services
- For all school-aged children: A copy of their current Individualized Education Program (IEP)
- The initial evaluation including onset of condition, surgery date (if applicable), objective measurements such as range of motion, muscle strength, and pain rating, treatment plan and goals of care
- Specific outcome measures related to the diagnosis consistently measured throughout treatment. For example:
 - For balance/gait issues or falls: Berg Balance, Dynamic Gait Index (DGI), Timed Up and Go (TUG), Tinetti balance and gait assessment
 - For dizziness: Dizziness Handicap Inventory (DHI)
 - For neck pain: Neck Disability Index (NDI)
 - For back pain: Oswestry Disability Index (ODI)
 - For UE conditions: Upper Extremity Functional Scale (UEFS), Disabilities of the Arm, Shoulder, and Hand (DASH)
 - For LE conditions: Lower Extremity Functional Scale (LEFS), Lysholm Knee Scoring Scale, Knee Outcome Survey (KOS), or any other
- The start of care date and the number of visits the member has completed to date
- Documented re-affirmation of the diagnosis and any additional testing that has been done to confirm the diagnosis
- Description of the member's current deficits and their severity level
- Progress notes or re-evaluations that demonstrate any progress made towards goals including functional progress, increase in range of motion, increase in muscle strength, or decrease in pain
- Documentation of a home exercise program including member's level of compliance with the program
- A brief prognosis with clearly established discharge criteria
- An updated individualized plan of care/treatment plan
- The number of additional visits being requested within a time frame of no more than 60 days

To facilitate review when requesting visits for Speech Therapy, the following information is required:

- MD order for therapy services
- A description of the communication impairment caused by an illness, injury, surgery, or congenital abnormality for which treatment is required
- A plan of care that includes specific diagnosis-related goals and the expected timeframe for achieving significant, measurable outcomes

To facilitate review when requesting visits for Chiropractic Care, the following information is required:

- The initial evaluation including onset of condition, surgery date (if applicable), objective measurements such as range of motion, muscle strength, and pain rating, treatment plan and goals of care
- Description of the member's current deficits and their severity level
- A brief prognosis with clearly established discharge criteria

The above information and visit requests can be faxed to 212-908-3730. For your convenience, we have attached a copy of the MetroPlusHealth Therapy and Chiropractic Services Request Form. If you have any questions, please contact our Customer Service Team at 800-303-9626.

Sincerely,
MetroPlusHealth UM Department