

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CLINICAL PROCEDURE

NUMBER: DC1080

NAME: OT/PT SERVICES

INITIAL APPROVAL DATE:	10/18/2016	BY: Clinical Policy Committee
(LAST) REVISION DATE:	10/18/2016	BY: Clinical Policy Committee
(LAST) REVIEW DATE:	05/25/2023	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

- I. **PURPOSE** – To insure orderly and timely service provision by Occupational (OT) and Physical (PT) Therapy services.
- II. **APPLICATION**
Populations: **ALL**
Programs: **Direct - ALL**
Contracted - ALL
- III. **PROCEDURE**
This procedure will be followed for an individual being referred for initial or receiving on-going services for OT, PT or both services.
- A. Initial referral services should be initiated by primary case holder and utilize the following forms:
1. Staffing/Transfer/Referral Change Form (#0226); and
 2. Prescription for OT/PT Professional Assessment (#1023A); PART I: Approval for Evaluation is a prescription with physician's signature, authorizing evaluation by OT, PT, or both.
- An evaluation must be completed within 30 days of the physician's approval signature.***
3. If the professional assessment deems on-going treatment to be appropriate, then PART II Prescription for OT/PT Service and/or Equipment # 1023B is completed by the OT/PT and submitted for physician signature.
- ~All forms are submitted to Supervisor for approval and forwarding.*
~Medicare Rounds are completed for anyone with Medicare insurance.
4. Children's services will also complete a Sensory Assessment Tool.

B. Annual/Renewal Requests should be initiated by the OT or PT professional for Children's and Adult services.

1. Prescription for OT/PT Professional Evaluation (#1023A); PART I: Approval for Evaluation is a prescription with physician's signature, authorizing evaluation by OT, PT, or both. An evaluation must be completed within 30 days of the physician's approval signature.
2. Form 1021 OT/PT Medicare Rounds Communication is completed by OT/PT professional in order to update relevant information to Physician.
3. If the professional assessment deems on-going treatment to be appropriate, then Part II of the prescription for OT/PT Service and/or Equipment # 1023B will be completed by the OT/PT and submitted for physician signature.

In the case of Medicare insurance, date requirements must be closely followed.

IV. **DEFINITIONS** – None

V. **STANDARDS** – None

VI. **ATTACHMENTS** – None

VII. **REFERENCES** – Form #0226 Staffing/ Transfer/ Referral Change Form
Form #1023A Prescription for OT/PT Professional Assessment
Form #1023B Prescription for OT/PT Service/ and/or Equipment
Form #1021 OT/PT Medicare Rounds Communication