

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:	08/15/2024	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. Psychiatrist refers to OT about each individual and is provided an update.
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