Specialty Therapy & Rehab Services (STRS)
Requesting Authorization for Physical, Occupational and Speech Therapy Services

Important Contacts:

Home State Health Website:
www.homestatehealth.com

Medical Necessity Criteria:
www.cenpatico.com

Outpatient Treatment Request Form: www.cenpatico.com

Home State Health Plan
Phone Number:
(855) 694-4663

Cenpatico
Fax Number:
(855) 847-1011

Claims
Phone Number:
(877) 644-4663

Claims Address:
P.O. Box 4050, Farmington, MO
63640-3829

When is Prior Authorization required?

Prior Authorization is required for all PT, OT, ST services
Exception: Initial Evaluation and Re-evaluation - for participating providers
Prior Authorization is required for Evaluations and Re-Evaluations when, a par or non-par provider is requesting:

- 2nd evaluation in a year for the same discipline
- 2nd re-evaluation in a year for the same discipline

What should I submit to obtain authorization?

- A Physician's Order/Prescription for Therapy
- A Complete Therapy Evaluation/Written Plan of Care
- An Outpatient Treatment Request (OTR) or Prior Authorization form

What do you look for in a Plan of Care (POC)?

- Diagnosis with date of onset or exacerbation
- Standardized or Functional Evaluation scores
- Short and long term treatment (SMART) goals
- Treatment techniques and interventions to be used
- Summary of results achieved (if subsequent request)
- Duration and frequency

What does the prior authorization process entail?

When Cenpatico receives your request for authorization, we:

1. Review the clinical documentation submitted to ensure we have received the required elements.
2. If we have what we need to proceed, we read through the plan of care to ensure medical necessity is met, e.g. goals address stated problems, goals are functional and measurable in comparison to baseline, etc.
3. If we think medical necessity may be met for all or some of the request, but we do not have adequate documentation to substantiate that, we frequently call the provider for more information (for instance, there appears to be minimal or no connection between the functional impairment and the intensity of services requested)
4. If a call is made to the provider and the provider is able to substantiate the requested services or decides to make a request for less services that are more in line with the stated functional impairment and progress, we authorize what is medically necessary
5. If we are unable to justify medical necessity, we send the request to medical review so that our physician can talk to the prescribing physician about the case and make a determination

How long does the prior authorization process take?

Once Cenpatico is in receipt of all required documentation, we will respond within **two (2) business days** with a response (approve, deny, or request additional clinical information). After reaching out to the provider for additional information we will determine whether or not it meets medical necessity, and the provider will receive a determination no later than **fourteen (14) calendar days** after the request was received.