



PROVIDER *bulletin*

October 6, 2008

Dear KHS Provider:

Effective immediately requests for Physical Therapy will have the following guidelines:

1. Initial PT evaluation will be approved if it is a covered benefit and medically necessary.
2. Physical Therapist will submit treatment plan for Medical Directors to review and approve. This plan should include the following:
 - a. Each modality/therapy and the corresponding CPT code (not including 97039)
 - b. Time frame per session (X code)
 - c. Number of visits
 - d. Plan for independent home program
3. Additional therapy sessions will be approved based upon the medical indication, treatment plan, and benefit coverage.
4. Physical Therapy will be limited to 45 minutes unless prior approval by Medical Directors.
5. All Physical Therapy requests must have medical provider signature: PCP or Specialist. Requests from Physical Therapy providers for additional care, or initial evaluations are unacceptable.
6. Members receiving Physical Therapy must be re-evaluated by PCP or Specialist after 12 Physical Therapy visits prior to additional Physical Therapy being approved. Current progress achieved from physical therapy and future progress to be achieved from additional therapy must be documented by the treating physician before additional visits to physical therapy will be authorized.

If you should have any questions regarding these changes please feel free to call Provider Relations at 661-5146.

Thank you.

