

Physical and Occupational Therapy Services Provider Guide

Use this guide as a supplement to the Physical and Occupational Therapy Services (PT/OT) Oregon Administrative Rules ([OAR 410 Division 131](#)). See current PT/OT rules for official policies regarding billing.

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Client eligibility and enrollment

Refer to [General Rules](#) and [OHP Rules](#) for information about the service coverage according to OHP benefit plans and the Prioritized List of Health Services.

The [OHP eligibility verification page](#) explains how to verify eligibility using the Provider Web Portal, Automated Voice Response, or electronic data interchange (EDI) 270/271 transaction.

Prior authorization

The following services require prior authorization by OHA:

- Services to treat [comorbid or unfunded conditions on the Prioritized List of Health Services](#),
- Any visits that exceed the annual limits of 30 habilitative visits or 30 rehabilitative visits established in [Guideline Note 6](#),
- Visits longer than 60 minutes, and
- Any other special circumstances.

For OHP coordinated care organization (CCO) members, contact the CCO for PA instructions and the services that require PA.

How to submit PA requests to OHA

Submit requests to OHA using the [Provider Web Portal \(instructions\)](#) or the [MSC 3971 \(instructions\)](#).

For complete instructions on how to submit PA requests to OHA, see the [Prior Authorization Handbook](#).

Information needed to request PA

OHA may automatically deny requests that do not include one or more of the following pieces of information.

- Information in **bold** is required for correct processing.

- If using the [MSC 3971](#) to submit the request, fax the completed form to 503-378-5814 for routine requests or 503-378-3435 for immediate/urgent requests.

Information needed
EDMS Coversheet <ul style="list-style-type: none"> ■ From (contact name) ■ Phone Number ■ Date ■ No. of pages ■ PA Processing Time Frame ■ Provider ID ■ Recipient ID ■ Prior Authorization Number (for updates to existing requests)
Box I – Request Information <ul style="list-style-type: none"> ■ Client Name, Client ID, DOB ■ Requesting Provider NPI ■ Performing Provider NPI – Practitioner’s NPI ■ Referring Provider NPI ■ PA Assignment - Mark “Occupational” or “Physical Therapy” ■ Length of treatment ■ Frequency ■ Time per session ■ Primary diagnosis code- Obtained from the prescribing practitioner – The diagnosis code must be the reason chiefly responsible for the service being provided as shown in the medical records. ■ Dates of service
Box II – Line Item Information <ul style="list-style-type: none"> ■ Service Type Code (procedure code) ■ Modifiers (if applicable) ■ Units
Box V – Additional Notes <ul style="list-style-type: none"> ■ For new PA: Goals and objectives ■ For changes to existing PA: The change and reason for it.
Attachments Attach a current plan of care as described in OAR 410-131-0080 .

Billing for PT/OT services

Use the Provider Web Portal professional claim, 837P or CMS-1500.

- For procedures, enter the most appropriate code as described in [OAR 410-131-0280](#).
- **Billing instructions** are available on the [OHP provider billing tips page](#).
- **For information about electronic billing**, go to the [Electronic Business Practices Web page](#).

Documentation requirements

When billing for the codes listed in Oregon Administrative Rule [410-131-0160\(6\)](#), you must submit a current plan of care with the initial claim. See OAR [410-131-0080](#) for plan of care requirements.

- **For electronic billing**, fax the plan of care to OHA at 503-378-3086 under an [EDMS Coversheet](#). Mark the “Claim Documentation” box and list the claim’s internal claim number in the “Document Identification Number” section of the cover sheet.
- **For paper billing**, mail the claim and plan of care to OHA.

Claim status and adjustments

For information about the paper remittance advice and other ways to get claim status information via the Provider Web Portal, AVR or EDI 835 (Electronic Remittance Advice), go to the [OHP remittance advice page](#).

For information about how to adjust a claim, refer to the [Claim Adjustment Handbook](#).