ASE/PSE Therapy Services Exception Request

Provider Guide

Purpose

This training guide supports providers in accurately completing and submitting a Therapy Services Exception Request for the ASE/PSE group. It covers when an exception is required, what information must be included, and how to submit requests for timely review.

Covered Therapy Services

- Occupational Therapy
- Physical Therapy
- Speech Therapy

Annual Therapy Benefit Limit

Coverage is limited to a combined total of 30 therapy visits per calendar year across occupational, physical, and speech therapy. Prior authorization is not required for services within the benefit limit.

Requests for services beyond this limit require an approved exception based on documented medical necessity and ongoing functional need.

When to Submit an Exception

Submit an exception request when:

- The member has reached or will exceed 30 therapy visits in the calendar year.
- Continued therapy is medically necessary.
- Clinical documentation supports continued functional improvement or reestablishing skills or functions that have been impaired or lost because of illness or injury.

Required Form

Exceptions requests received as an Initial authorization could get an automatic system response of "No PA Required" as the PA is not needed within member benefit limits. The exception is the type of review needed to avoid any disruption; please use the appropriate exception form to ensure we receive your request for review.

Form Name: **Provider Exception Form**

Request for Urgency

Requests may be submitted as standard or urgent. Please note urgent requests should indicate that a delay in services may jeopardize the member's life, health, or ability to regain maximum function. Services submitted as urgent that do not meet the above definition of urgent may be worked as standard.

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Key Form Sections to Complete

Ensure the following sections are complete and accurate:

- Request type and provider contact information.
- Member information as it appears in payer records.
- Therapy type, place of service, frequency, duration, and total visits requested.
- Requesting provider and servicing provider details
- Diagnosis codes, procedure codes, and medical justification

Required Supporting Documentation

Attach all relevant clinical records, including:

- Member clinical records supporting therapy needs, including documented deficits.
- Initial evaluation
- Treatment plan with measurable functional goals
- Progress notes (required for services exceeding 30 visits)
- Physician referral or prescription, if applicable

Submission Method

At this time, exception requests should be submitted by fax only. Portal submission could result in our receiving an initial request and result in a "No PA Required" response. Please fax to the appropriate number as listed on the form.

Final Review Checklist

Before submitting, verify that:

- Exception form is used.
- All required sections of the form are complete.
- Dates, codes, and requested visits are consistent.
- Documentation clearly supports medical necessity for visits beyond the annual limit for continued rehabilitation to regain skills or functions that may have been impaired by injury or illness.

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