

Process for Obtaining Physician Recommendations

There are slight variations to the physician's recommendation process depending on the reason for the order. The following information provides ITP with instructions on how to obtain a physician's recommendation throughout the eligibility and IFSP process:

Initial Evaluations -

- The **ITP Physician's Recommendation Evaluation Form**, is filled out and sent to the physician for a dated signature. The service coordinator is responsible for ensuring this is completed.
- When the signed form is received the ITP may bill for the evaluations recommended by the physician.

Adding New Services, Modifying Existing Services, and Ongoing Evaluations -

- The **IFSP Summary of Services Page** is sent to the physician for a dated signature.
- In the box called "Diagnosis Description", include a brief summary statement on the child's anticipated outcomes.

Examples of a statement **may** include:

- Speech therapy is needed to address Joey's receptive and expressive speech delay.
 - Speech therapy is needed to address Sally's 35% speech delay in expressive language.
 - Occupational therapy evaluation is needed to address Jim's fine motor concerns.
 - Physical therapy is needed to address Maria's 30% gross motor delay.
- An **IFSP Summary of Services Addendum Page** is sent to the physician at a minimum during the annual review, or anytime there is a change to the service type, amount, or frequency.

Informed Clinical Opinion (ICO) -

- The ITP may bill for children under ICO eligibility as long as the services are recommended by a physician.
- Even though a child does not meet ITP developmental delay criteria, the team may recommend services and decide to make a referral to the physician. The physician may determine there is a need for the service regardless of how the child qualifies under ITP eligibility.
- In the box called "Diagnosis Description" on the **IFSP Summary of Services Page**, include an explanation of why the child has a need for OT, PT, SLP, or audiology services and their anticipated outcomes.

Examples of an explanation **may** include:

- Tina has a mild delay (20%) in gross and fine motor developmental areas. Occupational therapy is needed to address Tina's gross and fine motor delays.
 - Rory repeatedly falls within referral range on Ages and Stages Questionnaires in the communication area. Speech therapy is needed to address Rory's communication delays.
 - Matt's developmental measurements show typical development, however clinical observation and/or parent report show potential motor or sensory delay. Occupational therapy is needed to address Matt's motor and sensory concerns.
 - Lisa has environmental risk factors that may impact her ability to maintain her current language developmental trajectory (unsubstantiated CPS case).
- A diagnosis code must be identified in order to bill for all children, including children eligible under ICO.