

Pediatric Physical & Occupational Therapy Services, LLC
Pacific Northwest Pediatric Therapy, LLC

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Prescription or Referral information for Occupational Therapy

Oregon Clients

When insurance companies request a prescription or referral to establish proof of medical necessity they are looking for very specific information. They want to see the type of service being recommended (Occupational or Physical Therapy), the reason for the therapy (or diagnosis), the frequency (once a week) and the duration (up to 12 months.) *Please give these details to your physician when you request a prescription/referral.*

The following is an example of a prescription from a physician:

 (Name) requires Occupational Therapy services once a week for up to 12 months to address his/her underlying Hypotonicity 728.9 (low muscle tone) and Dyspraxia 781.3 (motor planning difficulties), which impacts his/her gross and fine motor skills and contributes to functional difficulties.

This blanket type of referral can cover children with motor coordination difficulties (balance, postural control) fine motor difficulties (writing, feeding, self help skills) as well as children with a diagnosis within the Autistic Spectrum (Autism, PDD, Aspergers) or for children with Cerebral Palsy and other motor coordination difficulties.

It is important that the prescription is written for Occupational Therapy and *not for a specific treatment modality* as the modalities are determined based on the individual child's needs. For example, it is important to **not** use the term "Sensory Integration Therapy" as the type of service or to refer for a diagnosis of Sensory Integration Dysfunction as it is not an official diagnosis found in the IDC-9 code books. Use of either of these terms on the prescription/referral or when you call your insurance company to confirm benefits may cause them to deny payment for therapy services.

We use the CPT (procedure code) 97530 for billing and bill insurance with the diagnosis on the physician's referral/prescription.