


<b>Name of Policy:</b>	<u>Referral to Therapy Services for Outpatients</u>	
<b>Policy Number:</b>	3364-137-IMO-01	
<b>Department:</b>	Rehabilitation Services	
<b>Approving Officer:</b>	Chief Operating Officer - UTMC	
<b>Responsible Agent:</b>	Director, Therapy Services	
<b>Scope:</b>	Rehabilitation Services	
		<b>Effective Date:</b> 12/1/2022
		Initial Effective Date: 1/1981
<input type="checkbox"/> New policy proposal		<input type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy		<input checked="" type="checkbox"/> Reaffirmation of existing policy

### (A) Policy Statement

All outpatients may be seen for treatment with or without a referral in accordance with the section of the Ohio Revised Code governing the practice of Occupational, Physical, and Speech Therapy evaluation and treatment. Although patients may be seen without a referral, as Ohio law permits, they will be encouraged to obtain a referral to maximize insurance benefits and to coordinate care with their healthcare provider.

### (B) Purpose of Policy

To comply with individual discipline practice acts described in the Ohio Revised Code and to provide quality, responsible healthcare services.

### (C) Procedure

1. When a patient is referred for outpatient therapy, the initial referral to therapy should contain the following information on the consultation form, letter of referral or prescription:
  - a. Patient's full name and date of birth
  - b. Medical Diagnosis and/or ICD 10
  - c. Medical Precautions
  - d. Specific reason(s) for referral/areas to be treated
  - e. Duration of treatment
  - f. Frequency of treatment
  - g. Date of referral
  - h. Name of Referring Physician
  - i. Signature of the referring physician or his/her designate
2. Therapy Service may be advised of a referral, either verbally, by telephone, fax, mail, or hand carried by the patient. The patient is scheduled for treatment. The order is scanned into the electronic medical record. Insurance is verified by department personnel prior to the first appointment.
3. Patients seeking outpatient rehabilitation services without a referral will be informed that their insurance may not pay for services if a referral is not in place and will be given the opportunity to seek a referral before they are scheduled for evaluation and treatment.
4. Patients who choose to obtain outpatient therapy services without a referral will be required to sign an advanced notice of financial responsibility prior to services being provided. Patients who choose to obtain outpatient therapy services prior to insurance confirmation will also be required to sign an advanced notice of financial responsibility prior to services being provided. The notice will inform them that their insurance plan requires a referral and that their insurance plan will likely not pay for therapy services provided without a referral, the estimated cost of services per session, and that they have been made aware of this and that they assume financial responsibility for payment for services. This form will become part of the patient's medical record.

5. Patients who refuse to sign the advanced notice of financial responsibility will be advised that they will not receive services until they agree to assume financial responsibility for the services provided or until they obtain a referral that will allow services to be billed to the appropriate third party payer.
6. All ensuing correspondence, progress notes, referrals are maintained in the electronic medical record.
7. All documentation will follow departmental policy for timeframes, completion, and dissemination.

<p><b>Approved by:</b></p> <p><u>/s/</u> <span style="float: right;"><u>12/01/2022</u></span>  <hr style="width: 80%; margin-left: 0;"/>         Alison Matson PT, DPT, NCS          Director of Therapy Services  <span style="float: right;">Date</span></p> <p><u>/s/</u> <span style="float: right;"><u>12/01/2022</u></span>  <hr style="width: 80%; margin-left: 0;"/>         Christine Stesney-Ridenour, COO  <span style="float: right;">Date</span></p>	<p><b>Review/Revision Date:</b></p> <p>9/1982      9/1999          11/1983    2/2000          10/1987    5/2002          11/1988    10/2003          11/1989    5/2005          6/1990      8/2006          9/1991      1/10/2010          5/1994      7/2012          3/1996      11/1/2016          10/1997     11/2019          3/1998      12/2022          9/1998</p> <hr/> <p><b>Next Review Date:</b> 12/1/2025</p>
<p><b>Policies Superseded by This Policy:</b> 23-IMO-01</p>	