

**DOCUMENTATION REQUIREMENTS FOR:
THERAPY SERVICES**

Important Notice: All supporting documentation must be submitted with the review request.

DOCUMENTATION	REQUIRED WHEN:
ADMISSION REVIEW (INITIAL AUTHORIZATION)	
Prescription for services	<ul style="list-style-type: none"> • Required with each admission review request. • Must be signed and dated by the primary care provider, an advanced registered nurse practitioner (ARNP), a designated physician assistant (PA) or a designated physician specialist before or on the date of the plan of care and prior to requesting authorization. • The plan of care may suffice as a prescription if the signed POC indicates that the POC is to serve as a prescription and all prescription requirements are met.
Evaluation results	<ul style="list-style-type: none"> • Required with each admission review request. • Must be signed and dated by a licensed physical or occupational therapist, licensed or provisionally licensed speech-language pathologist.* <p>*A Medicaid enrolled supervising occupational therapist or home health agency may be reimbursed for the evaluations performed by an occupational therapist with a temporary license. To receive reimbursement, both the supervising therapist and therapist with the temporary license must sign and date the evaluation.</p>
Plan of care (POC)	<ul style="list-style-type: none"> • Required with each admission review request. • Must be based on the results of the evaluation. • Must be developed and signed and dated by the therapist or licensed or provisionally licensed speech-language pathologist, and • Must be signed and dated by the ordering provider prior to requesting authorization. • Valid for up to 180 days, depending on the approved certification period.
CONTINUED STAY REVIEW (REAUTHORIZATION)	
Prescription for services	<ul style="list-style-type: none"> • Required with each continued stay review request. • Must be signed and dated by the primary care provider, an advanced registered nurse practitioner (ARNP), a designated physician assistant (PA) or a designated physician specialist before or on the date of the plan of care and prior to requesting authorization. • The plan of care may suffice as a prescription if the signed POC indicates that the POC is to serve as a prescription and all prescription requirements are met.
Re-evaluation results	<ul style="list-style-type: none"> • Required if a re-evaluation was performed subsequent to the previous authorization.
Plan of care	<ul style="list-style-type: none"> • Required with each continued stay review request. • The POC must be developed prior to the end of the current certification period, prior to requesting prior authorization and prior to providing services. • Valid for up to 180 days, depending on the approved certification period.

Date: September 13, 2011

Effective Date: November 1, 2011

Revised: September 2013

	Must be signed and dated by the ordering provider.
MODIFICATION (FOR CHANGE IN CLINICAL CONDITION)	
Prescription for services	<ul style="list-style-type: none"> • Required with each modification review request. • The current order for the authorized period showing the changes must be submitted. • The plan of care may suffice as a prescription if the signed POC indicates that the POC is to serve as a prescription and all prescription requirements are met. • Must be signed and dated by the ordering provider before the POC is developed, and prior to requesting the modification.
Re-evaluation results	<ul style="list-style-type: none"> • Required if a re-evaluation was performed subsequent to the previous authorization.
Plan of care	<ul style="list-style-type: none"> • Required with each modification review request. • Must be amended to clearly show the change(s) in required services. Must be developed prior to requesting the modification of services. • The ordering provider must sign and date the plan of care.

DOCUMENTATION	REQUIRED WHEN:
RETROSPECTIVE REVIEW	
Order for Services - All	<ul style="list-style-type: none"> • Required for the entire period for which authorization is requested. • Requirements are the same as for the initial and continued stay authorization requests.
Evaluation results	<ul style="list-style-type: none"> • All evaluations and re-evaluations performed for the entire period for which authorization is requested.
Plan(s) of Care - All	<ul style="list-style-type: none"> • Required for the entire period for which authorization is requested. • Requirements are the same as for the initial and continued stay authorization requests.