

Documentation Requirements for Therapy Services

All supporting Documents must be submitted with the review request

ADMISSION: DOCUMENTATION	REQUIRED
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 POC may suffice as a prescription if the signed POC indicates it 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. ▶ 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.
Plan of care (POC)	<ul style="list-style-type: none"> ▶ Required with each admission review ▶ Must be based on the results of the evaluation. ▶ Must be developed, signed and dated by the therapist or licensed speech-pathologist ▶ 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: DOCUMENTATION	REQUIRED
<p>Prescription for services</p>	<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 POC may suffice as a prescription if the signed POC indicates it is to serve as a prescription and all prescription requirements are met.
<p>Re-Evaluation Results</p>	<ul style="list-style-type: none"> ▶ Required if a re-evaluation was performed subsequent to the previous authorization.
<p>Plan of care (POC)</p>	<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 authorization and prior to providing services. ▶ Valid for up to 180 days, depending on the approved certification period. ▶ Must be signed and dated by the ordering provider.
MODIFICATIONS (CHANGE IN CLINICAL CONDITION)	DOCUMENTATION
<p>Prescription for services</p>	<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 POC may suffice as a prescription if the signed POC indicates it 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 is a re-evaluation was performed subsequent to the previous authorization.
Plan of Care (POC)	<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 signed and dated by the ordering provider.
RETROSPECTIVE REVIEWS	DOCUMENTATION
Prescription for Services	<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.