

## DOCUMENTATION REQUIREMENTS FOR DURABLE MEDICAL EQUIPMENT

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

DOCUMENTATION	REQUIRED WHEN:
<b>ADMISSION REVIEW (INITIAL AUTHORIZATION)</b>	
Prescription for services	<ul style="list-style-type: none"> <li>• Required with each admission review request.</li> <li>• 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. <i>*An ARNP cannot write an order for physical therapy services.</i></li> <li>• 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.</li> </ul>
Evaluation results	<ul style="list-style-type: none"> <li>• Required with each admission review request.</li> <li>• Must be signed and dated by a licensed physical or occupational therapist, licensed or provisionally licensed speech-language pathologist.</li> </ul>
Plan of care (POC)	<ul style="list-style-type: none"> <li>• Required with each admission review request.</li> <li>• Must be based on the results of the evaluation.</li> <li>• Must be developed and signed and dated by the therapist or speech-language pathologist, and</li> <li>• Must be signed and dated by the ordering provider prior to requesting authorization.</li> <li>• Valid for up to 180 days, depending on the approved certification period.</li> </ul>
<b>CONTINUED STAY REVIEW (REAUTHORIZATION)</b>	
Prescription for services	<ul style="list-style-type: none"> <li>• Required with each continued stay review request.</li> <li>• 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. <i>*An ARNP cannot write an order for physical therapy services.</i></li> <li>• 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.</li> </ul>
Re-evaluation results	<ul style="list-style-type: none"> <li>• Required if a re-evaluation was performed subsequent to the previous authorization.</li> </ul>
Plan of care	<ul style="list-style-type: none"> <li>• Required with each continued stay review request.</li> <li>• The POC must be developed prior to the end of the current certification period, prior to requesting prior authorization and prior to providing services.</li> <li>• Valid for up to 180 days, depending on the approved certification period. Must be signed and dated by the ordering provider.</li> </ul>
<b>DOCUMENTATION</b>	
<b>REQUIRED WHEN:</b>	
<b>RETROSPECTIVE REVIEW</b>	
Order for Services - All	<ul style="list-style-type: none"> <li>• Required for the entire period for which authorization is requested.</li> <li>• Requirements are the same as for the initial and continued stay authorization requests.</li> </ul>
Evaluation results	<ul style="list-style-type: none"> <li>• All evaluations and re-evaluations performed for the entire period for which authorization is requested.</li> </ul>
Plan(s) of Care - All	<ul style="list-style-type: none"> <li>• Required for the entire period for which authorization is requested.</li> <li>• Requirements are the same as for the initial and continued stay authorization requests.</li> </ul>