

**DOCUMENTATION REQUIREMENTS FOR:  
THERAPY SERVICES**

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

<b>DOCUMENTATION</b>	<b>REQUIRED WHEN:</b>
<b>ADMISSION REVIEW (INITIAL AUTHORIZATION)</b>	
Prescription for services	<p>Required with each admission review request.</p> <p>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.</p> <p>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.</p>
Evaluation results	<p>Required with each admission review request.</p> <p>Must be signed and dated by a licensed physical or occupational therapist, licensed or provisionally licensed speech-language pathologist.*</p> <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)	<p>Required with each admission review request.</p> <p>Must be based on the results of the evaluation.</p> <p>Must be developed and signed and dated by the therapist or licensed or provisionally licensed speech-language pathologist, and</p> <p>Must be signed and dated by the ordering provider prior to requesting authorization.</p> <p>Valid for up to 180 days, depending on the approved certification period.</p>
<b>CONTINUED STAY REVIEW (REAUTHORIZATION)</b>	
Prescription for services	<p>Required with each continued stay review request.</p> <p>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.</p> <p>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.</p>
Re-evaluation results	Required if a re-evaluation was performed subsequent to the previous authorization.
Plan of care	<p>Required with each continued stay review request.</p> <p>The POC must be developed prior to the end of the current certification period, prior to requesting prior authorization and prior to providing services.</p> <p>Valid for up to 180 days, depending on the approved certification period.</p>

Date: September 13, 2011

Effective Date: November 1, 2011

Reviewed: 9/2013, 1/2019

	Must be signed and dated by the ordering provider.
<b>MODIFICATION (FOR CHANGE IN CLINICAL CONDITION)</b>	
Prescription for services	<p>Required with each modification review request.</p> <p>The current order for the authorized period showing the changes must be submitted.</p> <p>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.</p> <p>Must be signed and dated by the ordering provider before the POC is developed, and prior to requesting the modification.</p>
Re-evaluation results	Required if a re-evaluation was performed subsequent to the previous authorization.
Plan of care	<p>Required with each modification review request.</p> <p>Must be amended to clearly show the change(s) in required services.</p> <p>Must be developed prior to requesting the modification of services.</p> <p>The ordering provider must sign and date the plan of care.</p>

<b>DOCUMENTATION</b>	<b>REQUIRED WHEN:</b>
<b>RETROSPECTIVE REVIEW</b>	
Order for Services - All	<p>Required for the entire period for which authorization is requested.</p> <p>Requirements are the same as for the initial and continued stay authorization requests.</p>
Evaluation results	All evaluations and re-evaluations performed for the entire period for which authorization is requested.
Plan(s) of Care - All	<p>Required for the entire period for which authorization is requested.</p> <p>Requirements are the same as for the initial and continued stay authorization requests.</p>

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Effective Date: November 1, 2011

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