

IDAHO MEDICAID THERAPY SERVICE DOCUMENTATION COVERSHEET
FAX to: 1-877- 314-8779

To assist us with prompt review of your documentation:

- **Fax documentation for each patient and each type of therapy SEPARATELY.** Please do not send a single fax with multiple patients and/or therapy types.
- **You do not need to submit documentation for each individual claim, only for each patient and therapy type.** Submitting updated documentation for services continuing 90 days or more past the date of the original documentation will assist us with reviews. We may request updated documentation from you at the time of review if available documentation is outdated.
- **Fax documentation at least one business day PRIOR to submitting claims for services past Medicaid limits.** You may submit documentation prior to exceeding service limits.

ALL INFORMATION IS REQUIRED – PLEASE DO NOT SKIP ANY SECTIONS

This is documentation for: Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/>
Medicaid ID #:
Participant Name:
DOB:
Requesting Provider:
Address:
Phone #:
FAX #:
Provider NPI#:
Initial Documentation <input type="checkbox"/> Updated Documentation <input type="checkbox"/> Additional documentation requested by Medicaid <input type="checkbox"/>
Please submit ALL of the listed documents to demonstrate medical necessity for therapy services beyond normal limitations.
<input type="checkbox"/> Current Plan of Care specifying frequency, duration, and type of treatment . Date: _____
<input type="checkbox"/> Most current therapy evaluation (dated within the past year). Date: _____
<input type="checkbox"/> Physician’s order for therapy services signed and dated by the physician within the last 90 days for acute participants, or within the last six months for participants with chronic conditions. Date: _____
<input type="checkbox"/> Progress report or re-evaluation (show improvement or changes with goals). Date: _____
Therapy claims submitted without the required supporting documentation may be delayed or denied.

You can check a Medicaid participant’s status with respect to therapy limitations at www.idmedicaid.com when you verify their eligibility. Provider handbooks with details on therapy services requirements are available at the same site. You may also e-mail any questions to: MedicaidTherapy@dhw.idaho.gov. Due to HIPAA regulations, please do not email your documents.