

Idaho Medicaid Therapy Service Documentation Coversheet
Please complete entire form and submit all required documentation to (877) 314-8779

Instructions

- Fax documentation for each patient, and each type of therapy **SEPARATELY**.
- You do not need to submit documentation for each individual claim, only for each therapy type.
- Supporting documentation must be submitted **yearly** prior to the participant reaching the therapy limitation.
- Submitting updated documentation for services continuing 90 days, or more, past the date of the original documentation will reduce denials.
- Fax documentation at least two business days **PRIOR** to submitting claims for services past Medicaid limits. You may submit documentation prior to exceeding service limits.
- Due to HIPAA regulations, please do not email your documents.

Therapy Type & Medicaid Participant Information

Physical Therapy **Occupational Therapy** **Speech Therapy** **Feeding Therapy**

Last Name: _____ First Name: _____ Initial: _____

Medicaid ID Number: _____ Date of Birth: _____

Medicaid Provider Information

Provider Name: _____

Provider Address: _____

Provider Phone: _____ Provider Fax: _____

Provider Email Address: _____

Required Documentation

Initial Documentation **Updated Documentation** **Additional documentation requested by Medicaid**

Please submit **ALL** of the listed documents to demonstrate medical necessity for therapy services beyond normal limitations.

- Current Plan of Care (POC) to include **measurable** short and long term goals, frequency and duration of the recommended therapy, and dated signature of the therapist, who established the plan. The POC must be consistent with the therapy evaluation and contain, at a minimum, a diagnoses; measurable treatment goals that pertain to the functional impairment identified in the evaluation; and type, frequency and duration of the therapy service.

Date:

- Physician Orders: All therapy services must be ordered by a physician, nurse practitioner, physician assistant must either sign an order specifying the service to be provided, the frequency and duration, or they must sign the therapy plan of care that includes that information within 30 days for therapy to continue. No claims may be billed until the complete order or the plan of care is signed by the physician, nurse practitioner, or physician assistant. Participants with acute conditions must have an updated order at least every 90 days. Participants with long-term medical conditions must have an updated order at least every 365 days. **Date:**

- Current Annual Evaluation/Assessment: The Evaluation should include general health status and diagnosis, medical/surgical history and current conditions. The Evaluation should include a standardized, norm referencing assessment. If a standardized evaluation is not appropriate for the participant, the evaluation should include therapist's observations, parental/caregiver's observations, description of the participant's deficiencies and strengths and the medical necessity for skilled therapy services. The Evaluation must be completed **annually** and must be signed and dated by the therapist administering the assessment. **Date:**

- Current Progress Report: The Progress Report may be included in the current POC. The Progress Report must clearly show measurable and substantial gains which have been achieved since the previous evaluation.

Date:

Therapy claims submitted without the required supporting documentation will be denied.

For questions regarding eligibility, therapy limitations or claims status, call Molina Customer Service at 1 (866) 686-4272 or see the Molina HealthPAS portal at www.idmedicaid.com.