



## Therapy Services Authorization Request Checklist Title 19 and Title 21

Therapy service providers are required to adhere to requirements outlined in the *Florida Medicaid - Therapy Services Coverage and Limitations Handbook* in order to receive reimbursement for services. All required documentation to support the request must be submitted at the time of the request. Failure to provide all necessary clinical information can result in a delay or denial of your request. This form may be used as a checklist of submission guidelines and submitted with the Authorization Request Form for therapy services. Therapy services may be authorized for up to a 180 day period.

### **Initial Requests:**

#### **Evaluation and/or Plan of Care (POC) should include the following:**

- Chronological age and functional age;
- Summary of recipients current health status, including diagnosis(es);
- Current school grade; document if therapy is being provided by school system;
- Indicate all therapies member is currently receiving (PT, OT, ST/SLP, ABA/BSA). For multiple therapy group practices, if multiple therapies are utilized (i.e. PT, OT, and/or ST), include an integrated therapy plan. If integration is not feasible, include documentation of why;
- Modalities;
- Goals (short term and long term);
- Frequency/duration of visits; certification period, and total units requested;
- Signature of the therapist; AND
- Signature of the primary care provider (PCP), ARNP or PA designee, or designated physician specialist indicating that they have reviewed the POC and prescribed the therapy. Services cannot be provided prior to the date of this signature.**

### **Re-Certification Requests (Re-evaluation is required between 150-180 days):**

#### **Evaluation and/or Plan of Care (POC) should include the following:**

- Requirements of initial request mentioned above;
- Compliance with therapies and rehab potential;
- Family involvement/participation in home therapy program;
- Percentages of progress toward goals and milestones accomplished since last evaluation, and modifications to the POC;
- Justification of medical necessity for services to maintain functionality;
- Frequency/duration of visits, certification period, and total units requested;
- Before expiration of the authorization period, the therapist must review and revise the POC and submit it to the PCP for review; AND**
- The PCP shall review the recipient's POC and sign to prescribe the continuation of services. Services cannot not be provided prior to the date of this signature.**