



# Nursing Facility Ancillary Prior Authorization Request Form

Fax # (800) 807-8843

<b>Service:</b> <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Oxygen			
<b>Type of Service:</b> <input type="checkbox"/> New Service <input type="checkbox"/> Recertification <input type="checkbox"/> Response to LOI <input type="checkbox"/> Reconsideration <input type="checkbox"/> Retrospective			
<b>Individual Name</b>		<b>Medicaid #</b>	
<b>Social Security #</b>		<b>Date of Birth</b>	
<b>Provider Name</b>		<b>Provider #</b>	

Please include all of the following documentation with submission of request.

## New Service

### Therapy Service (PT, OT, ST)

- Face sheet with identifying information and provider number
- Primary diagnosis and co-morbidities (must have the ICD-10 code)
- Dates of service, Procedure Codes, number of visits, frequency and duration of service
- Reason for referral to therapy – documentation that supports decline in functioning, change in functioning, etc. (other than the therapy evaluation)
- Therapy evaluation and therapy plan of care, including long and short term goals
- Physician order or therapy plan of care signed by physician
- Previous therapy dates and functional status at discharge

### Oxygen Service (O2)

- Face sheet with identifying information and provider number
  - Primary diagnosis and co-morbidities (must have the ICD-10 code)
  - Dates of service, frequency, and duration of service
  - Physician order for oxygen and any respiratory related medications/treatments
  - Respiratory assessments, including oxygen saturations on and off of oxygen, any additional/pertinent documentation related to the use/need for oxygen
  - Type of oxygen delivery (concentrator, liquid portable oxygen, etc)
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## Recertification

### Therapy Service (PT, OT, ST)

- Dates of service, Procedure Codes, number of visits, frequency and duration of service
- Physician order or therapy plan of care signed by physician **for the new plan period**
- Progress notes specifically focused on functioning during the prior plan period
- Clear documentation of the benefit and adherence to the plan

### Oxygen Service (O2)

- Dates of service, frequency, and duration of service
  - Physician order for oxygen and any respiratory related medications/treatments
  - Respiratory assessments, including oxygen saturations on and off of oxygen, any additional/pertinent documentation related to the use/need for oxygen
  - Type of oxygen delivery (concentrator, liquid portable oxygen, etc)
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## Response to Lack of Information (LOI)

- Requested documentation and/or clarification from Lack of Information Letter
- Lack of Information Letter, optional

## Retrospective

- All information listed under New Service and/or Recertification

## Reconsideration

- Request must clearly state the reason for the dispute and provide additional clinical to support overturning the adverse outcome determination.
- Denial Letter, optional