

# Idaho Medicaid Requested Therapy Service Documentation

Please complete entire form and fax all required documentation to (877) 314-8779

## Therapy Type

Occupational Therapy

Physical Therapy

Speech Therapy

## Instructions

- Fax documentation for each patient, and each type of therapy **SEPARATELY**.
- Medical Care Unit (MCU) will request documentation on a case-by-case basis after the participant has reached or exceeded the yearly therapy limitation. You will receive a Notice of Decision letter requesting the current supporting documentation listed below.
- Fax documentation to the MCU within **ten** working days of receiving a letter. Failure to fax the requested documentation may result in claim recoupment until the requested documentation is provided.
- Due to HIPAA regulations, please do not email your documents.

## Medicaid Participant Information

Last Name:

First Name:

Initial:

Medical ID Number:

Phone:

DOB:

## Medicaid Provider Information

Provider Name:

Address:

Phone:

Fax:

Email Address:

## Required Documentation

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

- Date:** \_\_\_\_\_ Current therapy annual evaluation
- Date:** \_\_\_\_\_ Current Plan of Care to include measurable short and long-term goals, frequency and duration of the recommended therapy.
- Date:** \_\_\_\_\_ Physician/Orders: All therapy services must be ordered by a physician, nurse practitioner, or physician assistant.
- Last five treatment notes

Additional information regarding the Medicaid therapy program is available at [www.MedUnit.DHW.Idaho.gov](http://www.MedUnit.DHW.Idaho.gov).

For questions regarding eligibility, therapy limitations or claims status, call DXC at (866) 686-4272 or visit your provider portal at [www.idmedicaid.com](http://www.idmedicaid.com).