

Prior Authorization Process
Medicaid Therapy Services

Every eligible Medicaid participant has a benefit of 25 medically necessary (OT) (PT) therapy visits per calendar year. Once a participant reaches the 26th visit, the additional visits need to be prior authorized by Medicaid.

This is a list of the documentation needed to complete the review process for additional therapy services visits:

- A current signed/dated physician's order identifying his/her plan of care and why the additional therapy is medically necessary which includes the frequency of the additional therapy.
- A current (OT) (PT) evaluation/update/progress report.
- Copies of the last 30 days of therapy notes indicating the participant's progress towards their individualized goals.
- Treatment plan.
- Expected amount of additional visits needed, to include the dates of service (how many days per week for how many weeks) to be covered.
- Please indicate the date you wish prior authorization to begin.
- IF the participant also receives therapy through school based services, please submit the IEP (Individualized Education Plan) or IFSP (Individualized Family Service Plan) if applicable.

Documentation should be faxed to 208.332.7280, attn: Nicole Martin. The review process is generally a 24-hour turnaround.

Source: Medicaid Therapy Services Rule Implementation meeting March 7, 2008.