

Department of Vermont Health Access (DVHA) Request for Extension of Re/habilitation Therapy Services

Cover sheet:

This form is for use by Re/hab therapy practices choosing NOT to use the DVHA Therapy Extension Request Form.

As of 1/1/23, prior authorization for Physical Therapy, Occupational Therapy, and Speech Language Pathology (PT, OT, and ST) treatment is required for all outpatient non-home health services, regardless of Accountable Care Organization attribution, beyond 30 combined PT, OT, and ST visits. Each discipline must complete a separate form. Home health PT, OT, and ST services require prior authorization after 4 months of service only for members who are not attributed to the ACO.

Attachments **must** include **BOTH** of the following:

- Initial evaluation note for this condition
- Most recent progress documentation, endorsed by the Physician/Advanced Practice Provider. If a scale has been referenced in a goal, submit the scale documents including scale parameters.

Member Information

Name: _____ Date of Birth: _____ Unique ID #: _____

Supplying Provider Information

Name: _____ Medicaid Provider Number: _____

Referring Provider Information

Name: _____ Medicaid Provider Number: _____

Requested Services Information

Select Service: PT (GP) 420-424 OT (GO) 430-434 ST (GN) 440-444

NOTE: The billing diagnosis must be the diagnosis underlying the condition driving the need for therapy services. Do not use a pain diagnosis unless the underlying condition is a pain syndrome. Include surgical aftercare information and coding if there has been a pertinent surgery.

Primary Billing Diagnosis: _____ Primary ICD-10 Diagnosis Code: _____ Date of Onset for Primary Diagnosis: ___/___/___

Other Diagnosis: _____ ICD-10 Diagnosis Codes: _____ Date of Onset for Other Diagnosis: ___/___/___

Clinical Information



Initial date of therapy for the requested non-inpatient re/hab therapy discipline, any pay source, regardless of previous discharges: ___/___/_____	
Requested procedure codes: _____	Average time per visit (not for home health): _____
Adherence to home program/voiced commitment to home program: _____	
Pediatrics: care coordination with other medical disciplines, paid personal care attendants, and school personnel, for example: PE teacher, coach, athletic trainer, school therapist: _____	
Adults: care coordination with other medical disciplines and community supports, including Vocational Rehabilitation and the VT Center for Independent Living: _____	
Etiology of injury: _____	
Document if this is a work-related injury. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, document why Worker's Comp is not the primary pay source: _____	

For any clinical questions, please contact the DVHA Physical Therapist at 802 879 5903.