**Cover sheet:**

**For practices choosing NOT to use the DVHA Therapy Extension Request Form.**

Attachments **must** include the following:

Initial evaluation note for this condition

Most recent progress documentation, endorsed by the Physician/Advanced Practice

Provider (unless this is an initial evaluation request)

* Beneficiary Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Beneficiary Unique Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Beneficiary Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_
* Supplying Provider Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Supplying Provider Facility Medicaid Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Referring Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Referring Provider Medicaid Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Check One:

PT (GP) 420-424

OT (GO) 430-434

ST (GN) 440-444

* Billing Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD-10 Codes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Onset: \_\_\_/\_\_\_/\_\_\_\_\_

* Other Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD-10 Codes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Onset: \_\_\_/\_\_\_/\_\_\_\_\_

* Initial date of therapy in this calendar year regardless of pay source or previous discharges, at any non-inpatient facility: \_\_\_/\_\_\_/\_\_\_\_\_
* Procedure codes (not for home health): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Average time per visit (not for home health): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Adherence to home program/voiced commitment to home program?­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Collaboration with other disciplines, including school personnel for example PE teacher, coach, ATC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Etiology of injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Work related injury? If yes, why is Worker’s Comp not the primary pay source? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: The billing diagnosis must be the diagnosis underlying the condition. Do not use a pain diagnosis unless the underlying condition is a pain syndrome.**