OUTPATIENT PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY PROGRAM

Patient Name: Enter the beneficiary's first and last name as it appears on the Mississippi Medicaid ID card.

Medicaid ID#: Enter the beneficiary's Medicaid ID number.

Diagnosis and ICD-9-CM-Codes: Enter the beneficiary's primary and secondary diagnoses for this treatment and enter the ICD-9-CM codes that correspond to the diagnoses.

Therapy Diagnosis: Enter the beneficiary's therapy diagnosis and ICD-9-CM® (if applicable).

Procedure/Modality: Indicate a description of the CPT® code procedure/modality.

CPT® Code: Use a valid CPT® code.

Units: Indicate the number of units for each visit, and the total number of units requested.

Frequency: Indicate the number of times services are to be rendered per week, day or month.

Duration: Indicate the number of days; weeks or months services are to be rendered.

Dates of Service: Indicate date service will start and the date service will end.

Clinical Update/Precautions: General summary – attendance, general progress, set backs, or changes since last POC. Safety concerns that are identified in the evaluation should be addressed (e.g. spinal precautions, weight bearing status, etc).

Short Term Goals (Adult 1 month, Child 1-3 months): Should be specific, measurable and age appropriate. Record the current status (baseline) for each goal.

Long Term Goals (Adult 4-8 weeks, Child 3-6 months): Should be specific, measurable and age appropriate. Record the current status (baseline) for each goal.

Home Program/Caregiver Response: Specific exercises or tools should be listed and discussed with each beneficiary during each therapy session. Indicate responsible caregiver and his/her response (i.e. ability to perform return demo, verbalization of understanding, and for concurrent review, list frequency that CG performed HEP). If applicable, document the reasons explaining the caregiver's inability to participate.

Discharge Plan: Including requirements to return to home, school, and/or job.

Documentation of the Prescribing Provider's Verbal Order: If a verbal order was received to initiate the plan of care, the therapist should document from whom the verbal order was obtained from and document who received the order.

Therapist Attestation Statement: Therapist must sign (including name and credentials) and date the form.

Prescribing Provider Attestation, Signature and Date: Note: Must be completed within thirty (30) calendar days of the initiation of therapy.