

Outpatient Physical, Occupational, Speech Therapy Provider Manual

Table of Contents

	SECTION	PAGE NUMBER
I.	Introduction	I (1)
II.	Overview of Operations	II (1)
III.	Certification Review Activities	III (1-8)
IV.	Notification of Review Outcome	IV (1-2)
V.	Reconsideration Process	V (1)
VI.	Quality Review Activities	VI (1-10)
	1. Quality Review Process Flow Chart	
	2. Quality Screens (Indicators)	
VII.	Glossary	VII (1-3)
VIII.	Precertification Code List	VIII (1-3)
IX.	Forms and Instructions	IX
	1. Precertification Review Request Form	
	2. Precertification Review Request Form Instructions	
	3. Place of Service Codes	
	4. Reconsideration Review Request Form	
	5. Reconsideration Review Request Form Instructions	
	6. Quality Re-Review Request Form	
	7. Quality Re-Review Request Form Instructions	
	8. Certificate of Medical Necessity Form	

9. Certificate of Medical Necessity Form Instructions
10. Occupational Therapy Evaluation Form
11. Physical Therapy Evaluation Form
12. Speech Therapy Evaluation Form
13. Outpatient Therapy Evaluation Form Instructions
14. Occupational Therapy Plan of Care
15. Physical Therapy Plan of Care
16. Speech Therapy Plan of Care
17. Outpatient Therapy Plan of Care Form Instructions