

Physical Therapy & Occupational Therapy Prior Authorization Request Form

Instructions

- Complete this form fully and legibly. All fields with an asterisk (*) are required.
- For questions, call **(801) 538-6155** or toll free **(800) 662-9651** and select options **3, 3, 5**.
- For Policy related to Physical and Occupational Therapy click [here](#).
- Submit the completed form and all supporting documentation for requested service to one of the options below:

Fax: 801-536-0162

Address: Utah Medicaid Prior Authorization

Email: fax_allotherauth_prior@utah.gov

PO BOX 14311

Salt Lake City, UT 84114-3111

Member Information

1. Name (First, Middle Initial, Last):*		2. Medicaid ID#:
3. Date of Birth:*	4. Age:*	5. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
6. Has eligibility been verified? * https://medicaid.utah.gov/eligibility/ <input type="checkbox"/> No <input type="checkbox"/> Yes		
7. Is the member enrolled in a managed care entity (MCE)? * <input type="checkbox"/> No <input type="checkbox"/> Yes, contact member's MCE		

Medicaid program coverage* (**Note: For the purposes of determining when limitations have been met for occupational and physical therapy, Utah Medicaid considers each date of service to be one (1) visit, regardless of how many modalities are provided on that date of service.**)

Traditional: Prior authorization is not required for the first twenty (20) physical therapy or the first twenty (20) occupational therapy services (The evaluation for either PT or OT is not counted as one of the 20 visits). The first twenty (20) visits per calendar year, per member, per type of therapy are reimbursable without prior authorization. Prior authorization is only required for more than 20 visits per calendar year

Non-Traditional: Non-traditional Medicaid allows 16 combined therapy visits yearly in any arrangement, e.g., all PT, all OT, or mixed. The evaluation for either PT or OT is not counted as one of the 16 visits. The first sixteen (16) visits per calendar year, per member, are reimbursable without prior authorization. Prior authorization is only required for more than 16 sessions per calendar year

Provider Information

8. Requesting provider:*	9. NPI:*
10. Address:*	
11. Contact person:*	12. Phone #:*
13. Contact information: * Fax #: _____ Or Email address: _____	

Request Information

14. Does code require a prior authorization? * <input type="checkbox"/> No <input type="checkbox"/> Yes https://health.utah.gov/stplan/lookup/CoverageLookup.php	
15. Date of submission:*	16. Requested date(s) of service: * _____ OR <input type="checkbox"/> TBD
17. Total pages:	18. Request a change to a previous PA? <input type="checkbox"/> No <input type="checkbox"/> Yes, Previous PA#:
19. Is this a retroactive request? <input type="checkbox"/> No <input type="checkbox"/> Yes, list reason (Required if "Yes"):	
20. If the request requires expedited review for medically necessary circumstances and delay of services may result in harm to the patient, provide additional justification AND call us at (801) 538-6155 or (800) 662-9651 (options 3, 3, 9).	
21. Diagnosis description and/or ICD 10 CM code:	
22. Have physical therapy limitations been met? * <input type="checkbox"/> No <input type="checkbox"/> Yes	23. Have occupational therapy limitations been met? * <input type="checkbox"/> No <input type="checkbox"/> Yes

24. Therapy(s) requested (select all that apply)	25. Number of visits*
<input type="checkbox"/> Physical Therapy (97010-97036, 97110-97124, 97140-97533)	
<input type="checkbox"/> Occupational Therapy (97010-97036, 97110-97124, 97140-97533)	

26. Additional Information

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