

# Prior Authorization Request Form

Speech Therapy (ST)/Physical Therapy (PT)/Occupational Therapy (OT)

PROVIDER INFORMATION			
Group Provider Name:			
Individual Provider Name:			
Date Submitted:		CareSource Participating Provider?	<input type="checkbox"/> Yes    No
Group Provider NPI: Group Provider Tax ID (TIN): Provider Medicaid ID:		Individual Provider NPI: Individual Provider Tax ID (TIN):	
Provider Contact Name:		Provider Email Address:	
Provider Phone:		Provider Fax Number:	
Provider Address:			
MEMBER INFORMATION			
Member Name:		Member DOB:	
CareSource PASSE ID#:		Member Medicaid ID:	
Care Coordinator Name:			
ICD-10 Diagnosis Code(s):		Diagnosis Description:	
SERVICE DELIVERY LOCATION			
ADDT / EIDT                  OUTPATIENT                  OTHER <input type="checkbox"/>			
AUTHORIZATIONS REQUESTS UP TO SIX MONTHS MAX			
Service Start Date:		End Date:	
Routine		Urgent	
Retrospective			

## INSTRUCTIONS:

- 1.) Please refer to the [CareSource Procedure Lookup Tool](#) to determine Prior Authorization details prior to submission. Some services have pass through benefits that may not require a prior authorization.
  - a. (ie. OT/PT/ST each have a 90 min per week benefit before a prior authorization is required)
- 2.) All services should be reflected on the Person Centered Support Plan (PCSP) and developed in collaboration between member, family/guardian, service providers and Care Coordination.
- 3.) Provider Group and Individual Provider ID numbers are both necessary to avoid claim denial.
- 4.) Care Coordination assignment can be found in the Provider Portal or by emailing [CareCoordination@CareSourcePASSE.com](mailto:CareCoordination@CareSourcePASSE.com).
- 5.) Completed form is required to request prior authorization. Please fax to Service Determination Fax: 844-542-2605.

**Recommended Documentation** – Treatment prescriptions, medical evaluations, standardized assessments, school records, evaluation summaries, treatment plans with goals, service frequency and duration, progress notes.

This list is not an exhaustive list. Service Determination may need to request additional information.

For questions about recommended documentation please email: [ServiceDeterminations@CareSourcePASSE.com](mailto:ServiceDeterminations@CareSourcePASSE.com)

**Disclaimer:** An authorization is not a guarantee of payment; Member must be eligible at time of services are rendered.

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## ST/PT/OT

Service Code	Modifiers	# of hours per week	# of units

### REFERENCES:

#### ADDT

Please reference the CareSource PASSE Medical Policy: [MM-1139](#) Adult Developmental Day Treatment Services (ADDT)

#### EIDT

Please reference the CareSource PASSE Medical Policy: [MM-1216](#) Early Intervention Day Treatment (EIDT)

#### OT/PT/ST

Please refer to Occupational Therapy, Physical Therapy, and Speech-Language Pathology Services [Provider Manuals](#) on the Arkansas Department of Human Services.

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