

## **PROVIDER ALERT**

### **UPDATES ON MEDICAL INFORMATION REQUIRED FOR OUTPATIENT THERAPY AND HOME CARE SERVICE REQUESTS**

Currently, University of Maryland Medical System Health Plans – University of Maryland Health Partners (Maryland Medicaid) and University of Maryland Health Advantage (Medicare Advantage) require a Prior Authorization (PA) or Organization Determination (OD) for rehabilitation therapy and home care services. The PA/OD can be requested by the member’s provider, member, or member’s Appointment of Representative (AOR).

**The initial PA/OD request must be submitted with a Plan of Care (POC)\* that has been signed by the member’s physician or non-physician practitioner (NPP). The POC must include at a minimum the following information:**

- Diagnosis
- Long-term treatment goals (specific care being delivered for the visits requested)
- Type of rehabilitation therapy services (PT, OT, or ST)
- Home Care Services (SN, PT, OT, ST, SW)
- Therapy/home care amount - total number of visits being requested per discipline
- Therapy/home care duration - expected timeframe, including the start and end date
- All requests, whether the initial or subsequent, must contain a signed order from the physician or NPP (verbal orders will be accepted from the provider’s office)
- Physician or NPP must certify the POC from the therapist and home care agency for ongoing treatment

**If additional visits are required, whether they were used or not, an updated POC with the information listed above plus progress reports (i.e., treatment notes for each treatment day) and anticipated discharge date must be submitted with the subsequent requests. Any request for extension of unused visits must come from the prescribing physician or NPP. All requests for reopening a previous request are subject to a medical necessity review.**

*\* We understand the need for rehabilitation services is individualized, so please craft your request(s) with realistic and achievable goals for your patient to gain optimal functionality with respect to his/her situation. A new prior authorization form is required after the initial approval of visits and should be submitted for medical necessity services only.*

Authorization request forms can be found by visiting:

- University of Maryland Health Advantage  
[www.ummedicareadvantage.com](http://www.ummedicareadvantage.com)
- University of Maryland Health Partners  
[www.umhealthpartners.com](http://www.umhealthpartners.com)

If you have any questions, please contact Provider Relations at 410-779-9359 or 800-730-8543 for additional explanation or guidance.