



NEW HAMPSHIRE MEDICAID

272EPOS FFS
07/2023

REQUEST FOR SERVICE AUTHORIZATION
**IN EXCESS OF SERVICE LIMITS
FOR PHYSICAL,
OCCUPATIONAL,
OR SPEECH THERAPY**
(Fee-for-Service (FFS) Program Only - Not for Managed Care program use)

For State use only. APPROVED
Date: _____ By: _____
Dates of Service: _____
EPSDT: _____ SA #: _____

*****PLEASE PRINT OR TYPE ALL INFORMATION (all fields are required)***
Must use a separate request form for each discipline**

RECIPIENT INFORMATION

RECIPIENT NAME: _____ DATE OF BIRTH: _____
RECIPIENT MEDICAID ID #: _____ DIAGNOSIS (NOT CODES): _____
ALTERNATE INSURANCE: NAME OF PLAN: _____
Providers are expected to follow all third party payors requirements for payment and all third party obligations shall be exhausted before billing Medicaid, in accordance with 42 CFR 433.139.

PROVIDER INFORMATION

CONTACT PERSON: _____ EMAIL: _____
TELEPHONE #: _____ EXT: _____ FAX #: _____
PERFORMING THERAPIST: _____ THERAPIST MEDICAID ID #: _____
REQUESTING FACILITY: _____ REQUESTING FACILITY MEDICAID ID #: _____

TYPE OF TREATMENT	PROC-EDURE CODE	NUMBER OF VISITS PER WEEK	NUMBER OF HOURS PER VISIT	DATES OF SERVICE		STATE USE ONLY
				START DATE OF SERVICE	END DATE OF SERVICE	

FOR STATE USE ONLY

*****CLINICAL INFORMATION (must be included with submission):*****
Pursuant to He-W 568.06: Please attach physician's order and clinical notes supporting the medical necessity for the requested services, including but not limited to the following: Therapy Care Plan, and progress notes. Specify goals and objectives.
LETTER OF MEDICAL NECESSITY
Pursuant to He-W 530.07(g) attach supporting clinical documentation that addresses how the requested additional services meet the definition of medical necessity.
I certify that the requested treatments and/or therapies are medically necessary and cost effective in obtaining measurable, realistic goals for the above-named recipient.

Signature of Provider _____ *Date* _____

Printed Name _____ *Title* _____

Approval is a determination that the services requested are medically necessary and not a guarantee of payment.