

MEDICAID INSTRUCTIONS

FORM CMS 700-(11-91) “PLAN OF TREATMENT FOR OUTPATIENT REHABILITATION”

Form CMS 700-(11-91), “PLAN OF TREATMENT FOR OUTPATIENT REHABILITATION” is a required attachment to the Medicaid Prior Authorization Form 1144. (“INSTRUCTIONS: PRIOR AUTHORIZATION FORM 1144”, II. General Instructions, D.1, “Outpatient Physical Therapy, Occupational Therapy and Speech Therapy”.)

If provider has submitted a Form CMS 700-(11-91) to Medicare for authorization, the MQD will accept a copy of the form in its entirety. If, however, the recipient is Medicaid only, please note the following:

- #2, #3, #5 have been omitted
- #8 refers to Hawaii Medicaid covered services PT, OT, SPL only.

Please complete the following fields of the Form CMS 700-(11-91) for initial outpatient rehabilitative services:

1. Patient’s Last Name, First Name, M.I.
2. **Omit**
3. **Omit**
4. Provider Name
5. **Omit**
6. Onset Date
7. SOC Date
8. Type: PT, OT, SLP only (**Omit CR, RT, PS, SN, SW**)
9. Primary Diagnosis
10. Treatment Diagnosis
11. Visits from SOC
12. Plan of Treatment Functional Goals, including Goals (*Short Term*) and Outcome (*Long Term*); and Plan
13. Signature
14. Frequency/Duration
15. Physician Signature
16. Date
17. Certification
18. On File
19. Prior Hospitalization
20. Initial Assessment
21. Functional Level (omit “continue services or DC services”)
22. Service Dates

** Detailed instructions are found in the attached “**INSTRUCTIONS FOR COMPLETION OF FORM CMS-701**”.